



Exercise & Sports Science Australia submission Draft report: Productivity commission into mental health

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INTRODUCTION

Physical activity has proven to reduce anxiety, mitigate stress, reduce depression, enhance immunity, and improve psychological and physiological functions [1]. People with severe mental illness live between 10-32 years less than the general population [1]. A major contributing factor to the lower life expectancy experienced by people with severe mental illness is poor physical health, e.g., cardiometabolic disease [2]. People with severe mental illness are more likely

to be overweight, to smoke and to have diabetes, hypertension and dyslipidaemia [2]. Low levels of physical activity are a key modifiable risk factor contributing to the increased burden of poor physical health in this population. As such, people experiencing mental health issues can benefit greatly from timely access to appropriate exercise interventions.

As the peak professional body and accrediting authority for Accredited Exercise Scientists (AES) and Accredited Exercise Physiologists (AEP), ESSA can assist to improve Australia's mental health system by:

- **preventing the development of some mental health issues** in healthy Australians
- **mitigating associated physiological risk factors**, such as cardiovascular disease and diabetes
- **supporting early access** to appropriate health care for people at risk of developing mental health issues or who have been clinically diagnosed with mental health issues
- **increasing access to exercise** for people at risk of developing mental health issues or who have been clinically diagnosed with mental health issues
- **supporting the inclusion** of people at risk of developing mental health issues or who have been clinically diagnosed with mental health issues to become and stay active for optimal health and wellbeing
- **mitigating the increasing burden of healthcare expenditure** invested in the prevention and treatment of mental health in Australia
- **reducing the administrative burden on the primary healthcare system** through the provision of exercise to prevent and manage mental health issues in individuals and the community by tertiary qualified and accredited AESs and AEPs
- **educating the Australian community** on the evidence-based benefits of physical activity in preventing and treating mental health issues.

AES and the prevention of mental health issues

AES specialise in the assessment, design and delivery of exercise and physical activity programs as interventions to improve health and wellbeing and prevent chronic conditions like mental health issues. These interventions are exercise-based and include health and physical activity education, advice and support for lifestyle modification with a strong focus on achieving behavioural change.



AES develop interventions based on critical evaluation of scientific evidence and incorporate physical activity, exercise, education or a combination of these to:

- educate, promote and implement the adoption of physical activity and/or exercise for health
- improve fitness, health and wellbeing at an individual, community or population level, especially for those at risk.

AEPs and the clinical management of mental health issues

AEPs are dual accredited professionals, also holding accreditation as an exercise scientist (AES). AEPs are recognised allied health professionals with a diverse range of knowledge and skills, who work autonomously across a variety of areas and target pathologies such as mental health, including but not limited to anxiety disorders, affective disorders, psychotic disorders and trauma, stressors related disorders and associated cardiometabolic disease.

AEPs specialise in clinical exercise interventions for a broad range of pathological populations. These persons may be at risk of developing, or have existing, medical conditions and injuries. AEP interventions aim to prevent or manage acute, sub-acute or chronic disease or injury, and assist in restoring optimal physical function, health or wellness. These interventions are exercise-based and include health and physical activity education, advice and support for lifestyle modification with a strong focus on achieving behavioural change.

RECOMMENDATIONS

Recommendation 1: ESSA recommends direct referrals between medical specialists and Accredited Exercise Physiologists within their scope of practice to achieve cost savings for Medicare and consumers, reduce GP administrative burden and ensure early access to appropriate health care.

Recommendation 2: ESSA recommends increasing referrals from mental health treatment facilities to AEP-led community exercise services.

Recommendation 3: ESSA recommends broader financial support of evidence-based health initiatives and programs targeted at increasing physical activity in people at risk of developing a mental health issue, such as those delivered by the Accredited Exercise Scientists and Accredited Exercise Physiologists workforce.

Recommendation 4: ESSA recommends that the Australian Government:

- recognise exercise physiology as an 'other listed health service' and add it to the listing in Section 38-10(1)(c) of the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*ⁱ
- recognise that exercise physiology services are performed by exercise physiologists as accredited service providers and recognised health professionals in that listed health service
- recognise that exercise physiology services are generally accepted in that listed health profession as being necessary for the appropriate treatment of the recipient (patient) of the supply



- recognise Exercise & Sports Science Australia as a professional association with uniform national registration requirements for practitioners of exercise physiology so that members of ESSA will be recognised professionals for the purposes of Section 38-10(1)(b) of the *GST Act* which requires that the supplier of other health services be a recognised professional.

SOLUTIONS

The role of AEPs in the treatment of mental disorders

There is an increasing body of evidence promoting the efficacy of exercise interventions for both physical and mental health outcomes of people experiencing mental illness. A recent systematic review reported that exercise improves anxiety, stress and depression; decreases inflammation; and improves psychological, physiological and immunological functions [3]. The importance of including exercise interventions for improving both physical and mental health outcomes, for people living with a mental illness, has been established in clinical research for [4]:

Physical health outcomes

- Weight management (weight loss, maintenance and prevention of weight gain)[5-7]
- Reduce the risk of chronic disease (i.e. cardiovascular disease, metabolic syndrome & T2DM)[8-12]
- Improved psychosocial function i.e. activities of daily living, social and occupational functioning[13-17]
- Contribute to longer life expectancy through improvements in cardiovascular fitness and reduction in cardio-metabolic risk [18, 19].

Mental health outcomes

- Decrease symptoms of depression, anxiety, stress and schizophrenia[20-24]
- Decrease social isolation [25]
- Improve sleep quality [26, 27]
- Increase engagement with treatment and service utilisation [5, 9]
- Reduce cravings and withdrawal in substance use disorders (SUD) and alcohol addiction[28-30]
- Increase self-esteem [31]
- Improve quality of life [20, 32, 33]

AEPs specialise in clinical exercise prescription for the management of chronic conditions. AEPs are allied health professionals with the highest level of training for prescribing exercise to individuals. AEPs hold, at a minimum, a 4-year bachelor's degree that meets the Australian Qualification Framework (AQF) Level 7 requirements. This equips AEPs with the knowledge, skills and competencies to design, deliver and evaluate safe and effective exercise interventions for people who have acute, sub-acute or chronic medical conditions, injuries and disabilities. These interventions include health and physical activity education, advice and support, and lifestyle modification with a strong focus on achieving behavioural change. With the permission from the authors, the following information has been extracted from the [ESSA consensus statement on the role of accredited exercise physiologists within the treatment of mental disorders](#) [4]. The role of AEPs within the treatment of mental disorders includes:

- Design and implement evidence-based physical activity interventions to improve the physical health profile and prevent/manage the development of metabolic and cardiovascular disease [4].
- Work as part of a multidisciplinary team to conduct and promote regular physical health screening and metabolic monitoring (body weight, body mass index (BMI), waist circumference, blood glucose levels and blood pressure) as part of standard care and in line with treatment guidelines.
- Provide individual and group education sessions, outlining the benefits of physical activity for people experiencing mental illness.
- Consider clinical outcomes, risk factors and comorbidities such as cardiometabolic health, aerobic fitness, strength, movement capacity, and other health parameters (e.g. medication side-effects, sleep, fatigue and/or pain) that will inform the appropriateness and specificity of exercise interventions.
- Play a key role in the prevention/management of psychotropic-induced weight gain by increasing physical activity levels, reducing sedentary behaviour [5] and providing basic healthy eating advice.
- Contribute to the mental health team through a client-centred approach incorporating recovery and strength-based models to achieve client-specific health related goals. Incorporate health coaching techniques such as motivational interviewing, physical activity education sessions (individual or group-based) regarding the benefits of physical activity, and goal-setting strategies to encourage effective and sustainable behaviour change for people with mental illness [34]. Using such strategies will aid in empowering independent physical activity/ exercise participation.
- Promote 'Healthy Active Lives' for people experiencing mental illness, to achieve the physical activity targets outlined in the HeAL declaration[35], developed by an international working group comprising clinicians, researchers and consumers, which was endorsed in 2014 by Exercise & Sports Science Australia (more information at <http://www.iphys.org.au/>).
- Work collaboratively with mental health clinicians and other health professionals involved in the multidisciplinary team to provide a holistic and integrated approach to care. This would meet the International Organization of Physical Therapy in Mental Health (IOPTMH) call for 'shared responsibility' of health care providers, general practitioners, psychiatrists, policy makers and society as a whole to promote healthy and active lifestyles [18].

- Facilitate linkages with general practitioners (GPs), other allied health professionals (e.g. dietitians, occupational therapists and social workers), community gyms and sports teams that can assist with a multidisciplinary approach to better health management.
- Assist in reducing the stigma and minimizing barriers for community-based clients utilising mental health services. Exercise is a normalised activity, particularly for young people, and therefore can act as a facilitator ensuring greater engagement with mental health services [9, 36, 37].

Opportunities

The AEP workforce is well placed to champion the delivery of exercise interventions for people living with a mental disorder. In fact, the Australian Health System is unique in acceptance of exercise with Medicare's Chronic Disease Management program (CDMP). Since 2006 when AEPs first provided services as allied health care professionals under Item 10953 of the MBS, to 2011-

2012, the number of AEPs increased by 5-fold with a corresponding 614% increase in AEP services provided nationally through the CDMP. Despite this, the AEP workforce remains largely underutilised in Australia's health system [38]. There is a significant administrative burden associated with the CDM Program that could be better directed toward increased access to care. The MBS requires general practitioners (GPs) to facilitate referral between specialists and some AHPs. This process is inefficient, costly, delays patient treatment and is not currently practiced in the private sector. The introduction of Medicare rebates payable for direct referral between medical specialists and allied health professionals, is likely to save Medicare ~\$13.6 million annually [39].

Recommendation 1: ESSA recommends direct referrals between medical specialists and Accredited Exercise Physiologists within their scope of practice to achieve cost savings for Medicare and consumers, reduce GP administrative burden and ensure early access to appropriate health care.

The Australian hospital health system is under substantial pressure and must undergo significant transformation to meet rapidly rising population healthcare demands. Increasing access to acute hospital services, particularly for individuals with mental illness is not enough to address this problem. Examples of successful integration of AEP led clinical exercise programs within mental health treatment facilities are increasing [40]. However, effective coordination and integration of community exercise services is lacking.

Recommendation 2: ESSA recommends increasing referrals between mental health treatment facilities to AEP-led community exercise services.



The role of AES in the prevention of mental disorders

A recent report estimated in 2014 that the cost of severe mental illness in Australia was \$56.7 billion per year. This includes the direct economic costs of severe mental illness arising from the use of health and other services, as well as indirect costs due to lost productivity because people are unable to work [41]. Similarly, in December 2016, the National Mental Health Commission stated that the cost of mental ill-health in Australia each year was around \$4,000 per person, or \$60 billion in total [41]. ESSA contends that the Australian healthcare system is insufficiently orientated towards the prevention of chronic disease, including mental disorders. The current focus on episodic, acute health care models does not support wide-spread access to preventative interventions, such as exercise as an integrated component of routine care. This is further compounded by the multi-layered and fragmented Australian health system that creates a significant obstacle to the implementation and support of prevention initiatives. ESSA advocates a stronger and more coordinated cross-sectoral focus on preventative health initiatives targeting at risk population, such as rural and remote communities [42]. Importantly, these initiatives need to be sustained, with reduced focus on short-term outcomes.

Accredited exercise scientists (AES) specialise in exercise prescription for health, fitness, wellbeing, performance and prevention of chronic conditions. AES are professionals with high level training in exercise and sports science. At a minimum, they hold a 3-year bachelor's degree that meets the Australian Qualification Framework (AQF) Level 7 requirements. This equips AESs with the knowledge and skills to apply the science of exercise to develop interventions that improve health, fitness, wellbeing, performance, and that assist in the prevention of chronic conditions. The aim of AES interventions is to educate, promote and implement the adoption of physical activity and/or exercise. These programs can be at an individual, community or population level, especially those groups with a high predisposition to mental health conditions

Opportunities

The development of the Private Health Insurance Act 2007, and specifically the implementation of "Broader Health Cover" (BHC), was proposed to empower private health insurance (PHI) funds to have a positive impact in addressing population health needs and improve the range of benefits available to members. However, programs that facilitate physical activity participation and preventative treatments are rather atypical of most products available. PHI funds need to become genuine partners that support their members to remain healthy by providing greater access to preventative services, such as access to AES.

In 2016 the Primary Health Networks (PHN) were established with the aim of improving the efficiency and effectiveness of medical and health services for patients and to improve the coordination of care across national priority and local focus areas. The Government agreed national priority areas for targeted work by PHNs to be mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, e-Health, and aged care. PHNs are well positioned to facilitate access to AES led preventative exercise services.

Recommendation 2: ESSA recommends broader financial support of evidence-based health initiatives and programs targeted at increasing physical activity in people at risk of developing a mental disorder, such as those delivered by the AES workforce.



The goods and services tax

ESSA commends the Productivity Commission's recognition that cost is a significant barrier for people living with a mental illness in seeking treatment. ESSA would like to draw the Productivity Commission's attention to an important inequity faced by Australians seeking to engage AEP led exercise interventions for the prevention and management of mental health.

AEP services meet the Australian Taxation Office's criteria for 'other health services', yet AEP services are not exempt from the goods and services tax (GST). When the GST was introduced in July 2000, AEPs were not yet recognised by Medicare as allied health professionals and therefore were not included in the original list of GST-free health services. In 2006 AEPs achieved recognition under Medicare as an allied health profession. However, this did not automatically mean that AEP services were then added to the GST exempt list of health services. More than 10 years later, Australians are still being asked to pay 10% GST for AEP allied health services.

Furthermore, there are policy inconsistencies with 'other health professions' in respect to GST.

These include services provided by:

Other self-regulating health professions with full membership of National Alliance of Self-Regulating Health Professions (NSRHP) who are exempt from GST:

- dietitians
- social workers
- audiologists and
- speech pathologists.

Australian Health Practitioner Regulation Agency (AHPRA) regulated professions who are exempt from GST:

- physiotherapy
- podiatry and
- occupational therapy.

Professions outside of NASRHP and AHPRA who are also exempt from GST:

- acupuncture
- chiroprody
- herbal medicine and
- naturopathy.

The Australian Government is paying a minimum of \$4.19 million per annum in GST for exercise physiology services delivered through the Department of Veterans' Affairs (DVA) along with an additional unknown GST expense incurred through the National Disability Insurance Scheme (NDIS)—two schemes that have significant stake in better management of mental health.

While it was included in ESSA initial submission, we think it is important to reiterate that high out-of-pocket expense is a problem in Australia for people living with mental illness [43] and AEP led exercise interventions are a highly cost effective adjunct therapy. Adults with depression, anxiety and other mental health conditions have 95% higher household out-of-pocket expenditure compared to people with no health condition [43].

Out-of-pocket expense for other chronic health conditions that are associated with poor mental healthcare are just as concerning:

Chronic disease	Average out-of-pocket expenditure per year
Diabetes	\$1220
Heart disease	\$890
Hypertension	\$1030
High cholesterol	\$1420

Furthermore, people with depression, anxiety and other mental health conditions are 7.65 times more likely to skip healthcare than people with no health condition [43]. Simply put, the higher the associated out-of-pocket expense for treatment, the more likely people are to forego healthcare.

In 2016, ESSA commissioned Deloitte Access Economics to identify the financial investment associated with engaging the AEP workforce from the perspective of the consumer [44]. Deloitte Access Economics identified that exercise interventions delivered by AEPs are efficacious and highly cost effective for Australians living with complex chronic disease, including mental illness [44]. On average, the overall benefit for consumers receiving AEP exercise interventions for the management of depression is estimated to be \$6,025, with a net benefit of \$5,467 (overall benefit minus the cost of treatment), benefit to cost ratio of 1:10.8 (for every AUD spent on AEP services the consumer will receive a \$10.80 return) and approximately 20% of direct out-of-pocket expenses saved [44].

In addition to consumer savings, improving access to AEPs has significant implications for the Australian economy. In 2015, ESSA commissioned Deloitte Access Economics to identify the benefits of employing AEPs in chronic disease management, and in particular, identify economic benefits relating to avoided health system costs, avoided lost productivity costs and years of life saved attributed to AEP-led exercise interventions [45]. Deloitte reported a total annual savings due to AEP exercise interventions are estimated to be \$2,239 per person living with a mental health condition [45]. Furthermore, each case of depression averted through AEP-led interventions saves \$10,062 annually [45].

Recommendation 3: ESSA recommends that the Australian Government:

- recognise exercise physiology as an ‘other listed health service’ and add it to the listing in Section 38-10(1)(c) of the *A New Tax System (Goods and Services Tax) Act 1999* (Cth)ⁱⁱ
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