Productivity Commission Inquiry into Mental Health – Submission

Australians for Mental Health (AFMH) welcomes the opportunity to provide an initial submission Productivity Commission Inquiry into Mental Health. We, and the four million Australians living with mental illness, their families and friends, are hopeful that this important Inquiry will provide the evidence and imperative to effect meaningful structural reform.

Who are we?
Launched in March 2018, AFMH is a grassroots movement made up of individuals who have experienced mental illness, their families, carers and supporters all bound by the idea that we can and must build a better mental health system.

We do this by making mental health a top political priority in Australia, achieving meaningful policy commitments from decision makers and holding them accountable, raising awareness of mental illness and in doing so helping to end stigma in our community.

The problem
- Half of all Australians experience difficulties with mental health at some stage in their lives. Around 3% of the Australian population experience serious mental health problems, such as psychosis.
- Mental illness is the greatest cause of disability in Australia – making up 28% of the total disability burden.
- In 2017, there were an average of almost 9 deaths by suicide every day in Australia. Suicide is a devastatingly tragic yet avoidable outcome.
- For many experiencing chronic and complex mental illness, they are unable to reach their full potential because our systems fail them. Surviving is different to thriving.
- The percentage of people who meet the criteria for diagnosis of a mental ill-health is highest in younger people. Twenty-six per cent of 18-24 year olds had experienced a mental disorder, while only 5.9% of people aged 65 years and over had experienced a mental disorder.
- Most OECD countries spend between 12-16% of their health budget on mental health services, however Australia only spends around 7% (despite the burden of disease being 14%).
- The impact of mental illness goes beyond the health portfolio. Justice, housing, human services and frontline emergency services are all impacted by the chronic underspend in mental health.
- Carers, families and support people are often forced to pick-up the shortfall of the system which can negatively impact their own mental wellbeing, careers and education opportunities.
$8.5 billion is spent on mental health care annually. Mental ill health is costing Australia $40 billion every year.

Many people experiencing mental illness delay seeking help because they are frightened by the illness and fear stigma and discrimination. Reducing the stigma and discrimination will encourage more people to seek help early.

Anyone can experience mental ill-health and no one is immune to mental health problems, but people who experience social or economic disadvantage and marginalisation are more likely to experience poor mental health outcomes.

Women are more likely than men to access mental health services.

There are many types of mental illness, which can be distinguished by clearly defined symptom profiles.

Though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same symptoms (for example many people with schizophrenia may have auditory hallucinations, while others may not).

Simply knowing a person has a mental illness will not tell you how well or ill they are, what symptoms they are experiencing, or whether they may recover or manage the illness effectively.

Cultural background affects how people experience mental illness and how they understand and interpret the symptoms of mental illness.

There were 32 statutory inquiries into mental health problems between 2006 and 2012 - they all came to roughly the same conclusion - that our mental health system is in crisis.

Our recommendation

The Productivity Commission has been tasked with considering how population mental health can be improved so as to realise economic and social participation and productivity benefits over the long term. It is AFMH’s recommendation that the Commission should consider the need for fundamental, systemic reform to the way mental health services are delivered in Australia.

It is AFMH’s position that there is an overwhelming need for fundamental change to the way mental health services are delivered so that every Australian can access the safe, therapeutic mental health care they need, when they need it. Reform is needed in four key areas, as follows.

Access to care

Every Australian experiencing mental ill-health, their families and carers, can receive high-quality safe and therapeutic care and support when, where, and for as long as they need it.

Equality of care

Every Australian can expect the same level of care for their mental health as they do for their physical health.
Clear pathways to care
People with mental ill-health require clearly defined and properly coordinated care of both their physical and mental health.

Improved prevention and early intervention services
Prevention and early intervention services must be scaled up to engage and treat people with mental-ill health at the earliest possible time and prevent the progression of illness and the development of high-risk crisis situations.

Adult Mental Health Centres
AFMH has long supported and advocated for dedicated centres in regional and metropolitan locations that would act as a stigma-free ‘One Stop Shop’ for mental health services. These centres would be in central locations and provide walk-in assessment, stigma-free services, and a smooth connection to acute and residential care.

AFMH supports the recent commitment of federal funding in Budget 2019-20 for a pilot program of adult mental health centres.
The centres should be multi-disciplinary and fully integrated, with outreach capability and a range of mental health specialists on hand to provide integrated services for mental and physical health – GP’s, allied health staff, addiction specialists, psychiatrists and vocational experts.

It is AFMH’s submission that this pilot of adult mental health centres, properly funded and implemented, may serve as a model for a future larger investment of public funds that would achieve the kind of fundamental systemic reform needed to make substantial improvements to population mental health.

Conclusion
AFMH encourages the Productivity Commission to research the need for fundamental change to Australia’s mental health system, and specifically to examine in closer detail the Australian Government’s pilot program of adult mental health centres, as a potential path to achieving society-wide productivity gains from improved population mental health.

Should the Productivity Commission have any further questions please do not hesitate to contact us directly.