

# **Australia's Fourth National Mental Health Plan**

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# Australian mental health system overview

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- **9% of GDP spent on health care, 7% on specialised mental health services (but approx 10% of health costs directed to care of those with mental disorders)**
- **Mixed public and private system**
- **The States and Territories own and manage the public system**
- **The Commonwealth provides funding to the states and regulates the private system**

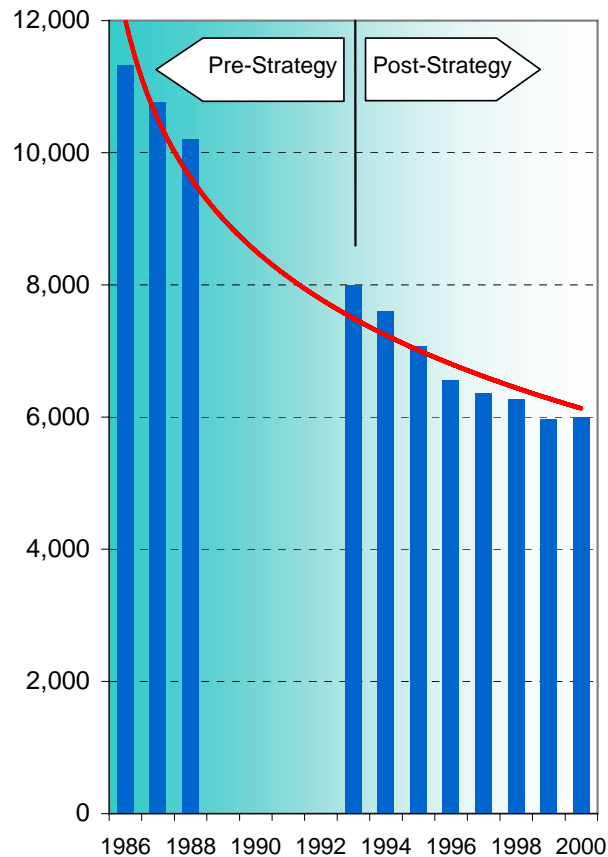
# Mental Health before 1992

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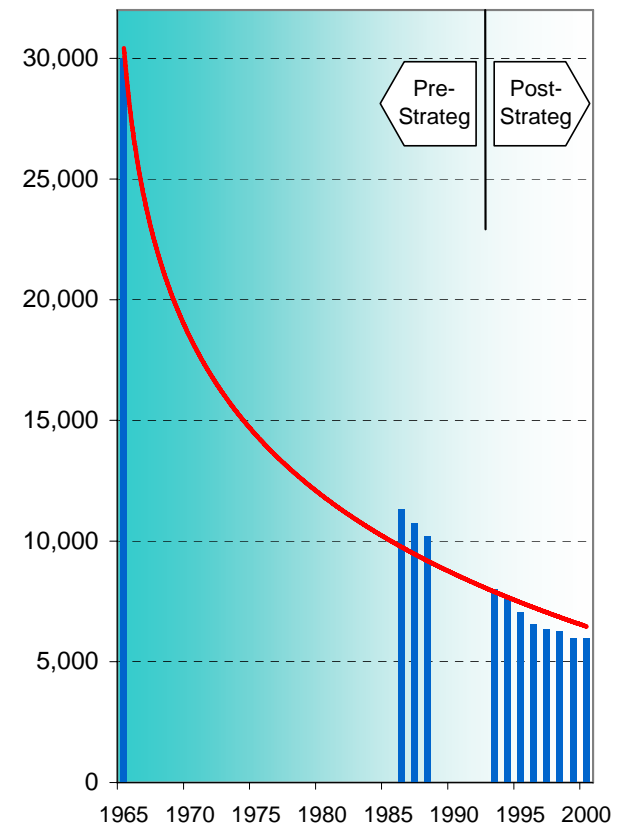
- The population of the psychiatric hospitals declined from 29,500 in the early 1960's, when Australia's population was 10.5 million (281 beds per 100,000) to 6750 inpatients for a population of 17 million in 1992 (40 beds per 100,000)
- Uncoordinated, under resourced community mental health services resulted in large numbers of people with mental illness becoming homeless, living in unsatisfactory residential facilities, or inappropriately placed in nursing homes or correctional facilities

# Most reduction in hospital beds occurred prior to the Strategy

*Short term view 1986-2000*



*Longer term view 1965-2000*



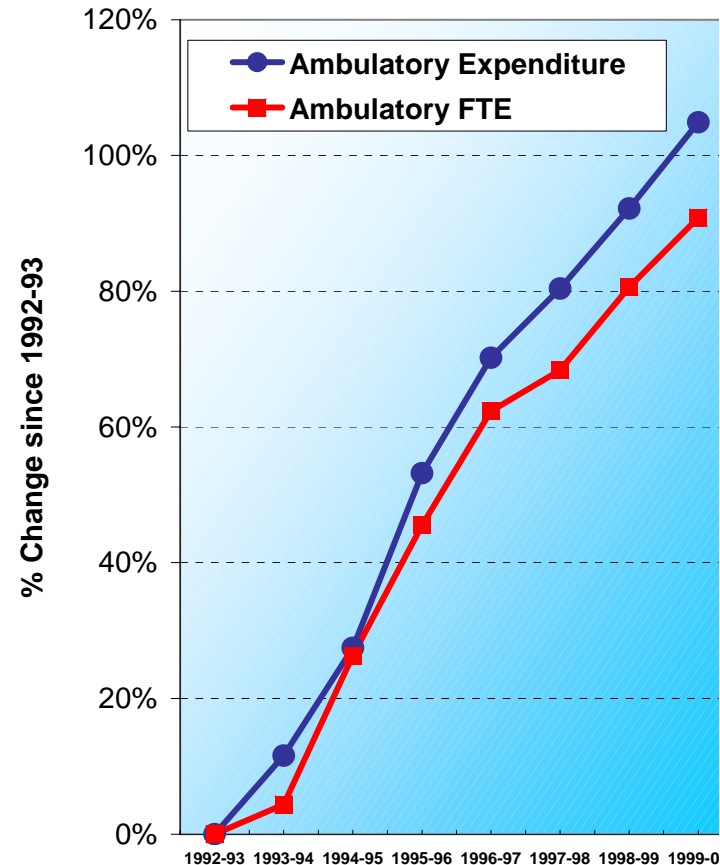
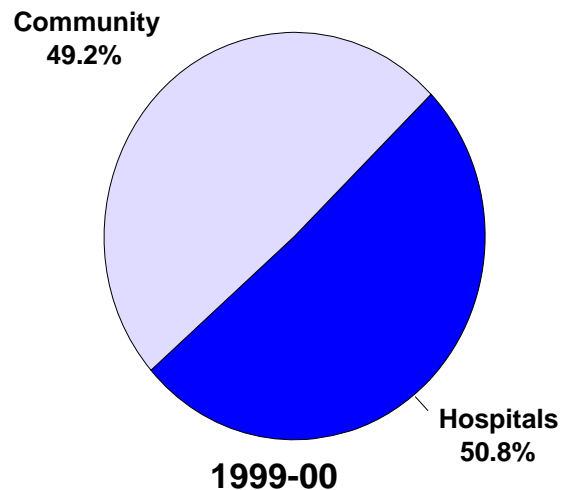
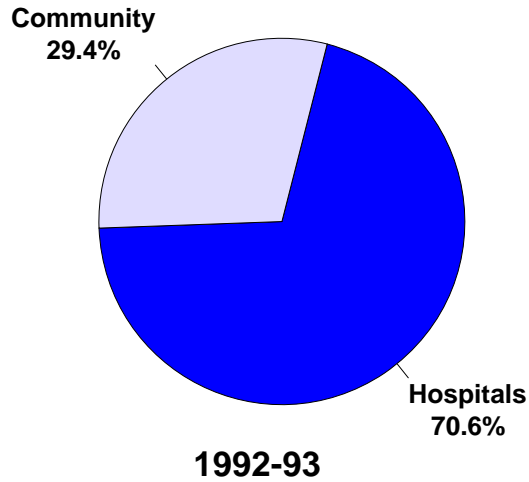
- Mental Health Statement of Rights and Responsibilities 1991
- National Mental Health Policy 1992
- National Mental Health Plan 1992

# First National Plan 1992-98

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- Most effort under the First National Mental Health Plan directed at improving public sector services
- Triggered by concern about gross inadequacies in systems of care
- State inquiries highlighted abuse and violation of rights
- Protection rather than consumer empowerment dominated current thinking

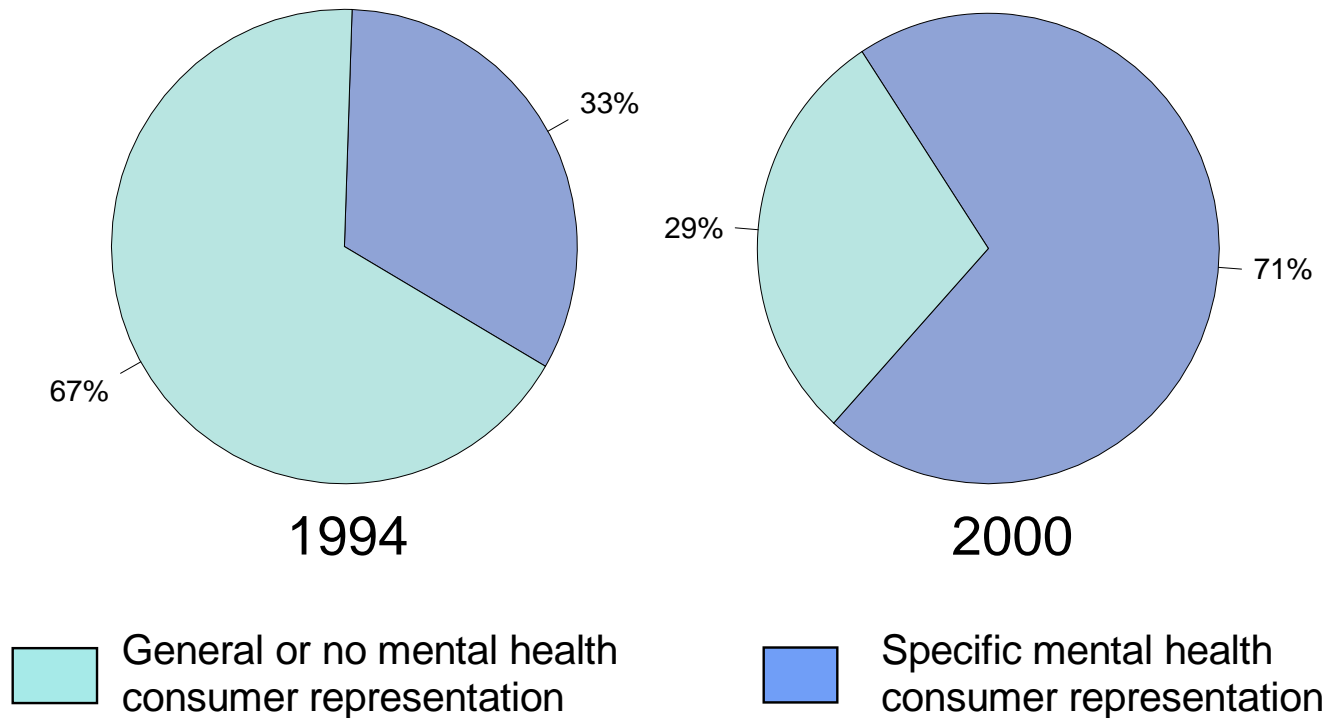
# Shift to community-based service system



**90% growth in ambulatory care clinical staff**

# Increased consumer participation in decision making

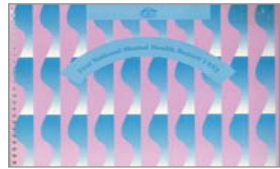
**Percent of mental health service organisations with formal participation mechanisms**





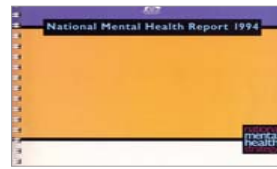
# National Mental Health Reports

## National Mental Health Report 1993



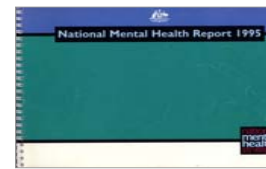
Released: March 1994  
Coverage: 1992-93 'baseline year'

## National Mental Health Report 1994



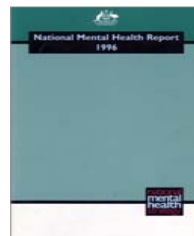
Released: May 1995  
Coverage: Progress in 1993-94

## National Mental Health Report 1995



Released: July 1996  
Coverage: Progress to 1994-95

## National Mental Health Report 1996



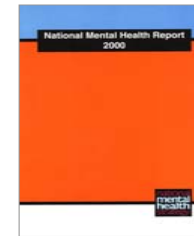
Released: March 1998  
Coverage: Progress to 1995-96

## National Mental Health Report 1997



Released: March 1999  
Coverage: Progress to 1996-97

## National Mental Health Report 2000



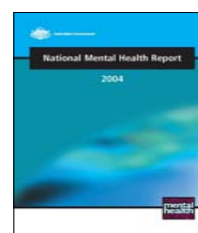
Released: November 2000  
Coverage: Progress to 1997-98

## National Mental Health Report 2002



Released: October 2002  
Coverage: Progress to 1999-2000

## National Mental Health Report 2004



Released: November 2004  
Coverage: Progress to 2001-02

## National Mental Health Report 2005

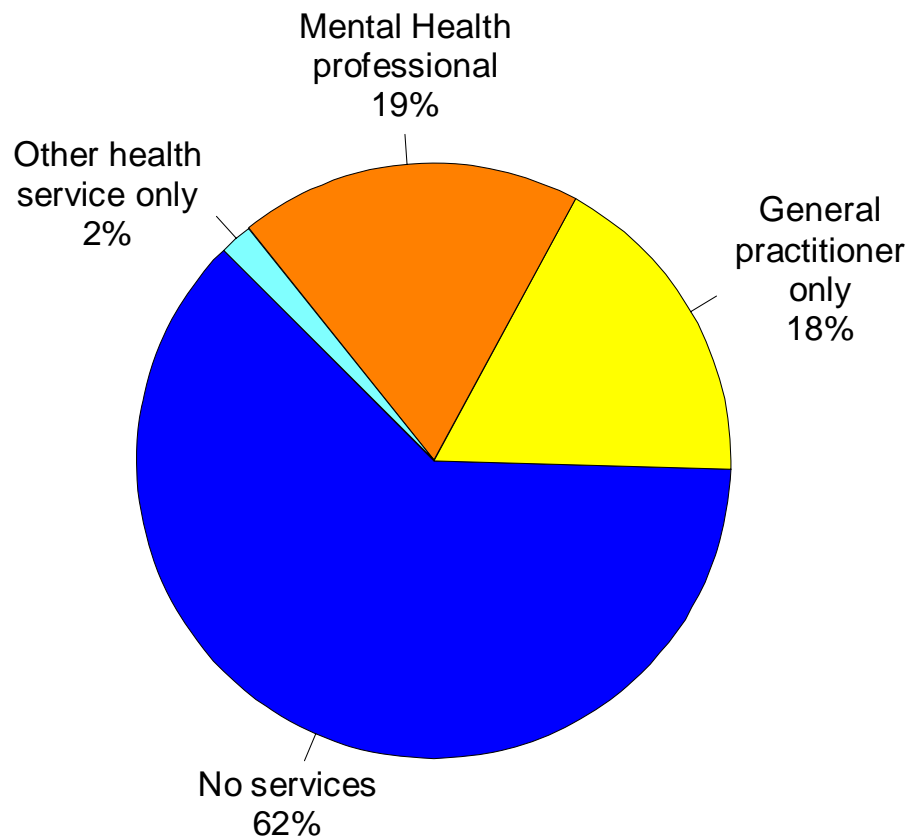


Released: December 2005  
Coverage: Progress to 2002-03

# Second National Plan 1998 - 2003

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- Broadening of the reform agenda
- Primary mental health services
- Population mental health with emphasis on mental health promotion and illness prevention
- Quality and effectiveness of services



Nearly two thirds of Australians with a mental disorder receive no treatment

# Leading causes of burden (DALYs)

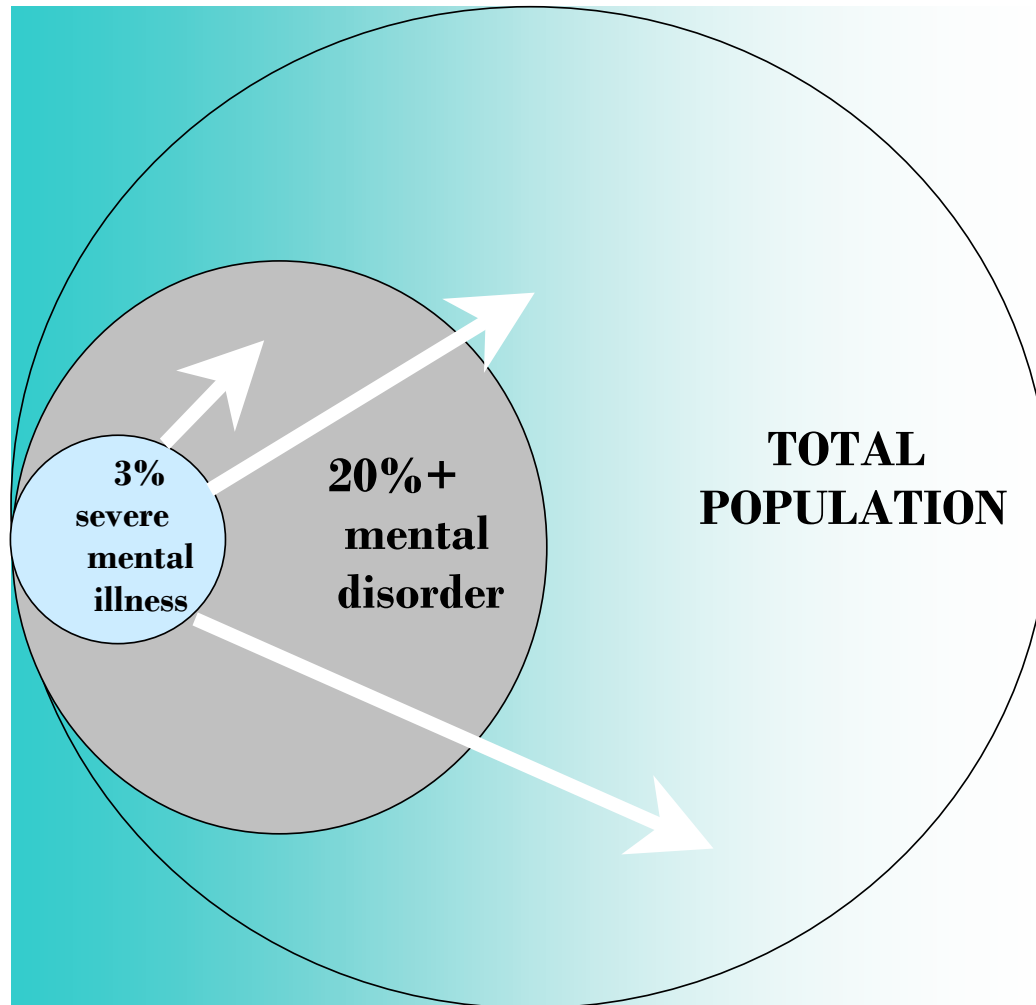
## Australia 2003

Rank	Males	DALYs	% of total	Females	DALYs	% of total
1	Ischaemic Heart disease	151,101	11.0	Anxiety and depression	126,464	10.0
2	Type 2 diabetes	76,577	5.6	Ischaemic heart disease	112,385	8.9
3	Anxiety and depression	65,321	4.8	Stroke	65,173	5.2
4	Lung cancer	55,028	4.0	Dementia	60,734	4.8
5	Stroke	53,302	3.9	Breast cancer	60,518	4.8
6	Chronic obstructive pulmonary disease	49,198	3.6	Type 2 diabetes	55,739	4.4
7	Adult-onset hearing loss	42,646	3.1	Chronic Obstructive pulmonary disease	37,548	3.0
8	Suicide and self-inflicted injuries	38,717	2.8	Lung cancer	33,876	2.7
9	Prostate cancer	36,544	2.7	Asthma	33,828	2.7
10	Colorectal cancer	34,642	2.5	Colorectal cancer	28,961	2.3

# Causes of DALYs in 15–34 year olds, Australia

Rank	Males	DALYs	% of total	Females	DALYs	% of total
1	Anxiety and depression	29,540	14.6	Anxiety and depression	56,824	29.6
2	Suicide and self-inflicted injuries	18,261	9.0	Migraine	11,646	6.1
3	Road traffic incidents	17,793	8.8	Asthma	9,701	5.1
4	Schizophrenia	13,121	6.5	Schizophrenia	7,986	4.2
5	Heroin dependence and harmful use	10,234	5.1	Infertility	5,987	3.1
6	Alcohol dependence and harmful use	9,030	4.5	Personality disorders	5,840	3.0
7	Personality disorders	6,752	3.3	Road traffic incidents	5,059	2.6
8	Infertility	4,515	2.2	Eating disorders	4,757	2.5
9	Migraine	4,432	2.2	Suicide and self-inflicted injuries	4,553	2.4
10	Cannabis dependence and harmful use	4,052	2.0	Bipolar disorder	3,641	1.9

# A broader Mental Health Strategy



# Emphasis on General Practice

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- Incentive Payments for GPs
- New Fee for service Counselling Item for GPs
- Access to Psychology services
- GP education and training
- Restructure payments for private psychiatrists

# **Mindmatters: *Mental health promotion program for secondary schools***

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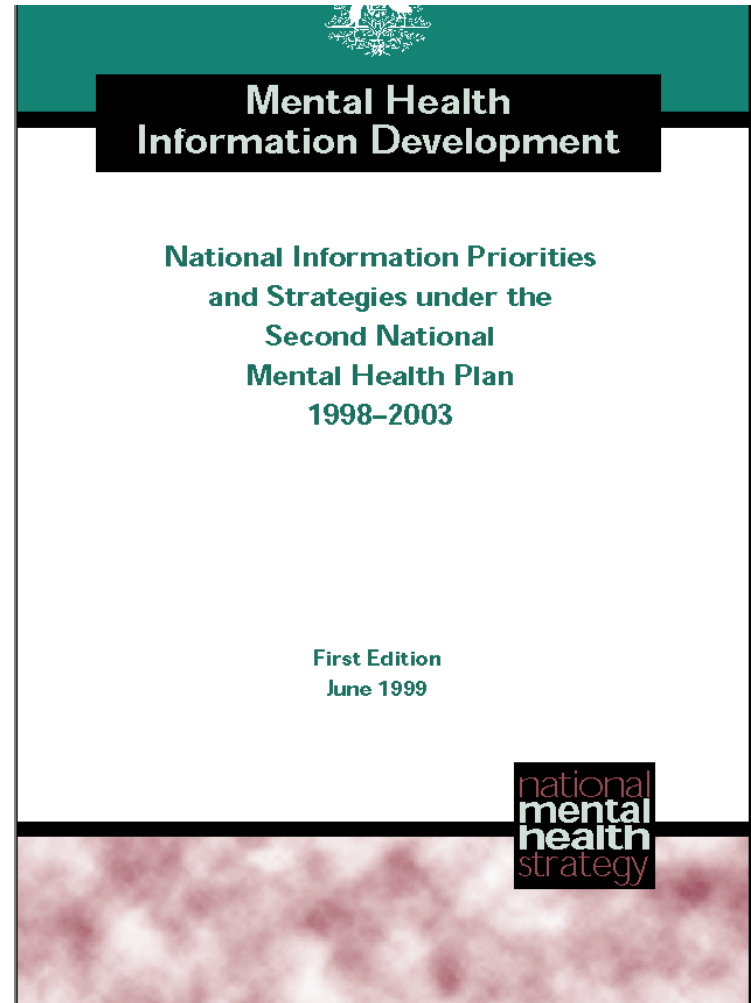
- 7,000 MindMatters resource kits produced, distributed to all Australian secondary schools
- Professional development training provided to 17,000 staff
- Covers 65% of Australia's 3,200 secondary schools



- Undergraduate curriculum for journalism
- Contact points for journalist on mental health issues
- Establishment of the National Media and Mental Health Group
- Monitoring and research into media suicide and mental illness portrayal
- Media awards for good reporting on mental health issues

- National plan agreed by all States and Territories June 1999
  1. Routine outcome measures
  2. Mental Health Casemix Information
  3. National Service Quality Indicators and Standards
  4. National Minimum Data Set

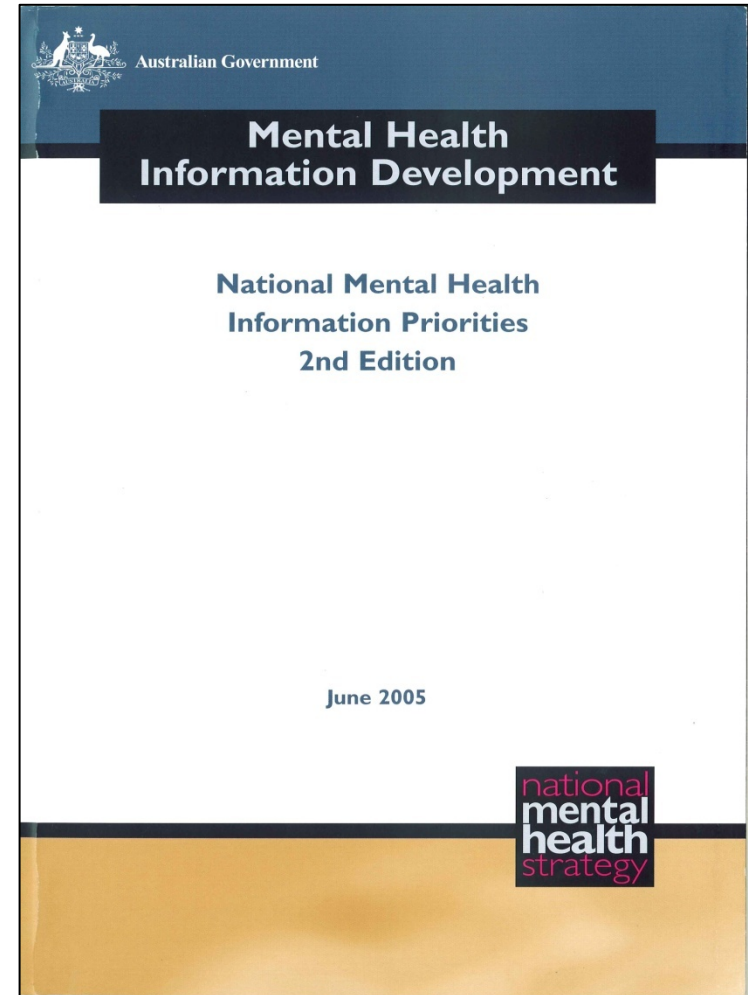
1. Strengthen the focus on consumer outcomes
2. Develop information as a tool to drive improvements in service quality
3. Shift the focus of concern from cost to value for money
4. Improve understanding of population needs

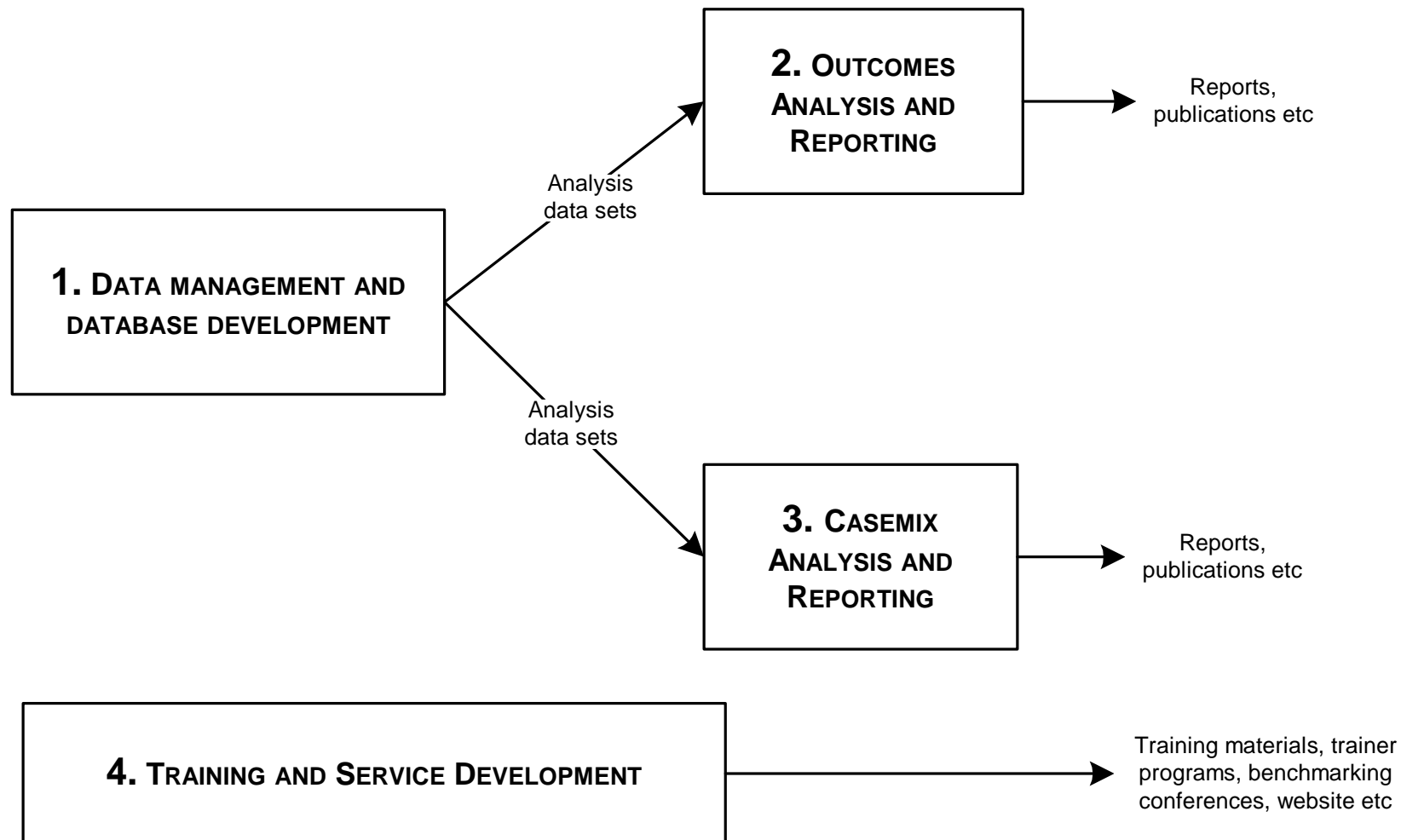


- Improving population mental health
- Improving service responsiveness
- Strengthening safety and quality
- Fostering innovation and sustainability

## 10 national priority areas covering:

1. Consumer outcomes
2. Performance indicators  
and benchmarking
3. Measures of safety
4. Sustainable systems for  
national mental health  
information
5. Population mental  
health





# For service planning, two broad groups of mental disorder:

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People with common but mostly less severe mental disorders – e.g. most anxiety and depression

Treatment is primarily short term psychological and social interventions with pharmacological therapy used where needed. Usually delivered in primary care.

People with severe, often persistent and complex mental disorders – e.g. psychosis

Treatment is pharmacological, psychological and social, often with multiagency involvement . Usually delivered in specialist care.

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# Indicators of service gaps – Mild to moderately severe illnesses

**MILD & MODERATE DISORDERS**  
**14.1%**  
**2.8 million people**

Includes:

Common anxiety and depressive disorders  
Personality disorder  
Eating disorders

Treatment mainly provided through  
primary health care



- Low treatment rates - only 31% receive treatment by the health system, less than half comparable physical illnesses
- The high level of untreated illness is responsible for \$6 billion in lost productivity annually in those who are employed.
- Lost productivity arising from people out of the workforce and on disability pensions is estimated at \$9.7 billion per year
  - Of the six priority health conditions, mental illness is associated with the lowest likelihood of being in the workforce
- 2003 ABS survey - one third of young people aged 15-29 with a mental illness neither in education nor employment



# Indicators of service gaps – Severe mental illnesses

## SEVERE DISORDERS

2.5%

530,000 people

Includes:

Psychoses, bipolar disorder, severe depression, severe anxiety conditions  
severe eating disorders

Treatment mainly provided through specialised mental health services



- High treatment rates (90%+) but problems with service quality and outcomes.
- 11-20% discharged from hospital are readmitted within 28 days
- 43% of people in acute psychiatric hospitals could be discharged if suitable step-down rehabilitation and housing places were available
- Responsible for 28% of disability pensions and rising – at twice the overall DSP rate
- Reduced life expectancy for severe and persistent group second only to Indigenous Australians
- Comprise 29% of homeless population, 10-20% of prison population
- Employment participation rates only half those achieved internationally using best practice

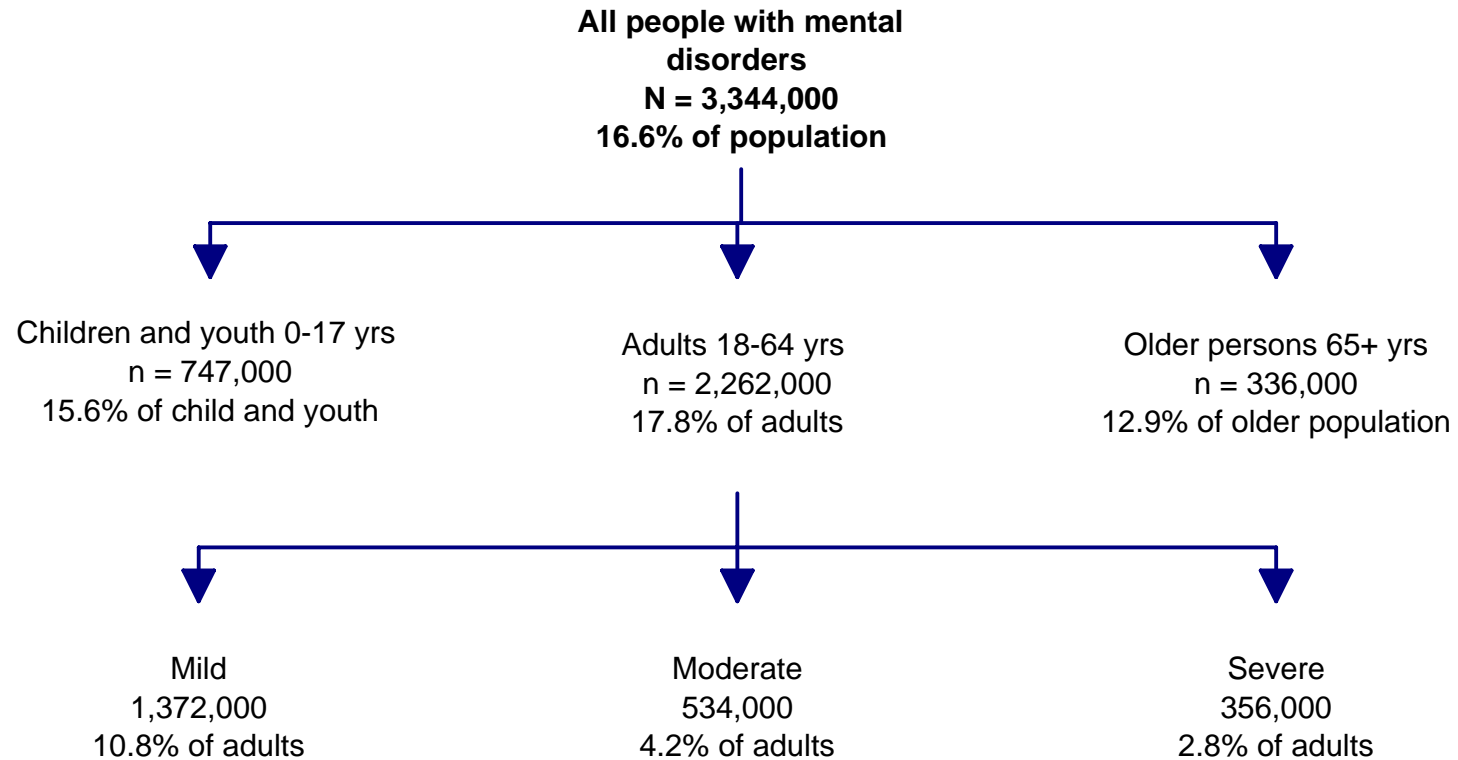
- Social inclusion and recovery
- Prevention and early intervention
- Service access, coordination and continuity of care
- Quality improvement and innovation
- Accountability - measuring and reporting progress

[www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09)

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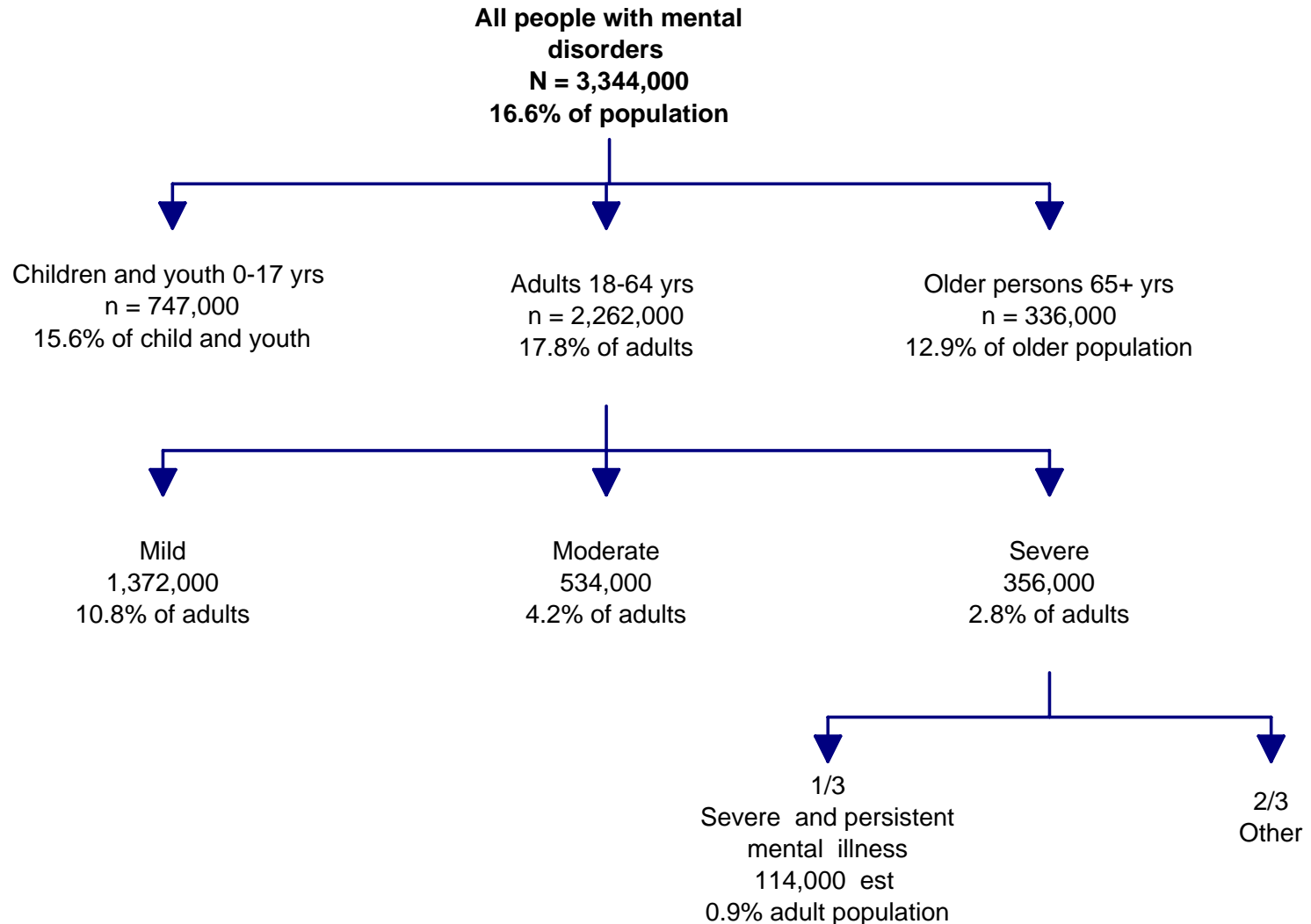
# Estimate the size of each group

Step 1: *Estimating the size of the adult population severe mental disorders*



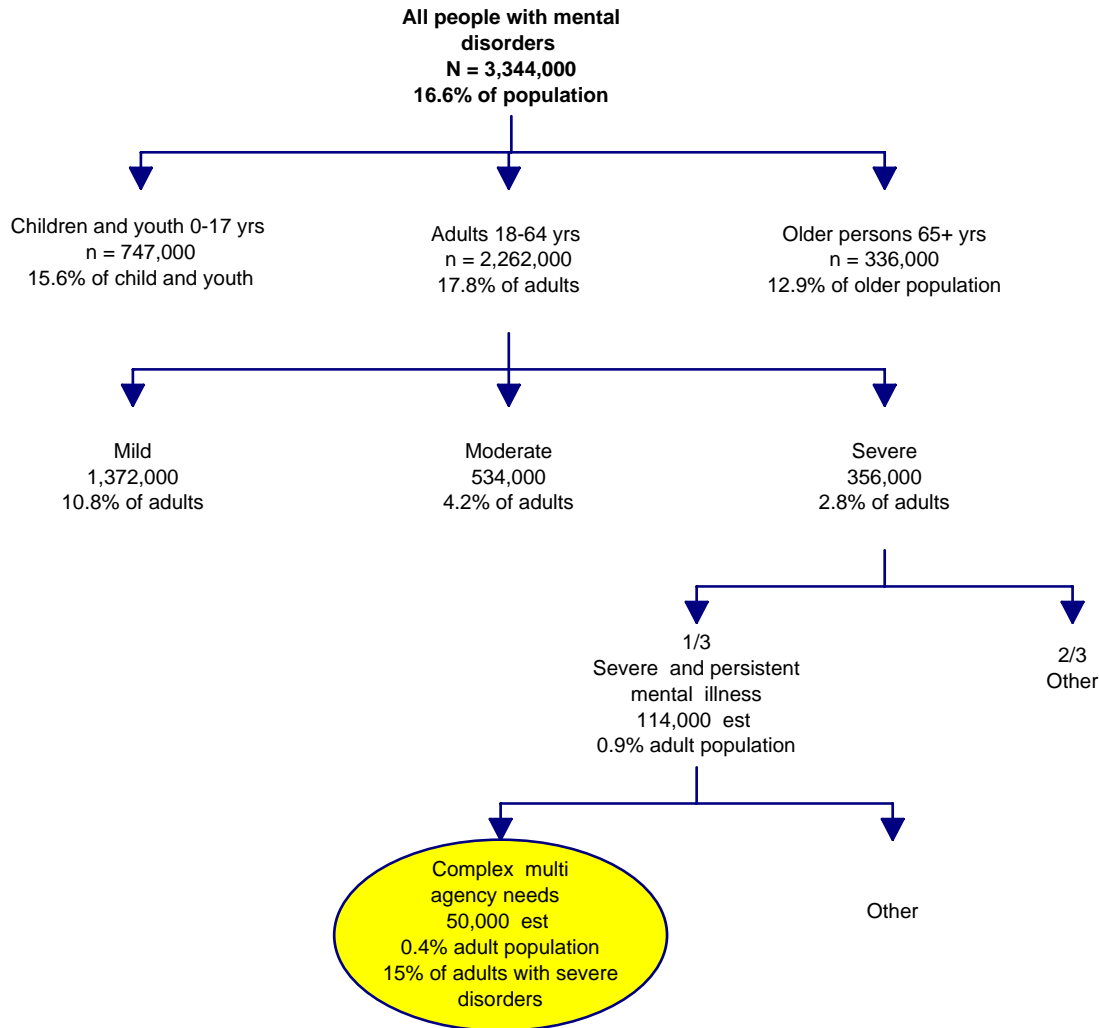
# Estimate the size of each group

Step 2: *Estimating the subgroup who have severe and persistent mental illness*



# Estimate the size of each group

Step 3: *Estimating the proportion who have complex and multiple service needs*



# The Tripod of services needed for the severe, persistent and complex group ...

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- Clinical treatment
- Disability support and rehabilitation
- Stable accommodation

If any leg of tripod fails – the individual's care will fail

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# Three key barriers to reform ...

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- Paying for increased treatment of common mental disorders
- Co-ordinating clinical, rehabilitation and accommodation services for those with severe, persistent and complex disorders
- Increasing mental health literacy in population to promote early intervention

# Three key barriers ...

1. Paying for increased treatment of common mental disorders
  - the arguments that were effective in Australia were
    - » clinical (effective short term treatments exist)
    - » economic (there is a productivity return on this investment)
    - » equity (mental disorders had half the treatment rates of “equivalent” physical disorders)



# Three key barriers ...

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2. Co-ordinating clinical, rehabilitation and accommodation services for those with severe, persistent and complex disorders
  - the arguments that were effective in Australia were
    - » clinical (“revolving door” rehospitalisation)
    - » economic (there are potential savings in government income benefit outlays)
    - » equity (individuals end up homeless or in prison)

3. Increasing mental health literacy in population to promote early intervention
  - the arguments that were effective in Australia were
    - » barrier to seeking treatment is on the demand side (data was available from national epidemiological study)
    - » clinical (early intervention is better)
    - » economic (early intervention reduces “downstream” costs)

# Australia's Performance Indicators

