Mental Health Service Provision

Session Summary
April 2025

This special Service Provider Panel was presented by Dr Danny Rock, Principal Advisor and Research Director.

Dr Rock has strategic input into the WA Primary Health Alliance (WAPHA) approach to mental health and research, ensuring the organisation focuses its efforts where it will have the most impact on people at risk of poor health outcomes. He has published over 75 journal articles focusing on mental health.

This overview of mental health service provision reviewed current epidemiology and offered discussion as to opportunities and barriers to service delivery.

Mental Health burden of disease

Mental health illness places a significant burden on people's health and wellbeing. The 2020-2022 Australian National Study of Mental Health and Wellbeing found in adults (16 - 65 years) the 12-month prevalence rate for common mental disorders was 20.2%, significantly higher than found in the previous 2007 survey.[1]

The study showed, Australians were significantly more likely to experience a 12-month mental disorder in 2020–2022 compared with 2007.

Anxiety disorders were more than twice as common as depressive disorders, and almost five times as common as substance use disorders.

Mental disorders were most common in young people aged 16 to 24 years with the same group showing a staggering increase in 12-month prevalence from 20 per cent in 2007 to 39 per cent in 2020-2022.

Comorbidity is common

Mental disorders impact the whole person and often co-occur with other mental disorders such that nearly half of everyone with a 12-month disorder had at least one co-occurring disorder. In particular, comorbid physical illness is common with over one third of those with a 12-month disorder also having a physical condition warranting treatment by a professional.

Australians are living longer but experiencing higher rates of multimorbidity (the presence of two or more long term conditions) including long term mental illness. Rates increase earlier in life along the gradient of socio-economic disadvantage where access to primary care is disproportionly lower relative to avertable need. Medical and physical comorbidity was more common in females.

Treatment seeking remains low

The rate of treatment seeking has improved, however fewer than half (45.1 per cent) of the 4.3 million adults with 12-month disorder in the 2020-2022 study sought treatment with a health professional. Of those that did, most (77 per cent) saw a general practitioner and around half a psychologist.

Females are nearly twice as likely to seek treatment than males, but older Australians of both sexes have the lowest treatment seeking rates.

Newer treatment technologies are mostly used by younger adults
Only 4.8 per cent of treatment seekers accessed services using phone, internet, or another digital technology. Females were twice as likely as males to use these media. Unsurprisingly, younger adults were eight times more likely than older adults to use these services.

Suicide is increasing not decreasing
There has been a trend increase in the age-standardised rate of suicide in Western Australia over the last 20 years, from 9.8/100,00 in 2004 to 14.3/100,000 in 2023 (417 deaths). Around 10 per cent of deaths by suicide involve Aboriginal people.[2]

Key themes impacting service provision

The current state of mental health service provision has highlighted that significant challenges remain for equity of access, acceptability of service and efficiency.

Panel members were challenged to consider who receives what care from whom, at what cost, and with what result. The panel acknowledged that this question is difficult to address within the current mental health service provision landscape. Key themes included:

Challenges in health care:
- The complexity lies with organising care and the difficulties in providing high-value treatment, rather than the complexity of the illnesses.
- Improving integration and alignment of health services to address the needs of individuals and communities should become a priority.
- There is significant variability in mental health presentations, which requires tailored approaches to care.

Service models and funding:
- Inadequacies of current service models remain and there is a need for more effective funding and management of healthcare programs.
- The importance of addressing the needs of individuals with moderate to severe mental health conditions should be prioritised.

- There is a lack of clarity on the impact and efficacy of the funding invested in the mental health system each year. The mental health sector faces challenges due to short-term funding cycles, which make it difficult to plan and sustain long-term initiatives.

Collaborative care and multi-morbidity:
- The importance of collaborative care and addressing multi-morbidity (the presence of multiple chronic conditions) for patients is paramount.
- Care should be designed around people rather than diseases.

Data and evaluation:
- There is a need for better data and evaluation to understand the impact and efficacy of healthcare investments.
- The fragmented nature of the care system is reflected in the data, making it difficult to connect and manage the system effectively.
- The importance of having a more complete picture of the healthcare system that is centered on the patient's journey though care rather than the activity profiles of separate organisations involved in its provision.

Priority populations:
- Addressing social determinants of health is crucial.
- Providing support beyond medical diagnoses is essential to improve overall health outcomes.

Future focus and opportunities for mental health outcomes

Integration and alignment of health services:
- Emphasising improved integration and alignment of health services to ensure that people in need can receive definitive care without unnecessary delays.

Focus on high-value treatments:
- The importance of focusing on high-value treatments and avoiding low-value or indeterminate care. This involves prioritising treatments that provide the most benefit to the person receiving care.

Addressing social determinants of health:
- Providing support beyond medical diagnoses and addressing social determinants of health is a crucial step to improve overall health outcomes.

Collaborative care models:
- The implementation of collaborative care models that involve multiple stakeholders working together to provide comprehensive care. This includes integrating clinical and support services to address the multifaceted needs of individuals.

Data-driven decision making:
- Utilising data to inform decision-making and improve service delivery, including better data integration and analysis to understand the impact and efficacy of mental health interventions.

"The presentations from the clients we support appear to be getting more complex, more severe."
- *panel comment*

"We are trying to make sure we offer integrated care but behind the scenes we work within a very simplistic funding model for the complexity in which we trade."
- *panel comment*

"Sometimes the broad terms [such as CaLD] are useful, as we can deliberately work towards engaging those populations."
- *panel comment*

References:
1.Australian Bureau of Statistics, 2023, National Study of Mental Health and Wellbeing, https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release
2.Australian Institute of Health and Welfare, 2025, Annual suicide deaths over time by states and territories. https://www.aihw.gov.au/suicide-self-harm-monitoring/geography/states-territories/annual-deaths-over-time

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