

Productivity Commission inquiry must include fact-checking

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Unfortunately, the Productivity Commission inquiry is likely to be presented with many supposed facts that are inaccurate. Furthermore, some of those inaccuracies will seem trustworthy, because of their provenance, coming from respected experts and organisations, and citing authoritative sources. Many claims made about mental health and mental illness are based on good evidence, such as Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare statistics, but they are misleading because they are not explained properly. Sometimes this is because of misunderstanding – mental health statistics are more complicated than most people realise.

Inaccurate claims about mental health and mental illness are very common in the media, where emotive soundbites reverberate. They also occur in reports from prominent mental health organisations, in textbooks, and even in peer-reviewed journal articles. And then, all too often, they crop up in government policy documents. Below I discuss some examples relevant to the inquiry.

Over the years, I have challenged some inaccuracies, with mixed results. But most inaccuracies are never challenged. Claims that fit people's perspectives tend to be accepted and relayed uncritically, and many become established 'facts' in the mental health arena.

Perceived unmet need for help/treatment in the Australian population

In 2008, the ABS mistakenly reported that the 2007 National Survey of Mental Health and Wellbeing (NSMHW [or SMHWP, among various other acronyms]) found that 2.1 million Australians had untreated mental disorders and perceived unmet need. The actual number was much lower. (I think such mistakes are probably rare for the ABS, and overall the information it has provided about the NSMHW is reliable and very useful.)

The mistake occurred in the ABS's (2008) *National Survey of Mental Health and Wellbeing: Summary of Results*

[https://web.archive.org/web/20180514144152/http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/\\$File/43260_2007.pdf](https://web.archive.org/web/20180514144152/http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/$File/43260_2007.pdf), which reported that two-thirds of the estimated 3.2 million Australians with mental disorders did not access mental health services (this is accurate) but had perceived unmet need (this is very inaccurate):

"There were 2.1 million people with a 12-month mental disorder who did not use services for mental health problems but who perceived they had an unmet need." (p. 25)

[https://web.archive.org/web/20180514144152/http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/\\$File/43260_2007.pdf](https://web.archive.org/web/20180514144152/http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/$File/43260_2007.pdf)

[original pdf]

The 2.1 million perceived unmet need claim was contradicted by Table 15, '12-MONTH MENTAL DISORDERS (a), by Persons who did not use services for mental health problems(b)—Perceived need for help', in the same report

http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/%24File/43260_2007.pdf (p. 49). It shows that 2,081,500 persons had 12-month mental disorders and did not use services for mental health problems (so 2.1 million people

did indeed have untreated disorders), but only 2.1% to 10.3% of them reported unmet need for any of the five types of help (information, medication, counselling, social intervention, and skills training) that survey respondents were asked about.

I contacted the ABS about this mistake in May last year, and it was corrected in September. The corrected report states:

'There were 2.1 million people with a 12-month mental disorder who did not use services for mental health problems. Of those who did not use services for mental health problems, 10% perceived that their need for counselling was not met.' (p. 25) [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/\\$File/National%20Survey%20of%20Mental%20Health%20and%20Wellbeing%20Summary%20of%20Results.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/$File/National%20Survey%20of%20Mental%20Health%20and%20Wellbeing%20Summary%20of%20Results.pdf) [corrected pdf] [The second sentence – the corrected text – is in a different font in the pdf.]

In the ten years before the ABS report was corrected, the mistake significantly influenced mental health policy, particularly via the 2008-2009 National Health and Hospitals Reform Commission (NHHRC).

The ABS claim was quoted semi-verbatim in the NHHRC (2009) report, *A Healthier Future For All Australians: Interim Report December 2008* <https://web.archive.org/web/20091024125719/http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/interim-report-december-2008>:

*the extent of unmet need for mental health services is cause for serious reflection. All state governments have made significant increases in funding to acute or hospital-based mental health services. However, the Australian Bureau of Statistics' recent survey indicates that 2.1 million Australians with a mental health disorder over the past 12 months did not access mental health services even though they perceived they had an unmet need.*³⁴ [italics added] (p. 248)

34 Australian Bureau of Statistics (2008), National Survey of Mental Health and Wellbeing: Summary of Results (Australian Bureau of Statistics: Canberra).

The recommendations of the final NHHRC report <http://webarchive.nla.gov.au/gov/20091012225316/http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nhhrc-report>, which called for substantial additional investment in mental health services, particularly in youth mental health, were clearly influenced by the ABS mistake about unmet need.

The ABS mistake also gave credence to the inaccurate claim made by Professor Patrick McGorry, in his testimony <https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:%22committees/commsen/13184/0002%22> to the 2010 Senate inquiry into the Council of Australian Governments reforms relating to health and hospitals, that there were 750,000 young Australians who are 'currently unable to get access to mental health care'. This was quoted verbatim in the Senate report https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Completed_inquiries/2008-10/coag_health_reforms/report/c05.

Professor McGorry attributed that figure to the NSMHW <https://www.theage.com.au/national/mcgorry-misleading-the-public-20100808-11qes.html>. Elsewhere he claimed that the 750,000 were 'locked out of the mental health care that they and their families desperately need' <https://www.abc.net.au/news/2010-05-13/34066>.

However, the NSMHW found that, far from being 'locked out', most young people who did not access services did not perceive any need

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4840.0.55.001Main%20Feature%20s82007?opendocument&tabname=Summary&prodno=4840.0.55.001&issue=2007&num=&view=>.

The Productivity Commission inquiry will no doubt hear from many people who feel that they or family members have been locked out of the services that they need. However, many of them will be people who have accessed services but have not received the type and/or amount of help they need. Most of them will not be among the large number of Australians who do not access services at all. The NSMHW found that unmet need was considerably higher in people who *did* access services

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4326.0Main+Features32007?OpenDocument>.

There are many other misleading claims about the needs of people with untreated mental disorders. Such claims exaggerate both the adverse outcomes of untreated disorders and the positive outcomes of treatment. In my submission titled 'Outcomes of treated and untreated mental disorders in the population and in clinical samples', I briefly discuss some key studies about the outcomes of untreated people. Their findings are generally ignored and/or misrepresented because they do not fit with prevailing beliefs.

Common mental disorders and serious mental illness

Another particularly important type of misleading claim is statements about *all* people with mental disorders that are based on evidence specifically about people with *serious long-term mental illness* (particularly schizophrenia), who generally have substantially worse outcomes than people with common mental disorders (depression, anxiety, and substance use disorders) and have extensive contact with mental health treatment services.

A key Western Australian report, *Duty to Care: Physical Illness in People with Mental Illness* <https://api.research-repository.uwa.edu.au/portalfiles/portal/9062569/Binder1.pdf>, revealed that the death rate of people with mental illness who were registered on the Mental Health Information System (MHIS) was 2.5 times higher than the general population. The MHIS specifically tracks people with lived experience of mental illness who have had contact with mental health services (not GPs or private practice specialists), or been a psychiatric inpatient, so the findings only demonstrate that the death rate is higher among those people in contact with public mental health services. Unfortunately, the *Duty to Care* report included this ambiguous statement: 'The overall death rate of people with mental illness was 2.5 times higher than the general population of WA' (p. 4).

This finding has been misreported many times as applying to *everyone* with mental disorders, and this misinformation has ended up in academic journal articles and several key policy documents, including the NHHRC's *Interim Report*

<https://web.archive.org/web/20091024125719/http://www.nhhrc.org.au/internet/nhhrc/publicising.nsf/Content/interim-report-december-2008>, which juxtaposed it with the ABS's unmet need mistake, implying that the risk applied to 2.1 million Australians:

'the Australian Bureau of Statistics' recent survey indicates that 2.1 million Australians with a mental health disorder over the past 12 months did not access mental health services even though they perceived they had an unmet need.³⁴ People with mental health problems also have a premature mortality rate 2.5 times that of the general population.' (p. 248)

There is a similar issue with employment rates of people with mental disorders. Beyondblue has repeatedly stated in government submissions that only 28.3 per cent of people with a mental illness participated in the labour force https://www.beyondblue.org.au/docs/default-source/policy-submissions/bw0089-policy-submission---workforce-participation-by-people-with-a-mental-illness.pdf?sfvrsn=a54fa9e9_2. The problem is that this figure applies specifically to Disability Support Pension recipients (whose mental – and often physical – health problems are significantly worse than those of most people with mental disorders). This was explained in the *National Mental Health and Disability Employment Strategy* https://web.archive.org/web/20091112053349/http://www.workplace.gov.au/NR/rdonlyres/6AA4D8AD-B1A6-4EAD-9FD5-BFFFEBF77BBF/0/NHMDES_paper.pdf, the source cited by *beyondblue*, but few readers of such submissions would check the sources.

Submissions and testimony to the inquiry are likely to include multiple misleading claims about mental disorders that do not make it clear that the evidence is specifically about clients of public mental health services and/or people on disability pensions, whose experiences and outcomes are very unrepresentative of the majority of people with mental disorders.

In fact, the Productivity Commission's *Issues Paper* includes a mistake of this sort:

'The NMHC (2014b) reported that employees with job-related stress and mental illness were absent from work for an average of almost 11 weeks a year in Australia.' (p. 28)

The National Mental Health Commission publication cited is a fact sheet, *What this means for workplace mental health*

<http://www.mentalhealthcommission.gov.au/media/132372/Fact%20Sheet%2015%20-%20What%20this%20means%20for%20workplace%20mental%20health.pdf>. It reported, without citing a reference, that:

'In Australian workplaces, employees with job-related stress and mental illness are absent (on average) from work for almost 11 weeks a year.' (p. 1)

When I enquired about the basis of this claim, a National Mental Health Commission staff member told me that the source was unclear, but provided me with some information from the Safe Work Australia website about workers' compensation claims, confirming my expectations about the origin.

The specific source of the 11-week figure is likely to be Safe Work Australia's (2011) *Compendium of Workers' Compensation Statistics Australia 2008–09*

<https://www.safeworkaustralia.gov.au/doc/compendium-workers-compensation-statistics-australia-2008-09>, which reported that the median time lost from work for workers *with accepted workers' compensation claims* for mental stress, with substantially more severe problems than most employees with mental disorders, was 11 working weeks:

'there was very little change in median time lost across the mechanism categories except for Mental stress which increased by 1.4 working weeks from 9.6 working weeks lost in 2003–04 to 11.0 weeks in 2007–08.' (p. 30)

It is problematic that the unreferenced and incorrect National Mental Health Commission claim was included in the *Issues Paper*.

It is not easy to check the validity of the many statistical claims that are used not only in mental health advocacy but also in funding applications and academic publications. The Productivity Commission inquiry needs to be alert to the fact that it will be misled if it does

not check the validity of claims – particularly the emotive, soundbite-friendly ones – in all submissions and testimony. The Commission is required to make recommendations that will improve population mental health and economic and social participation and productivity over the long term. It is crucial that those recommendations are not influenced by misinformation, as was the case for the recommendations of the National Health and Hospitals Reform Commission and the conclusions of the 2010 Senate inquiry into the Council of Australian Governments reforms relating to health and hospitals, among other inquiries.

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