Overview of mental health services in Australia

Mental health is a key component of overall health and wellbeing (WHO 2013). In any year in Australia, around 1 in 5 people aged 16–85 will experience a mental health disorder (ABS 2008). Mental health affects and is affected by multiple socioeconomic factors, including a person's access to services, living conditions and employment status, and affects not only the individual but also their families and carers (Slade et al. 2009; WHO 2013). Mental health and physical health are also related. People with mental illnesses are more likely to develop physical illness and tend to die earlier than the general population (Lawrence et al. 2013). Since the COVID-19 disease pandemic arrived in Australia in early 2020, there has been concern about the impact that the virus and 'physical distancing' is having on Australians' mental health.

A range of mental health-related services are provided in Australia by various levels of government. Such services include admitted patient care in hospital and other residential care, community mental health care services, and consultations with specialist medical practitioners, general practitioners (GPs), psychologists and other allied health practitioners.

Over the last 3 decades Australian governments have worked together, via the National Mental Health Strategy, to develop mental health programs and services to better co-ordinate services and address the mental health needs of Australians. The National Mental Health Strategy has included five 5-year *National Mental Health Plans* which cover the period 1993 to 2022, with the Council of Australian Governments (COAG) National Action Plan on Mental Health overlapping between 2006 and 2011. The Fifth National Mental Health and Suicide Prevention Plan was agreed in 2017, and a number of mental health-related measures were announced in the 2019 Federal budget, providing $736.6 million for mental health and suicide prevention initiatives over seven years. In response to the COVID-19 disease pandemic, in May 2020 National Cabinet endorsed the National Mental Health and Wellbeing Pandemic Response Plan and the Australian Government committed an additional $48.1 million in support of its priority actions. State and territory governments have also introduced various mental health support packages to better support the mental health and wellbeing of their residents.

Monitoring mental health consumer and carer experiences has been a long-term goal of the National Mental Health Strategy. More information on consumer and carer experiences is progressively becoming available, for example, through the Your Experience of Service (YES) survey, which is currently used in some jurisdictions in Australia. The YES survey is offered to consumers who interact with specialised state and territory mental health services and aims to help these services and mental health consumers to work together to build better services.

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Prevalence, impact and burden

Prevalence

In the *Mental health services in Australia* online report, the terms 'mental illness' and 'mental disorder' are both used to describe a wide spectrum of mental health and behavioural disorders, which can vary in both severity and duration. The most prevalent mental illnesses in Australia are *Depression, Anxiety* and *Substance use disorders* (ABS 2008).

A program of surveys, the *National Survey of Mental Health and Wellbeing (NSMHWB***)**, began in Australia in the late 1990s. The role of these surveys is to provide evidence on the prevalence of mental illness in the Australian population, the amount of disability associated with mental disorders, and the use of health services by people with mental disorders. These studies have 3 main components—a population-based survey of adults, a service-based survey of people with psychotic disorders, and a population-based survey of children.

Survey of Adult Population (aged 16–85)

The 2007 National Survey of Mental Health and Wellbeing of adults provides information on the 12-month and lifetime prevalence of mental disorders in the Australian population aged 16–85 years. The survey estimated that almost half (45%) of the population in this age range will experience a mental disorder at some time in their life (about 8.7 million people based on the estimated 2017 population). It also estimated that 1 in 5 (20%) of the population had experienced a common mental disorder in the previous 12 months (about 3.9 million people based on the estimated 2017 population). Of these, *Anxiety disorders* (such as social phobia) were the most prevalent, afflicting 1 in 7 (14.4%) of the population, followed by *Affective disorders* (such as depression) (6.2%), and *Substance use disorders* (such as alcohol dependence) (5.1%). Further information can be found in the full NSMHWB report (ABS 2008).

The *Intergenerational Health and Mental Health Study* is scheduled to be undertaken from 2020 by the Australian Bureau of Statistics. The Mental Health Study will measure the prevalence of mental illnesses for the first time since the 2007 National Survey of Mental Health and Wellbeing. It will provide updated statistics and insights into the impact of mental and behavioural and other chronic conditions on Australians and the use of health services and barriers to accessing them, as well as other health topics (ABS 2019a).

Another source of information about the mental health of Australians is the ABS's *National Health Survey 2017–18*, which provides information on a range of health conditions including mental and behavioural disorders. In contrast to the NSMHWB which uses a diagnostic instrument, the National Health Survey estimates are based on self-reported data, and record a survey participant as having a mental or behavioural condition during the collection period only if it was also reported as long-term (had

lasted, or was expected to last, a minimum of 6 months) (ABS 2019b). The National Health Survey 2017–18 estimated that 1 in 5 (20%) Australians reported that they had a mental or behavioural condition during the collection period (July 2017 to June 2018).

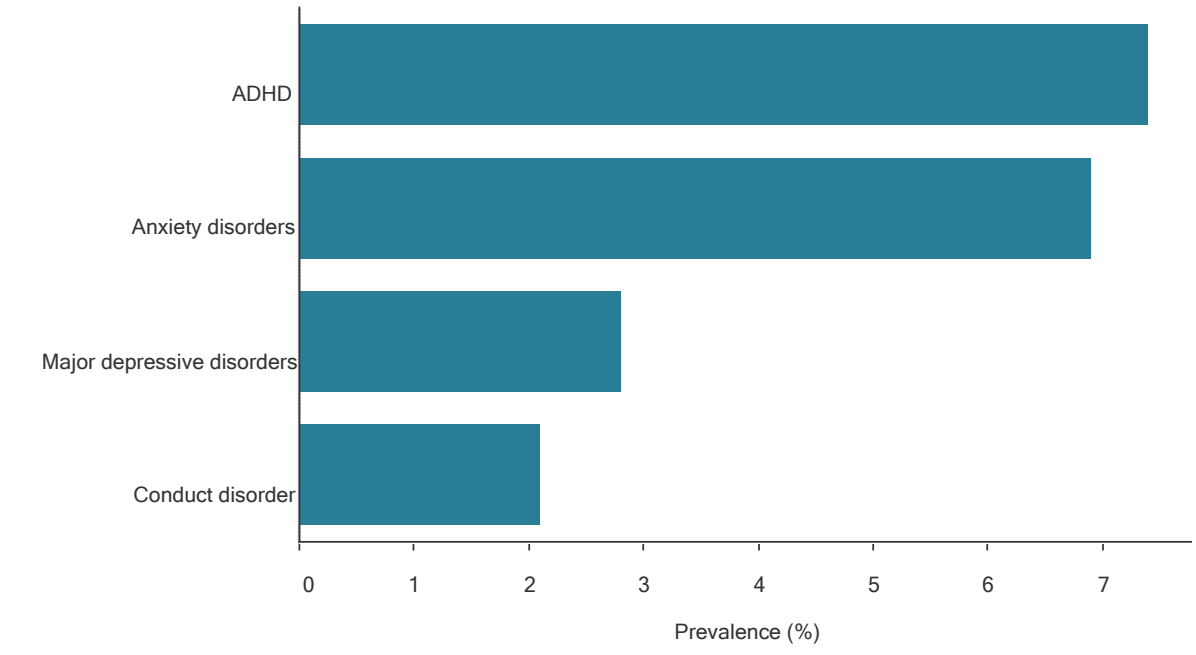
Survey of Children and Adolescents (aged 4–17)

A national household survey, the Australian Child and Adolescent Survey of Mental Health and Wellbeing, was conducted for the second time in 2013–14 (also referred to as the '*Young Minds Matter' survey*).

Almost 1 in 7 (13.9%) children and adolescents aged 4–17 years were assessed as experiencing mental health disorders in the previous 12 months, which is equivalent to about 591,000 (based on the estimated 2017 population) children and adolescents. *Attention Deficit Hyperactivity Disorder* (ADHD) was the most common mental disorder (7.4% of all children and adolescents, or about 315,000 based on the estimated 2017 population), followed by *Anxiety disorders* (6.9% or about 293,000), major *Depressive disorder* (2.8% or about 119,000) and *Conduct disorder* (2.1% or about 89,000)— see Figure 1.

Almost one third (30.0% or 4.2% of all 4–17 year olds) with a disorder experienced 2 or more mental disorders at some time in the previous 12 months.

Figure 1: Prevalence of mental disorders in the past 12 months among those aged 4–17



Source: Lawrence et al. 2015.

Survey of People Living with Psychotic Illness (aged 16–84)

Mental illness includes conditions with low prevalence and severe consequences, including psychotic illnesses and a range of other conditions such as eating disorders and personality disorders (DoHA 2010). Psychotic illnesses may be characterised by symptoms including disordered thinking, hallucinations, delusions and disordered behaviour, and include *Schizophrenia*, *Schizoaffective disorder,* and *Delusional disorder* (Morgan et al. 2011).

Estimates from the 2010 National Psychosis Survey were that 64,000 people in Australia aged 18–64 experienced a psychotic illness and were in contact with public specialised mental health services each year. This equates to 5 cases per 1,000 population or 0.5% of the population (Morgan et al. 2011). The survey found the most frequently recorded of these disorders was *Schizophrenia* which accounted for almost half of all diagnoses (47.0%). Readers are directed to the full report for further information.

Impact and burden

Mental disorders can vary in severity and be episodic or persistent in nature. A recent review estimated that 2–3% of Australians (about 615,000 people based on the estimated 2017 population) have a severe mental disorder, as judged by diagnosis, intensity and duration of symptoms, and degree of disability caused (DoHA 2013). This group is not confined to those with psychotic disorders and it also includes people with severe and disabling forms of depression and anxiety. Another 4–6% of the population (about 1.2 million people) are estimated to have a moderate disorder and a further 9–12% (about 2.6 million people) a mild disorder.

Mental and substance use disorders, such as *Depression*, *Anxiety* and *Drug use*, are important drivers of disability and morbidity. The Australian Burden of Disease Study 2015 examined the health loss due to disease and injury that is not improved by current treatment, rehabilitative and preventative efforts of the health system and society (AIHW 2019a). For Australia, *Mental and substance use disorders* were estimated to be responsible for 12% of the total burden of disease in 2015, placing it fourth as a broad disease group after *Cancer* (18%), *Cardiovascular diseases* (14%) and *Musculoskeletal conditions* (13%) (AIHW 2019a). Further information can be found in the *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015.*

In terms of the non-fatal burden of disease, which is a measure of the number of years of 'healthy' life lost due to living with a disability, *Mental and substance use disorders* were the second largest contributor (24%) of the non-fatal burden of disease in Australia, behind *Musculoskeletal conditions* (25%) (AIHW 2019a). In addition, in June 2018, about a third (34%) of people in receipt of the Disability Support Pension had a primary medical condition of 'psychological/psychiatric' (AIHW 2019b).

There is an association between diagnosis of mental health disorders and a physical disorder, often referred to as a 'comorbid' disorder. From the 2007 NSMHWB of adults, 1

in 8 (12.0%) of people with a 12-month mental disorder also reported a physical condition, with 1 in 20 (5.0%) reporting 2 or more physical conditions.

According to the 2010 National Psychosis Survey, people with a psychotic illness also frequently experience poor physical health outcomes and comorbidities (Morgan et al. 2011). For example, over one-quarter (27%) of survey participants had heart or circulatory conditions and over one-fifth (21%) had diabetes (compared with 16% and 6% respectively in the general population). The prevalence of *Diabetes* found in the National Survey of People Living with Psychotic Illness is more than 3 times the rate seen in the general population. Other comorbidities included *Epilepsy* (7% compared with 0.8% in the general population) and *Severe headaches/migraines* (25% compared with 9% in the general population).

Psychological distress

Another insight into the mental health and wellbeing of Australians is provided by measures of psychological distress. Psychological distress can be described as unpleasant feelings or emotions that affect a person's level of functioning and interfere with the activities of daily living. This distress can result in having negative views of the environment, others and oneself, and manifest as symptoms of mental illness, including anxiety and depression. The Australian Bureau of Statistics (ABS) measures psychological distress in the National Health Survey (NHS) using the Kessler 10 (K10) psychological distress scale measuring non-specific psychological distress, based on questions about negative emotional states experienced in the past 30 days (ABS 2012).

In 2017–18, 13% or 2.4 million Australians aged 18 and over experienced high or very high levels of psychological distress, a 12% increase from 2014–15 (11.7% or 2.1 million Australians). High or very high levels of psychological distress were more often reported by women than men in 2017–18 (15% and 11% respectively). Of all age groups, young people (aged 18–24) were most likely to experience high or very high levels of psychological distress (15.2%) (ABS 2019b).

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Australia's mental health system

There is a division of roles and responsibilities in Australia's mental health system, with services being delivered and/or funded by the Australian Government, state and territory governments and the private and non-government sectors.

State and territory governments fund and deliver public sector mental health services that provide specialist care for people experiencing mental illness. These include specialised mental health care delivered in public acute and psychiatric hospital settings, state and territory specialised community mental health care services, and state and territory specialised residential mental health care services. In addition, states and territories provide non-specialised hospital services used by people with mental illness (such as emergency departments and non-specialised admitted units) and other mental health-specific services in community settings such as supported accommodation and social housing programs.

The Australian Government funds a range of mental health-related services through the Medicare Benefits Schedule (MBS), and the Pharmaceutical Benefits Scheme (PBS)/Repatriation Pharmaceutical Benefits Scheme (RPBS). The Australian Government also funds a range of programs and services which provide essential support for people with mental illness. These include income support, social and community support, disability services, workforce participation programs, and housing assistance, as well as telephone-based crisis lines, online crisis support services and additional programs run by Primary Health Networks (PHNs).

Private sector services include admitted patient care in a private psychiatric hospital and private services provided by psychiatrists, psychologists and other allied health professionals. Private health insurers fund treatment costs in private hospitals, public hospitals and out of hospital services provided by health professionals.

Non-government organisations are private organisations (both not-for-profit and for-profit) that receive government and/or private funding. Generally, these services focus on providing well-being programs, support and assistance to people who live with a mental illness rather than the assessment, diagnostic and treatment tasks undertaken by clinically-focused services.

Service access

The 2007 National Survey of Mental Health and Wellbeing collected data on mental health service access in the preceding 12 months. From this survey, it was estimated that about a third (35%) of people with symptoms of a mental disorder in the previous 12 months (equivalent to about 1.3 million people based on the estimated 2017 population) made use of mental health services (Slade et al. 2009). Of these:

- 71% consulted a general practitioner
- 38% consulted a psychologist
- 23% consulted a psychiatrist.

Of those who did not access mental health care, the majority (86%) reported that they perceived having no need for any mental health care. More recent estimates suggest that the treatment rates identified in 2007 have increased (to 46% in 2009–10), due primarily to the introduction of government subsidised mental health treatment items to Medicare (Whiteford et al. 2014).

In 2017–18, 8.7% of the Australian population received clinical mental health services through a GP, and 1.9% received clinical mental health services through a public specialised service (for example, hospital or community care) (AIHW 2019).

The *Intergenerational Health and Mental Health Study*, which is scheduled to be undertaken from 2020 by the Australian Bureau of Statistics, will provide updated Australian statistics on the use of health services and barriers to accessing them (ABS 2019).

Service providers

Mental health-related services are provided in Australia in a variety of ways including:

- admitted patient care in hospital and other residential care
- community mental health care services
- consultations with specialist medical practitioners, general practitioners (GPs), psychologists and other allied health practitioners.

Access to psychiatrists, psychologists and other allied health professionals may, dependent on eligibility, be subsidised through initiatives such as the Better Access initiative through the preparation of a Mental Health Treatment Plan by a GP.

The Australian Government also subsidises mental health-related services through Primary Health Networks, headspace, the National Disability Insurance Scheme, the MBS and prescribed medications through the PBS and RPBS. State and territory governments fund and deliver services and assist with broader needs, such as accommodation support. No standard definition exists for 'mental health-related service'. Information about how specific mental health-related services are defined is available in relevant sections of this report.

During the COVID-19 disease pandemic, the Australian Government expanded Medicare-subsidised telehealth services to allow Australians to access health services from home or place of care and help limit the potential exposure of patients and health practitioners to the virus. This included new temporary MBS items for service providers to provide telehealth services, either by videoconference or by telephone, as a substitution for existing face to face MBS consultation services (Department of Health, 2020).

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National mental health policies and strategies

The Australian Government and all state and territory governments share responsibility for mental health policy and the provision of support services for Australians living with a mental disorder. State and territory governments are responsible for the funding and provision of state and territory public specialised mental health services and associated psychosocial support services. The Australian Government funds primary care and out of hospital specialised care through the Medicare Benefits Schedule and also funds a range of services for people living with mental health difficulties. These provisions are coordinated and monitored through a range of initiatives, including nationally agreed strategies and plans.

The importance of good mental health, and its impact on Australians, have long been recognised by Australian governments. Over the last 3 decades these governments have worked together, via the National Mental Health Strategy, to develop mental health programs and services to better address the mental health needs of Australians. The National Mental Health Strategy has included five 5-year *National Mental Health Plans* which cover the period 1993 to 2022, with the Council of Australian Governments (COAG) National Action Plan on Mental Health overlapping between 2006 and 2011.

Recent national developments

The Independent Hospital Pricing Authority, an independent government agency established by the Australian Government as part of the National Health Reform Act 2011, has developed the Australian Mental Health Care Classification (AMHCC) Version 1.0. The development of the AMHCC is intended to improve the clinical meaningfulness of the way that mental health care services can be classified, leading to improvements in the cost-predictiveness of care and support the implementation of new models of care.

A staged implementation of the National Disability Insurance Scheme (NDIS) began in July 2013. People with a psychosocial disability who have significant and permanent functional impairment will be eligible to access funding through the NDIS. In addition, for people with a disability other than a psychosocial disability, funding may also be provided for mental health-related services and support if required.

In 2014, the Australian Government requested the National Mental Health Commission (the Commission) to undertake a wide ranging review of existing mental health programs and services across the government, non-government and private sectors. The review's report was released in June 2015 and was considered by a Mental Health Expert Reference Group established by the Australian government's Department of Health to provide advice to inform the Australian government's response to the review.

Subsequently, a further series of mental health reform activities have been initiated, including the transfer of responsibility for a range of Australian Government mental health and suicide prevention activities to the Australian government's Primary Health Networks (PHNs) from 1 July 2016. The role of PHNs is to lead mental health planning

and integration with states and territory, non-government organisation, NDIS providers, private sector, Indigenous, drug and alcohol and other related services and organisations. In addition, 12 PHNs have been established as suicide prevention trial sites, originally scheduled to operate for 3 years.

In August 2017, the Fifth National Mental Health and Suicide Prevention Plan was agreed by Health Ministers. The Commission has responsibility for reporting on the *implementation progress of the fifth plan*.

In the 2019 Federal budget, the Australian Government announced a number of mental health-related measures, providing $736.6 million for mental health and suicide prevention initiatives over seven years. Significant measures include $373 million for additional services through *headspace*, for service improvements, additional centres and extension of the Early Psychosis Youth Services program, $114.5 million over 5 years to fund a trial of 8 adult community mental health centres, and $5.2 million over 4 years for measures in relation to Aboriginal and Torres Strait Islander suicide (Parliament of Australia, 2019).

Response to COVID-19 pandemic

All Australian governments have progressively been responding to the mental health impacts of the COVID-19 pandemic as they have become better understood.

In March 2020, the Australian Government expanded Medicare-subsidised telehealth service to allow Australians to access health services from home or place of care and help limit the potential exposure of patients and health practitioners to the virus. This included new temporary MBS items for service providers to provide telehealth services, either by videoconference or by telephone, as a substitution for existing face to face MBS consultation services (Department of Health, 2020). The Australian Government subsequently announced additional funding for crisis lines (Lifeline, Beyond Blue and Kids Helpline), digital and online services, and support for healthcare professionals.

State and territory governments have also introduced various mental health support packages to better support the mental health and wellbeing of their residents. Typically additional funding has been made available to both government and non-government services to either boost funding for existing services or enable new and innovative mental health services. This has included provision for existing specialised mental health services to explore COVID-19 safe methods of service delivery and support for new and existing clients.

In May 2020, National Cabinet endorsed the National Mental Health and Wellbeing Pandemic Response Plan and the Australian Government committed an additional $48.1 million in support of its priority actions. Also in May, the Australian Government appointed Dr Ruth Vine as Australia's first Deputy Chief Medical Officer for Mental Health.

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Key concepts

Prevalence, impact and burden

Key Concept	Description
Burden of disease	**Burden of disease** is measured in disability-adjusted life years (DALYs)—years of life lost due to premature mortality (fatal burden) and years of healthy life lost due to poor health (non-fatal burden).
Comorbidity	**Comorbidity** refers to occurrence of more than 1 condition/disorder at the same time.
Prevalence	**Prevalence** measures the proportion of a population with a particular condition during a specified period of time (period/point prevalence), usually measured over a 12-month period or over the lifetime of an individual (lifetime prevalence).