



## Mental Health

### *A key priority for WAPHA*

The Federal Government has set the Primary Health Networks six priority areas for targeted work. Mental Health is one of these.

WAPHA intends to work collaboratively and meaningfully with consumers, carers, health care providers (primary, secondary and tertiary), social services and other stakeholders to understand the complexities and gaps in mental health services and develop seamless service links and pathways.

The PHNs in WA have a key role in primary mental health care. This role, as planners, needs assessors, integrators and commissioners of primary mental health care services and programmes has been formalised in the Government response to the Review of National Mental Health Services and Programmes.

Mental health is defined as “a state of well-being in which every individual realises his or her own potential, can cope with the

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normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (1). Good mental health is fundamental to the wellbeing of individuals, families and communities (2).

A mental illness/disorder significantly interferes with an individual’s cognitive, emotional or social abilities (3). Mental illness/disorders include anxiety disorders, depression, bipolar affective disorder, schizophrenia and dementia, among others.

WAPHA recognises the need to commission evidence-based, patient centred services that clearly provide positive mental health outcomes for Western Australians. WAPHA’s commissioning will recognise existing services that already provide such outcomes and will provide for complementary resources, supports and/or additional resources as needed.

The intent of this Position Paper is to guide WAPHA in its endeavours to achieve sustained improvement in mental health outcomes for Western Australians.

## WA facts and figures

Each year, one in five people in WA aged between 16 to 85 years will have a mental illness and one in two people will experience a mental illness in their lifetime (7).

WA’s suicide rates are also a significant concern. In 2012, WA’s suicide rate was 36% higher than the national average and has been consistently higher than the national average since 2006 (8).

In WA between 1985 and 2005, the life expectancy gap between individuals with and without a mental illness increased from 13.5 to 15.9 years for males and from 10.4 to 12.0 years for females.

The Western Australian Mental Health Commission’s Annual Report 2013-2014 highlighted that, for the Annual Report period:

- 20%, one in five or 395,000 Western Australians had a mental illness
- Of these, 2-3% had a severe mental illness (49,000); 4-6% had a moderately severe mental illness (119,000) and 9-12% had a mild to moderate mental illness (227,000)

Mental health disorders account for approximately 16% of the total burden of disease in WA, and by 2016 is expected to move from the third to the second highest cause of disease burden.

## **Australian context**

Almost four million people in Australia will experience a mental illness in any one year. Each year, one in five Australians will suffer from mental health issues, making mental illness the third leading cause of disability burden in Australia.

Over a lifetime, approximately half of the Australian adult population will experience a mental illness at some point (4). In 2007, an estimated 65,000 Australians attempted to end their own life. In 2012, more than 2,500 Australians died by suicide.

The economic cost of mental ill health is estimated to be up to \$40 billion per year in direct and indirect costs, lost productivity and job turnover. In 2012-2013, the Commonwealth Government spent approximately \$10 billion on mental health and suicide prevention programs.

The Commonwealth Mental Health Commission's Review of National Mental Health Programmes and Services describes Australia's "patchwork of services, programmes and systems for supporting mental health". Many Australians do not receive the support they need and, together with their families and support people, experience poor outcomes.

The Report describes a mental health system that is inflexible and does not necessarily match patient need, prioritise these needs or recognise the whole person. The system is fragmented, responds too late and uses resources poorly. The Review describes the Australian mental health system as being in need of substantial redesign and repair.

Problems experienced by people with mental illness are often dealt with in isolation, with structural, cultural and practice barriers to integrated, wraparound supports. This has led to system inefficiencies and poor mental and physical health outcomes for individuals.

## **West Australian context**

To avoid the development of chronic mental illness and decrease the burden of disease on the community, fundamental and co-ordinated mental health reform requires new ways of thinking and funding. There must be alignment of mental health review and reform processes at both State and Federal level.

All Western Australians with a mental illness should have equitable access to quality mental health care based on their individual needs. This requires a stepped approach, comprehensive assessment of services, intervention and support for people with mental illness across the whole continuum of care.

Mental illness has far-reaching effects on the WA community (5). Currently, mental disorders rank fourth highest burden of disease for men after cancer, cardiovascular disease and neurological disorders and is predicted to rank third by 2016. In 2006, mental disorders ranked second highest for women after cancer. By 2016 these rankings are projected to be reversed, with mental disorders accounting for the greatest burden (6).

As with mental health services across Australia, WA has a complex array of uncoordinated services that are unevenly distributed, disconnected from each other, difficult to navigate and to organise appropriate care and support.

## WAPHA's position

WAPHA supports the vision of the draft WA Mental Health Services Plan to build a mental health system in WA that;

*“prevents and reduces mental health problems, suicide and suicide attempts, promotes positive mental health and collaborative care that encourages and supports people who experience mental health problems to stay in the community, out of hospital and live a satisfying, hopeful and contributing life”.*

WAPHA supports mental health stakeholders in WA to work together to prevent mental illness, keep people well, support recovery and enable Western Australians to lead contributing lives. Achieving this extends to social care services that go beyond health, including housing, employment, education, welfare and justice.

In the relationship between service and citizen, WAPHA acknowledges the evolving conceptual framework of collaborative recovery that is driving sector reform. WAPHA endorses the principles of the *Contributing Life Framework* – a whole-of-person, whole-of-life approach to mental health and wellbeing.

Consistent with the recommendations of the Review of National Mental Health Programmes and Services, WAPHA's approach recognises the interaction between mental health and personal characteristics (such as genetic make-up, age, family situation, cultural background, gender and sexuality) and social, economic and other life circumstances.

These life factors include employment, housing and chronic physical illness, and related factors such as alcohol and substance use and past experiences of trauma or abuse.

WAPHA recognises that individual mental health disorders are often experienced along with other physical and mental health conditions. Primary care plays an important role in treating mental illness in Australia and much of the clinical responsibility for providing mental health care sits with primary care providers.

## **WAPHA resolves to:**

- Utilise robust data to identify primary health care needs and to inform planning and commissioning priorities. Share the information as appropriate;
- Commission and plan mental health services adopting a stepped care approach, on the basis of local mental health needs and integration and co-ordination with other services;
- Invest in well-planned, evidence-based mental health services that are cost-effective, community-based and recovery oriented;
- Acknowledge the significant role people with a lived experience of mental ill health have in the design, delivery and evaluation of services;
- Acknowledge the social and environmental determinants of mental health;
- Prioritise the development and expansion of programmes and bundled funding packages that support safe, appropriate and cost effective alternatives to hospital admissions;
- Ensure that any major funding shift from acute mental health services is planned and delivered over time in the context of an integrated approach to mental health;
- Invest in user-focused mental health services that are based on prevention, early intervention and support for recovery;
- Support people who don't receive the care they need due to lack of knowledge of how to navigate WA's mental health services;
- Recognise the diversity of people, culture, circumstance and location;
- Improve the integration between primary, secondary and tertiary services and across mental, physical and social services;
- Apply a person centric view of services and systems that span the care continuum, focusing on supporting self-care, resilience, self-responsibility and enabling flexible responses as people's needs change;
- Stimulate the development of collaborative pilot initiatives between consumers, healthcare providers and other stakeholders to address local needs in new and better ways and share these innovative approaches across the broader health sector in Australia;
- Develop and apply robust performance evaluation processes to local programmes and initiatives, considering qualitative and quantitative measures of processes, costs and outcomes;

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## WAPHA resolves to:

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- Consider opportunities to integrate mental and physical health within a GP led 'Patient Centred Medical Home and Neighbourhood';
- Foster a genuine and respectful engagement with clinicians and health professionals;
- Understand the role of WA's Mental Health Commission and work as partner in the planning and commissioning of primary care services; and
- Build accountability to drive mental health reform and Continuous Quality Improvement by advocating for system wide indicators in mental health care and suicide prevention

## References

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