Overview of mental health services in Australia

Mental health services in Australia is an online presentation of the Australian Institute of Health and Welfare's (AIHW) series of annual mental health reports that describe the activity and characteristics of Australia's mental health care services. This report provides the most recent data available on the national response of the health and welfare system to the mental health care needs of Australians.

The information in this report is constrained by the availability of comparable national data, which may result in some data overlaps and gaps in service information. As well as the data presented in the various webpages, readers can find detailed data for current and previous years in the Microsoft ® Excel workbooks attached to each section.

Australia's mental health system

State and territory governments fund and deliver public sector mental health services that provide specialist care for people with severe 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 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 mainstream 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.

Service access

The 2007 National Survey of Mental Health and Wellbeing collected data on mental health service access in the preceding 12 months. It was estimated that about a third (35%) of people with a 12-month mental disorder (1.1 million people) 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 receive mental health care, the majority (86%) reported that they perceived having no need for any mental health care.

More recent evidence suggests that the treatment rates found in 2007 have increased (to an estimated 46%), due primarily to the introduction of government subsidised mental health treatment items to Medicare (Whiteford et al. 2014).

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
- hospital-based outpatient services
- community mental health care services
- consultations with both specialists and general practitioners (GPs).

Access to psychologists and other allied health providers may, dependent on eligibility, be subsidised through initiatives such as the Better Access initiative which gives patients Medicare-subsidised access to psychologists and other allied health providers after the preparation of a Mental Health Treatment Plan by a GP.

The Australian Government also subsidises mental health-related services through 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.

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Whiteford HA, Buckingham WJ, Harris MG, Burgess PM, Pirkis JE, Barendregt JJ et al. 2014. Estimating treatment rates for mental disorders in Australia. Australian Health Review 38:80-5.

Prevalence, impact and burden

Prevalence

In Mental health services in Australia 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.

A program of population surveys, the **National Survey of Mental Health and Wellbeing (NSMHWB)**, began in Australia in the late 1990s. These surveys 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 three 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 Australians in this age range will experience a mental disorder at some time in their life (an estimated 9 million people in 2015). It also estimated that 1 in 5 (20%) of the population had experienced a common mental disorder in the previous 12 months (an estimated 4 million people in 2015). Of these, anxiety disorders (such as social phobia) were the most prevalent, afflicting 1 in 7 (14%) of the population, followed by affective disorders (such as depression) (6%), and substance use disorders (such as alcohol dependence) (5%).

For further information see the full NSMHWB report (ABS 2008)

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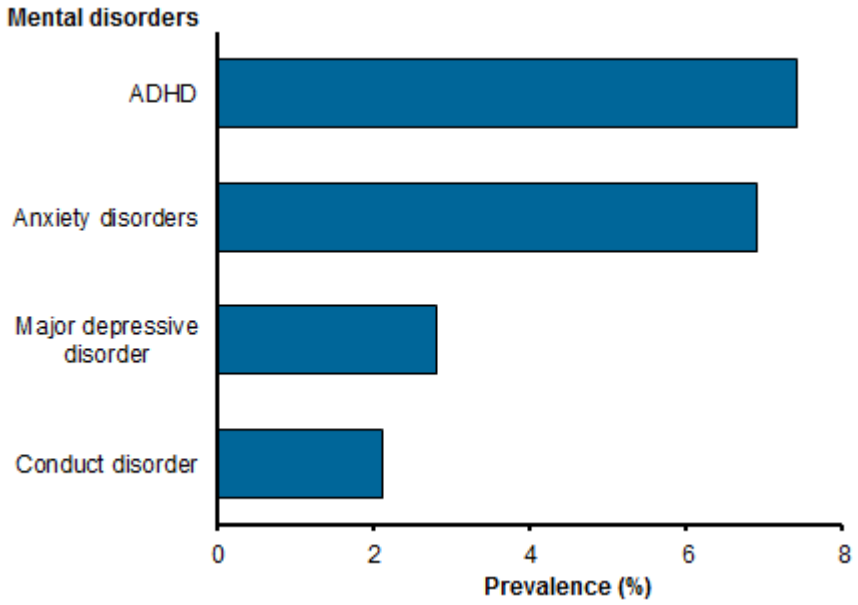
Survey of Children and Adolescents (aged 4–17)

A national household survey of the mental health and wellbeing of Australian children and adolescents was conducted for the second time in 2013–14 ('*Young Minds Matter*'). Its results were released in August 2015. A total of 76,606 households with children in the age range 4–17 were approached to participate in the survey. Of these, 6,310 parents and carers (55% of households) responded, and 2,967 (89%) of young people aged 11–17 also participated with their parent's permission.

The survey used a diagnostic schedule to determine the prevalence of mental disorders in children and adolescents in Australia. Almost 1 in 7 (14%) of children and adolescents aged 4–17 were assessed as having mental health disorders in the previous 12 months, which is equivalent to 560,000 children and adolescents. Attention Deficit Hyperactivity Disorder (ADHD) was the most common mental disorder (over 7% of all children and adolescents, or 298,000), followed by anxiety disorders (nearly 7% or 278,000), major depressive disorder (3% or 112,000) and conduct disorder (2% or 83,600)— see Figure 1.

Almost one third (30% or 4% of all 4–17 year olds) with a disorder had two 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.

Alt text: Bar chart showing the prevalance of mental disorders in the past 12 months in 4-17 year olds. ADHD was the most prevalent just over 7% followed by anxiety disorder just under 7%, major depressive disorder 3% and conduct disorder 2%

Child and adolescent males (16.3%) were more likely than females (11.5%) to have experienced mental disorders in the previous 12 months. The prevalence of mental disorders was slightly higher for older females (12.8% for 12–17 year olds) than for younger females (10.6% for 4–11 year olds). However, the prevalence for males did not differ markedly between the younger and older age groups (16.5% and 15.9% respectively).

There were a number of significant methodological differences between the *Young Minds Matter* survey and the first child and adolescent survey conducted in 1998. However, it is possible to compare the prevalence data for three mental health disorders (major depressive disorder, ADHD and conduct disorder). Prevalence of depressive disorder increased from 2.1 % to 3.2%, ADHD decreased from 10% to 8%, and conduct disorder decreased from 3% to 2%. Readers are directed to the full report for further information (Lawrence et al. 2015).

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

Mental illness includes conditions with low prevalence and severe consequences.

This group includes psychotic illnesses and a range of other conditions such as eating disorders, and severe personality disorder (DoHA 2010). Psychotic illnesses are characterised by fundamental distortions of thinking, perception and emotional response. Psychotic disorders include schizophrenia, schizoaffective disorder, bipolar disorder and delusional disorder (Morgan et al. 2011).

Estimates from the 2010 NSMHWB Survey of People Living with Psychotic Illness were that 64,000 people in Australia aged 18–64 had 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%). 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 600,000 people) 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 million people) are estimated to have a moderate disorder and a further 9–12% (about 2 million people) a mild disorder (DoHA 2013).

Mental and behavioural disorders, such as depression, anxiety and drug use, are important drivers of disability and morbidity. The Australian Burden of Disease Study 2011 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 2016). For Australia, mental & substance use disorders were estimated to be responsible for 12% of the total burden of disease in 2011, placing it third as a broad disease group after cancer (19%) and cardiovascular diseases (15%) (AIHW 2016).

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 behavioural disorders were the largest contributor (23.6%) of the non-fatal burden of disease in Australia followed by musculoskeletal disorders (22.7%) and respiratory disorders (11.9%) (AIHW 2016).

For further information see Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011.

In addition, in 2013, almost a third (31%) of people in receipt of the Disability Support Pension had a primary medical condition of 'psychological/psychiatric' (DSS 2014).

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 two or more physical conditions.

According to the 2010 Survey of People Living with Psychotic Illness, people with 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 three 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).

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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 disability (non-fatal burden).
Comorbidity	**Comorbidity** refers to occurrence of more than one 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).

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 leads in national mental health reform initiatives 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.

Overview

The importance of good mental health, and its impact on Australians, have long been recognised by the Australian Government and all state and territory governments. Over the last three 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 four 5-year *National Mental Health Plans* which covered the period 1993 to 2014, with the Council of Australian Governments (COAG) National Action Plan on Mental Health overlapping between 2006 and 2011.

Recent national developments

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 governments response to the review.

Subsequently, a 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 newly created 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 will be established as suicide prevention trial sites which will operate for three years.

The Fourth National Mental Health Plan expired in June 2014. Following the completion of the Commission's Review, work has been progressing on the development of a Fifth National Mental Health Plan, which is expected to be completed during 2017.

The Independent Hospital Pricing Authority, an independent government agency established by the Australian Government as part of the National Health Reform Act 2011, is finalising the development of the Australian Mental Health Care Classification (AMHCC). 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 psychiatric disability who have significant and permanent functional impairment will be eligible to access funding through the National Disability Insurance Scheme (NDIS). In addition, for people with a disability other than a psychiatric disability, funding may also be provided for mental health-related services and support if required.