

Stephen King
Presiding Commissioner
Inquiry into Mental Health
Productivity Commission
emailed to: mental.health@pc.gov.au

21 January 2020

Dear Commissioner King,

Re: Draft Report on Productivity Commission Inquiry into Mental Health

Painaustralia is pleased to provide a submission to the consultation on the Draft report of the Productivity Commission (Draft Report) Inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth.

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our extensive network to inform practical and strategic solutions to address this complex and widespread issue.

Painaustralia's report on the Cost of Pain in Australia, prepared by Deloitte Access Economics, finds that the reported comorbidity for chronic pain and depression or anxiety is estimated at 44.6% of patients, which is within the range of estimated values from the international literature.ⁱ

People with chronic pain (pain that is persistent and present for longer than three months) often live with depression, anxiety and/or other mood disorders. Chronic pain is also a significant risk factor for suicidal behaviour and people living with chronic pain are two to three times more likely to experience suicidal behaviour compared with the general population.

Recognition of burden of disease

Painaustralia is pleased to note the Commission's report explicitly acknowledge that *"Physical ailments are more common when a person has a mental illness and can contribute to early death."*

This was a significant issue noted in our submission to the Inquiry as well, with rates of mental health and suicide higher amongst people living with pain. Major depression is the most common mental health condition associated with chronic pain, with among 30-40% of people with a diagnosed mental health condition also presenting for treatment for chronic pain.ⁱⁱ High rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse are often present for people living with chronic pain.ⁱⁱⁱ

As cited in the Report, compared to people without mental illness, those with mental illness are 18-36% more likely to have musculoskeletal problems and 10-23% more likely to have asthma. One Australian study estimated that physical illnesses cause almost 80% of the gap in average life expectancy between people with a mental illness and the whole population. As such, chronic pain needs to be explicitly recognised as an important factor in addressing Reform Area 1: prevention and early intervention for mental illness and suicide attempts.

Support for Biopsychosocial treatment model

Painaustralia is particularly pleased to note the Commission's acknowledgement that treatment should focus on the individuals needs and concerns through adapting a biopsychosocial approach to recovery.

“People with more severe forms of mental illness require high intensity, often multi-disciplinary care, from specialist services delivered through MBS-rebated or government salaried psychiatrists and expanded community-based clinical services, with service continuity between primary care and acute/specialist care.”

This is a recommendation that strongly aligns to Painaustralia's own submission to the Inquiry as well and we strongly endorse the Commission's view on adoption of an expanded community based multidisciplinary model of care.

Building on existing momentum: Leveraging the National Strategic Action Plan for Pain Management

We also note that the Report makes special mention of reducing and eliminating silos.

“a lack of clarity across the tiers of government about roles, responsibilities and funding, leads to both persistent wasteful overlaps and yawning gaps in service provision, with limited accountability for mental health outcomes.”

There are key synergies between the National Pain Strategy and National Mental Health Plan. Collaborative and cooperative policies and programs at a national, state and local level to meet shared goals should be explored. Given the high prevalence of mental health conditions amongst people living with chronic pain, recognition of the relationship between the related conditions and inclusion of specific measures in the mental health policy would be an important first step in addressing this burden of disease. Crucial Government leadership for a whole-of-society response is vital to both mental health and chronic pain health policy and both can be implemented in tandem to complement and support common objectives.

Painaustralia also supports the Report's recommendations around future training and awareness programs that are proposed for consumer and health professionals into mental health. This could be taken one step further in adding a chronic pain component to the education programs for consumers, peer workers and health professionals, given the strong interrelationship between mental health and chronic pain.

Conclusion

The Commission's Inquiry and subsequent report provides a very welcome opportunity to address the comorbidity between mental health and chronic pain for millions of Australians and is one we are pleased to be able to contribute to.

Overall, Painaustralia welcomes the recommendations made by the Commission and make additional suggestions that go further in acknowledging the impact of chronic pain with regards to mental health. In particular we hope that by working together and aligning mental health and chronic pain policy, we can ensure collective and sustained action on both these significant public health issues.

We look forward to the Commission's recommendations final report on this seminal Inquiry.

Yours Sincerely

Priyanka Rai
POLICY MANAGER

ⁱ Deloitte Access Economics 2019. Cost of Pain in Australia. Painaustralia. Canberra.

ⁱⁱ Alex Holmes, Nicholas Christelis and Carolyn Arnold 2013. Depression and chronic pain. Med J Aust 2013; 199 (6 Suppl): S17-S20. || doi: 10.5694/mja12.10589

ⁱⁱⁱ Tang NK, Crane C. Suicidality in chronic pain: a review of the prevalence, risk factors and psychological links. Psychol Med. 2006 May;36(5):575-86. Epub 2006 Jan 18.