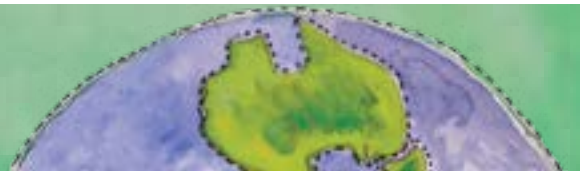
4.8 Mental health in Australia



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The term 'mental disorder' describes a spectrum of conditions that can vary in both severity and duration. The most common mental disorders are depression, anxiety and substance use disorders. Less common, and often more severe disorders include schizophrenia, schizoaffective disorder and bipolar disorder.

Mental illness can vary in severity. The National Mental Health Report 2013 reviewed the evidence on the epidemiology of mental illness and estimated that 2–3% of Australians—around 600,000 people—have severe disorders, as judged by diagnosis, intensity and duration of symptoms, and degree of disability. This group is not confined to those with psychotic disorders who represent only about one-third of those with severe mental illness; it also includes people with severe and disabling forms of depression and anxiety. Another 4–6% of the population (about 1 million people) have moderate disorders, and a further 9–12% (about 2 million people) have mild disorders (DoHA 2013).

Mental disorders may have a damaging effect on both individuals and families, and far-reaching effects on society as a whole. For those with severe conditions, it can interfere significantly with a person's cognitive, emotional and/or social abilities and is commonly associated with economic disadvantage, unemployment or under-employment, homelessness and reduced productivity. (McLachlan et al. 2013; Slade et al. 2009). People with a severe mental disorder are often isolated by the symptoms of their illness and may experience stigma or discrimination because of their disorder (Morgan et al. 2011).

The importance of good mental health has been recognised by the Australian Government and all state and territory governments. Over the last 3 decades they have worked together, via the National Mental Health Strategy, to develop mental health programs and services to better meet the mental health needs of Australians. Through these arrangements, state and territory governments have tended to fund and provide specialist care for Australians affected by severe disorders. The Australian Government funds a range of services for Australians with mental disorder (through the Medicare and Pharmaceutical Benefits Schedules) and also provides social support and income support programs, the latter group most notably through the Australian Government disability and carer support income payment programs.

More recently a number of governments have established Mental Health Commissions to help them monitor and guide their mental health reform activities. The Australian Government established the National Mental Health Commission in 2012 and the Western Australian, New South Wales and Queensland governments have also established state-based commissions. The commissions have emphasised a collaborative approach across all sectors of Australian society, rather than specialist mental health services alone, to help Australians living with a mental health difficulty or problem to live successfully in the community. The National Mental Health Commission uses the term 'a contributing life'.

In early 2014, the Australian Government requested the National Mental Health Commission to undertake a wide-ranging review of existing mental health programs and services across the government, not-for-profit and private sectors to find ways to deliver services more efficiently and effectively.

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Box 4.2

Mental Disorders

'Mental disorders' is a general term that refers to a group of specific disorders that includes:

'Clinical depression'—a group of illnesses characterised by excessive depressed mood which affects the person's life. Clinical depression is more intense than the unhappiness experienced in daily life.

'Anxiety disorders'—a group of illnesses characterised by feelings of high anxiety. People are likely to be diagnosed with an anxiety disorder when their level of anxiety is so extreme that it significantly interferes with their daily life. Anxiety disorders include panic disorder, post-traumatic stress disorder, obsessive compulsive disorder, agoraphobia and other phobias, social anxiety, generalised anxiety disorder and other conditions.

'Substance use disorders'—characterised by dependence on, or harmful use of alcohol or other substances.

'Schizophrenia'—a psychotic disorder typically characterised by hallucinations, disorganised thinking and impairment in functioning.

'Schizoaffective disorder'—a mental illness where the person has symptoms of a mood disorder (either mood swings, or depression) along with other symptoms similar to those found in schizophrenia.

'Bipolar disorder'—a psychotic disorder that involves extreme mood swings, from depression and sadness to elation and excitement.

What do we know?

How many Australians have a mental disorder?

In recognition of the importance of mental health, the Australian Government conducted a program of population-based surveys (referred to collectively as the National Survey of Mental Health and Wellbeing) to determine the extent and impact of mental disorders. The survey program consisted of 3 components: a 1997 and 2007 survey of the adult population (ABS 1998, 2008), a 2010 survey of people living with psychotic illnesses (Morgan et al. 2011) and a 1998 survey of children and adolescents (Sawyer et al. 2000).

A new child and adolescent survey is currently being conducted by the University of Western Australia, with results expected in mid-2015.

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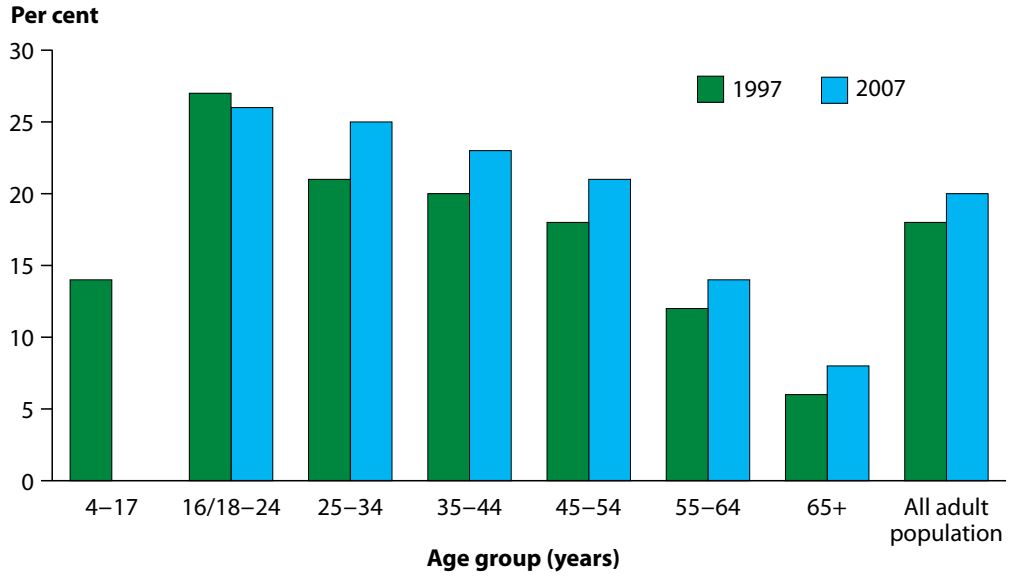
From these surveys we know that there is a high prevalence of mental disorders in the Australian population. Data from the 2007 survey of the Australian adult population estimated that 45% of Australians aged 16–85 had experienced a mental disorder sometime in their lifetime (equating to 7.3 million people), and that an estimated 1 in 5 (20%) of the population aged 16–85 (equating to 3.2 million people) had experienced a common mental disorder in the previous 12 months. Of these, anxiety disorders (such as social phobia) were the most common, afflicting 14.4% of the population, followed by affective disorders (such as depression, 6.2%) and substance-use disorders (such as alcohol dependence, 5.1%). These 3 groups of common mental disorders were most prevalent in people aged 16–24 and decreased as age increased (Figure 4.11). Prevalence was higher for females than males in all age groups.

From the child and adolescent survey conducted in 1998, 14% of children and adolescents aged 4–17 (an estimated 321,181 people in 2013) had a clinically significant mental health problem.

In terms of less common but more severe mental disorders, estimates from the 2010 National Survey of People Living with Psychotic Illness indicated that 0.45% of the population aged 18–64 (almost 64,000 people) were treated annually by public sector mental health services for a psychotic disorder, with schizophrenia being the most common disorder.

Figure 4.11



Note: Data for the 4–17 age group pertain to 1998 (rather than 1997). For the 16/18–24 age group, the 1997 data relate to those aged 18–24 and the 2007 data to those aged 16–24.

Source: DoHA 2013.

Prevalence of common mental disorders in the Australian population, 1997/1998 and 2007

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What is the impact?

Mental disorders were estimated to be responsible for 13% of the total burden of disease in Australia in 2003, placing it third as a broad disease group after cancers and cardiovascular disease (Begg et al. 2007). More recently, the 2010 Global Burden of Disease Study has reaffirmed the contribution made by mental and substance use disorders to the burden of disease (see Chapter 4 'Burden of disease') and estimates that these disorders account for 7% of disability-adjusted life years lost worldwide (Whiteford et al. 2013). Some key findings from national surveys regarding the impact of mental health problems on people's lives are as follows:

- Australians with affective (mood) disorders can experience severe levels of interference with life, including home responsibilities, work or study, close relationships and social life (up to 72%) (Slade et al. 2009).
- Australians living with anxiety disorders can report high levels of psychological distress. For example, high or very high psychological distress was reported by 53% of people with generalised anxiety disorder in the 2007 survey of the Australian adult population (Slade et al. 2009).
- One-third (32%) of Australians living with a psychotic disorder were assessed as having a significant level of impairment in their ability to care for themselves (Morgan et al. 2011).
- Nearly one-quarter (22%) of Australians with a psychotic disorder participating in the psychosis study reported feeling socially isolated and lonely (Morgan et al. 2011).
- The 2007 survey of the Australian adult population shows that suicidality (9%) (suicidal ideation, suicide plans and suicide attempts) in the previous 12 months was three and a half times as high for Australians with a mental disorder as for the general population (Slade et al. 2009).
- Almost half (49%) of participants in the 2010 National Survey of People Living with Psychotic Illness reported that they had attempted suicide at some time over their lifetime.

Psychiatric disability

In 2012, about 4.2 million people in Australia reported living with disability. Of these, mental and behavioural disorders were 1 of the main disabling conditions, affecting 11.5% of those with a disability, or almost 486,933 people (ABS 2013). Of the 317,616 people who accessed a disability support service funded under the National Disability Agreement in 2011–12, 17.9% (56,733 people) reported psychiatric disability as their primary disability, and 27.6% (87,649) reported psychiatric disability as either their primary or additional disability.

Recent data from the Department of Social Services indicate that 31% of people receiving a Disability Support Pension (DSP) (256,380) have a psychological or psychiatric condition. These conditions have recently overtaken musculoskeletal conditions as the largest group of qualifying conditions for DSP (DSS 2013).

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Comorbidity

Comorbidity is common among people with a mental disorder, and people with multiple disorders are more disabled and consume more health resources than those with only 1 disorder (ABS 2008). Data from the 2007 survey of the Australian adult population indicate that 12% of Australians aged 16–85 had a mental disorder and a physical condition concurrently, and that these people were more likely to be female, and aged in their early forties (ABS 2008). The most common comorbidity (9%) was an anxiety disorder combined with a physical condition, affecting about 1.4 million Australian adults (ABS 2008).

In general, comorbidity increased with increasing disadvantage. For example, people living in the most disadvantaged areas of Australia were 65% more likely to have comorbidity than those living in the least disadvantaged areas (AIHW 2012).

Prevention and early intervention

In recognition of the importance of prevention and early intervention in assisting children and adolescents with mental health difficulties, a number of initiatives have been taken recently by governments to support them in their important developmental years. For example, the Australian Government has funded 60 'headspace' youth mental health services for people aged between 12 and 25. Between 1 January and 30 June 2013, 21,274 clients received centre-based services from 55 headspace centres. Of these clients, 64% were female, 36% male and 0.7% transgender, intersex or transsexual; 7.7% identified as Indigenous and 7.0% were born overseas. The most frequently reported reason for presenting to a headspace centre was emotional problems, including feeling sad, depressed or anxious (72%), followed by relationship problems (11%) (Rickwood et al. 2014).

State and territory governments have also been developing and augmenting existing youth services; for example, Western Australia recently established Statewide Specialist Aboriginal Mental Health Services to provide specialist interventions to help in the transition from adolescence to adulthood.

Use of mental health services

The considerable variation in severity of mental health disorders and the uniqueness of each individual's experience of mental illness means that support needs and use of services are also diverse.

The estimated population treatment rate for people with mental disorders from the 2007 National Survey of Mental Health and Wellbeing was 35% (1.1 million people) (Slade et al. 2009). More than two-thirds (71%) consulted general practitioners (GPs), 38% consulted psychologists and 23% consulted psychiatrists. Eighty-six per cent of those with a mental disorder who did not receive mental health care reported that they perceived having no need for any of a range of services, including counselling, medication and information (Slade et al. 2009).

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More recent analysis of administrative data (DoHA 2013; Whiteford et al. 2014) suggests that there has been significant improvement on the relatively low treatment rates observed in the 2007 National Survey of Mental Health and Wellbeing. The analysis suggests that the percentage of the population with a current mental illness who received care in 2009–10 was 46%, substantially higher than the 35% estimate found by the ABS in 2007. Growth in the proportion of the population seen by Medicare-funded mental health services is the sole driver of the change over the 3 years, primarily arising from initiatives introduced in 2006 to provide Medicare-funded access to mental health care by allied health professionals (see also Chapter 8 'Mental health services in Australia' for more detail on service usage).

In more recent times, the Australian and state and territory governments have concentrated on providing a wider range of support services for those experiencing mental health difficulties, with an emphasis on helping people to stay well rather than providing support only when they are in crisis. Initiatives have been community-based rather than institutional, and there has been a growing involvement of the non-government, not-for-profit sector in service delivery. New programs include: online therapy services for the treatment of mild to moderately severe depression and anxiety disorders; youth mental health services for people aged between 12 and 25; and state-based step-up and step-down services aimed at preventing admission to hospital and preparing participants for a return to the community.

What is missing from the picture?

The increasing use of more integrated and coordinated models of care to cater for the individual needs of Australians living with a mental disorder reinforces the need for the collection of pertinent data to determine whether these measures are making a difference. The AIHW is currently working with stakeholders to better meet the data and information collection challenges implicit in these changing models of care. In particular, national initiatives are currently being progressed to collect and report more detailed information about consumer and carer perceptions of mental health care.

An expert reference group chaired by the National Mental Health Commission also recently reviewed Australia's current range of mental health indicators. The group emphasised the importance of a 'whole-of-life approach' in refining the current indicators. In particular, consideration of social determinants and factors outside the health domain were recommended for attention. Areas for further consideration included life expectancy, recovery, housing, employment, suicide attempts, stigma and discrimination and mental health wellbeing.

The publication of the 2013 child and adolescent survey by the University of Western Australia in mid-2015 will fill the current gap in contemporary information about the extent and impact of mental illness on children and adolescents; the last survey was undertaken in 1998. With other major national surveys also now becoming dated, consideration of cost-effective methods of ensuring regular and up-to-date information about prevalence and trends is warranted.

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Where do I go for more information?

More information on mental health in Australia is available on the AIHW website at www.aihw.gov.au/mental-health/.

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