

Exercise & Sports Science Australia

**PRODUCTIVITY COMMISSION
INQUIRY INTO MENTAL
HEALTH**

“Australia needs to expand its allied health workforce and improve access to services that provide physical activity, weight loss and healthy nutritional advice and support.”

(National Preventative Health Task Force, 2014)

April 2019

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SUBMISSION FROM EXERCISE & SPORTS SCIENCE AUSTRALIA TO THE PRODUCTIVITY COMMISSION INQUIRY INTO THE SOCIAL AND ECONOMIC BENEFITS OF IMPROVING MENTAL HEALTH

Thank you for the opportunity to submit feedback to help inform the Productivity Commission Inquiry into Mental Health.

Exercise & Sports Science Australia (ESSA) is the peak professional body and accrediting authority for over 6,000 members, including university qualified accredited exercise scientists, accredited sports scientists and accredited exercise physiologists (AEPs). AEPs are federally recognised allied health professionals (AHPs), who provide clinical exercise interventions aimed at preventing acute or managing sub-acute or chronic disease or injury, and assist in restoring optimal physical function, health or wellness. The following comments are for your consideration and address the Terms of Reference:

The effect of supporting mental health on economic and social participation, productivity and the Australian economy

In 2016, ESSA commissioned Deloitte Access Economics to identify the financial investment associated with engaging the AEP workforce from the perspective of the consumer[1]. 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[1]. 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[1].

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[2]. 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[2]. Furthermore, each case of depression averted through AEP-led interventions saves \$10,062 annually[2].

Examine the effectiveness of current programs and Initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups

There is a growing body of evidence supporting the role of exercise in managing and preventing mental illness. Recent evidence guides published by the Royal Australian and New Zealand College of Psychiatrists[3] and the [Mental Health Commission of NSW](#) recommend referral to, or engagement with dedicated allied-health professionals with expertise in exercise prescription, specifically an AEP, to promote improved health outcomes of people living with a mental illness. The importance of including exercise as a cornerstone of effective mental health care has been well-established in clinical research.

Firstly, exercise has profound protective benefits for the prevention of suicide. For example, the research of Davidson et al has revealed that exercise is directly and indirectly associated with suicide risk; exercise is associated with fewer depressive symptoms and better sleep patterns, each of which is related to a lower risk of suicide in veterans[4].

Secondly, supervised exercise is more effective than unsupervised exercise, depending on the qualifications of the supervisor. Conn reports that supervised exercise intervention is more efficacious for the treatment of anxiety[5]. Similarly, a systematic review by Rosenbaum et al showed that there is clear evidence demonstrating superior outcomes from structured and supervised exercise interventions compared to non-structured, unsupervised exercise in populations living with mental illness[6].

AEPs are the only exercise based allied-health profession that has an inter-profession endorsed statement outlining their role in the treatment of mental disorders[7]. As such, it is not surprising that 1 in 3 mental health nurses consult with an AEP regarding the physical health of the people they work with Stanton et al[8].

Thirdly, AEP interventions are also highly effective in abating heart disease, metabolic disease, diabetes and respiratory disease[1, 2, 9, 10]. All of these conditions are prevalent in people suffering mental illness. As such, exercise prescription needs to be synonymous with the effective prevention, treatment and management of mental illness.

Assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy

It is well acknowledged that cost-of-treatment is a barrier to accessing health services regardless of health status; however, people living with a chronic health condition are more likely to skip treatment due cost than other cohorts[11]. Increasing out-of-pocket expense results in reduced attendance rates, which is associated with poorer health outcomes and a greater burden on the Australian economy.

High out-of-pocket expense is a problem in Australia for people living with mental illness. For example, adults with depression, anxiety and other mental health conditions have 95% higher household out-of-pocket expenditure compared to people with no health condition[11]. Out-of-pocket expense for other chronic health conditions that are associated with poor mental health are just as concerning[11]:

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[11]. Simply put, the higher the associated out-of-pocket expense for treatment, the more likely people are to forego healthcare.

ESSA recommends that decision-makers, where possible, adopt a position to reduce out-of-pocket expenses for those who are socioeconomically disadvantaged.

References:

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