Overview of mental health services in Australia

+/- On this page:

Mental health is a key component of overall health and wellbeing (WHO 2021). In any year in Australia, an estimated 1 in 5 people aged 16–85 will experience a mental health disorder (ABS 2022). Mental health affects and is affected by multiple socioeconomic factors, including a person's access to services, living conditions and employment status, and affects not only the individual but also their families and carers (Slade et al. 2009; WHO 2021). Mental health and physical health are also related. People with mental illnesses are more likely to develop physical illness and tend to die earlier than the general population (Lawrence et al. 2013).

A range of mental health-related services are provided in Australia by various levels of government. The Australian Government funds consultations with specialist medical practitioners, general practitioners (GPs), psychologists and other allied health practitioners through the Medicare Benefits Schedule (MBS), other primary mental health services through the Primary Health Networks and support for psychosocial disabilities through the National Disability Insurance Scheme. Access to psychiatrists, psychologists and other allied health professionals may, dependent on eligibility, be subsidised through initiatives such as Better Access initiative through the preparation of a Mental Health Treatment Plan by a GP. State and territory governments provide mental health services including through public hospitals, including emergency departments, residential mental health care and community mental health care services.

In addition to specialised services, both levels of government provide support to population mental health crisis and support services, such as Lifeline and Beyond Blue. Support for psychosocial disability is also provided through the National Disability Insurance Scheme and by the non-government mental health sector. Mental health care is also provided in private hospitals.

Response to COVID-19 pandemic

All Australian governments have progressively been responding to the mental health impacts of the COVID-19 pandemic as they have become better understood. The global pandemic continues to present an ongoing risk to the health of Australians,

notwithstanding the measures that have largely protected Australians from the worst impacts of the virus.

In March 2020, the Australian Government expanded Medicare-subsidised telehealth service to allow Australians to access health services from home or place of care and help limit the potential exposure of patients and health practitioners to the virus. This included new temporary MBS items for service providers to provide telehealth services, either by videoconference or by telephone, as a substitution for existing face to face MBS consultation services (DoH 2020). The Australian Government subsequently announced additional funding for crisis lines (Lifeline, Beyond Blue and Kids Helpline), digital and online services, and support for healthcare professionals. The Australian Government funded Beyond Blue to create a dedicated Coronavirus Mental Wellbeing Support Service to provide free 24/7 mental health support.

From April 2020, surveys have been conducted by the Australian National University, University of Melbourne and headspace to investigate the adverse impacts of the pandemic on the mental health of Australians. More detailed information on these surveys can be found on the COVID-19 impact on mental health section.

In May 2020 the National Cabinet endorsed the National Mental Health and Wellbeing Pandemic Response Plan (NMHC 2020) and the Australian Government committed an additional $48.1 million in support of its priority actions. The National Cabinet agreed on using the 3-step framework, a guide to easing the restrictions in many states and territories. Also in May, the Australian Government appointed Dr Ruth Vine as Australia's first Deputy Chief Medical Officer for Mental Health.

In August 2020, MBS subsidised services under the Better Access initiative was expanded to provide 10 additions to the MBS-subsidised individual psychological therapy sessions for people in areas subject to lockdown restrictions. In the 2020–21 Federal Budget in October 2020, access was expanded to these 10 additional sessions to all Australians. More information on the Australian Government response to COVID-19 can be found on the Better Access page.

From January 2022, telehealth services have been made an ongoing feature of MBS arrangements (DoH 2022a).

State and territory governments have also introduced a range of mental health support packages to better support the mental health and wellbeing of their residents including provision for existing specialised mental health services to explore COVID-19 safe methods of service delivery and support for new and existing clients. More information on the responses of state and territory governments can be found on the websites of the respective health departments.

Recent national developments

In November 2020, the Productivity Commission released the final report of the Mental Health Inquiry, a guide to reforming Australia's mental health system to create a person-centred mental health system (Productivity Commission 2020). The Productivity Commission found that Australia's current mental health system is not comprehensive, and that reform of the mental health system would produce large benefits in quality of life for people with mental ill-health valued at up to $18 billion annually, with an

additional annual benefit of $1.3 billion due to increased economic participation. The review placed an emphasis on prevention and early intervention, and on the importance of mental health consumer and carer involvement in all aspects of the mental health system.

The Royal Commission into the Victorian Mental Health System released its report in February 2021, including a reform agenda to redesign Victoria's mental health and wellbeing system (RCVMHS 2021). The Royal Commission determined the present system is not designed to support the diverse needs of people living with mental illness or psychological distress and noted the pressure on the system resulting from the COVID-19 pandemic and 2019–20 severe bushfire season. The Royal Commission's recommendations and proposed reform agenda were based heavily on engagement with people who have lived experience. The Victorian Government accepted all recommendations from the report and has commenced their implementation.

In the 2021–22 Federal Budget, $2.3 billion over 4 years was allocated to the National Mental Health and Suicide Prevention plan, responding to recommendations from the Productivity Commission's Inquiry Report on Mental Health, the Royal Commission into Victoria's Mental Health System and advice from the National Suicide Prevention Advisor (Department of the Treasury 2021). The plan includes 5 pillars to this investment which address:

- Prevention and early intervention
- Suicide prevention
- Treatment
- Supporting the vulnerable
- Workforce and governance.

A further $547 million was allocated to support these pillars in the 2022-23 Budget (DoH 2022b).

Through the 2021–22 Budget, $117 million was provided to establish a comprehensive evidence base to support real time monitoring and data collection for our mental health and suicide prevention systems, enabling services to be delivered to those who need them, and improving mental health outcomes for Australians (Department of the Treasury 2021).

References

ABS (2022) *National Study of Mental Health and Wellbeing*, ABS, accessed 26 July 2022.

DoH (Australian Government Department of Health) (2020) *Medicare Benefits Schedule Book, effective March 2020*, DoH, Canberra, accessed 1 August 2022.

DoH (2022a) *MBS Telehealth Services from January 2022*, DoH, Canberra, accessed 1 August 2022.

DoH (2022b) *Budget 2022–23: Prioritising mental health, preventive health and sport*, DoH, Canberra, accessed 1 August 2022.

Department of the Treasury (2021) *Budget 2021-22*, Department of the Treasury, Canberra, accessed 1 August 2022.

Lawrence D, Hancock K and Kisely S (2013) 'The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers', British Medical Journal, 346, doi: https://doi.org/10.1136/bmj.f2539, accessed 1 August 2022.

NMHC (National Mental Health Commission) (2020) *National Mental Health and Wellbeing Pandemic Response Plan*, NMHC, Canberra, accessed 1 August 2022.

Productivity Commission (2020) *Mental Health: Productivity Inquiry Report Volume 1, No. 95, 30 June 2020*, Productivity Commission, Canberra, accessed 1 August 2022.

RCVMHS (Royal Commission into Victoria's Mental Health System) (2021) *Final report*, CVMHS, Melbourne, accessed 1 August 2022.

Slade T, Johnston A, Teesson M, Whiteford H, Burgess P, Pirkis J and Saw S (2009) *The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing*, Department of Health and Ageing, Canberra, accessed 1 August 2022.

WHO (World Health Organization) (2021) *Comprehensive Mental Health Action Plan 2013-2030*, WHO, Geneva, accessed 1 August 2022.

Impact of mental illness

+/- On this page:

Key points

- **Over 2 in 5 (43.7%, or 8.6 million)** Australians **aged 16–85** are estimated to have experienced a mental disorder at some time in their life, with **1 in 5 (21.4%, or 4.2 million)** having experienced a mental disorder in the previous 12 months.
- ***Anxiety disorders*** (such as *Social Phobia*) are the most prevalent type of disorder, affecting **1 in 6 (16.8%, or 3.3 million)** Australians, followed by *Affective disorders* (such as *Depressive Episode*) (7.5%), and *Substance Use disorders* (such as *Alcohol Dependence*) (3.3%).
- **Almost 1 in 7 (14%)** children and adolescents **aged 4–17** years are estimated to have experienced a mental illness in the previous 12 months.
- **5% or 800,000 people** are estimated to have a severe mental illness, of which 500,000 people have episodic mental illness and 300,000 have persistent mental illness.
- *Mental and substance use disorders* were the **second largest contributor (24%)** of the non-fatal burden of disease in Australia

Prevalence

In the *Mental health services in Australia* online report, the terms 'mental illness' and 'mental disorder' are both used to describe a wide spectrum of mental health and behavioural disorders, which can vary in both severity and duration. The most prevalent mental illnesses in Australia are *Depression, Anxiety* and *Substance use disorders* (ABS 2008).

A program of surveys, the *National Survey of Mental Health and Wellbeing (NSMHWB*), began in Australia in the late 1990s. The role of these surveys is to provide evidence on the prevalence of mental illness in the Australian population, the amount of disability associated with mental illness, and the use of health services by people experiencing mental illness. These studies have 3 main components—a population-based survey of adults, a service-based survey of people with psychotic disorders, and a population-based survey of children.

Survey of Adult Population (aged 16–85)

The National Study of Mental Health and Wellbeing of adults provides information on the 12-month and lifetime prevalence of mental disorders in the Australian population aged 16–85 years. Preliminary estimates from the first tranche of data from the 2020–21 study show that over 2 in 5 (43.7%) Australians in this age range experience a mental illness at some time in their life (about 8.6 million people). It also estimates that over 1 in 5 (21.4%) of the population experienced a mental disorder in the previous 12 months (about 4.2 million people). Of these, *Anxiety disorders* (such as *Social Phobia*) were the most prevalent, affecting 1 in 6 (16.8%) Australians, followed by *Affective disorders* (such as *Depressive Episode*) (7.5%), and *Substance Use disorders* (such as *Alcohol Dependence*) (3.3%) (ABS 2022a). Full data are expected to be released in July 2023.

The *Intergenerational health and mental health study* commenced in 2021. The Mental Health Study will update the estimates of the prevalence of mental illnesses from the 2007 National Survey of Mental Health and Wellbeing. It will provide updated statistics and insights into the impact of mental and behavioural and other chronic conditions on Australians and the use of health services and barriers to accessing them, as well as other health topics. The mental health component, The National Study of Mental Health and Wellbeing commenced data collection from the first cohort in December 2020 (ABS 2021). Comprehensive data were published July 2022.

Another source of information about the mental health of Australians is the Australian Bureau of Statistics' (ABS) *National Health Survey* (NHS) 2020–21, which provides information on a range of health conditions including mental and behavioural disorders. In contrast to the NSMHWB which uses a diagnostic instrument, the National Health Survey estimates are based on self-reported information, and records a survey participant as having a mental or behavioural condition during the collection period only if it was also reported as long-term (had lasted, or was expected to last, a minimum of 6 months). The National Health Survey 2020–21 estimated that 1 in 5 (20.1%) Australians reported that they had a mental or behavioural condition during the collection period (August 2020 to June 2021) (ABS 2022c).

Survey of Children and Adolescents (aged 4–17)

A national household survey, the Australian Child and Adolescent Survey of Mental Health and Wellbeing, was conducted for the second time in 2013–14 (also referred to as the *'Young Minds Matter' survey*). The findings highlight the most common and burdensome health condition in children and adolescents are mental illness which have significant adverse impacts on their academic outcomes.

Almost 1 in 7 (14%) children and adolescents aged 4–17 years were assessed as experiencing mental illness in the previous 12 months, which is equivalent to about 591,000 (based on the estimated 2017 population) children and adolescents. *Attention Deficit Hyperactivity Disorder* (ADHD) was the most common mental illness (7% of all children and adolescents, or about 315,000 based on the estimated 2017 population), followed by *Anxiety disorders* (7% or about 293,000), major *Depressive disorder* (3% or about 119,000) and *Conduct disorder* (2% or about 89,000)— see Figure 1.

Almost one third (30% or 4% of all those aged 4–17) with a illness experienced 2 or more mental illnesses at some time in the previous 12 months.

Male children and adolescents (16%) were more likely than females (12%) to have experienced mental illness in the previous 12 months. The prevalence of mental illness was slightly higher for older females (13% for those aged 12–17) than for younger females (11% for those aged 4–11. However, the prevalence for males did not differ markedly between the younger and older age groups (17% and 16% respectively).

There were a number of significant methodological differences between the *Young Minds Matter* survey and the first child and adolescent survey conducted in 1998. However, it is possible to compare the prevalence data for 3 mental health illnesses (*Major depressive disorder, ADHD* and *Conduct disorder*). Prevalence of *Depressive disorder* increased from 2% to 3%, *ADHD* decreased from 10% to 8%, and *Conduct disorder* decreased from 3% to 2% (Lawrence et al. 2015).

Survey of People Living with Psychotic Illness (aged 16–84)

Mental illness includes conditions with low prevalence and severe consequences, including psychotic illnesses and a range of other conditions such as eating disorders and personality disorders (DoHA 2010). Psychotic illnesses may be characterised by symptoms including disordered thinking, hallucinations, delusions and disordered behaviour, and include *Schizophrenia, Schizoaffective disorder,* and *Delusional disorder.*

Estimates from the 2010 National Psychosis Survey were that 64,000 people in Australia aged 18–64 experienced a psychotic illness and were in contact with public specialised mental health services each year. This equates to 5 cases per 1,000 population. The survey found the most frequently recorded of these disorders was *Schizophrenia* which accounted for almost half of all diagnoses (47%) (Morgan et al. 2011).

2021 Census

For the first time, the Census conducted in 2021 asked Australians about 10 common long-term health conditions. Over 8 million (about 31.5%) Australians reported that they had been diagnosed with a long-term health condition, with 2.2 million (about 8.8%) reporting a Mental health condition (including depression or anxiety) (ABS 2022b).

The ABS recommends that the NSMHWB be used as the main source of prevalence data as it uses diagnostic criteria rather than self-reporting as with the Census. See Comparing ABS long-term health conditions data sources for more information.

Psychological distress

Another insight into the mental health and wellbeing of Australians is provided by measures of psychological distress. Psychological distress can be described as unpleasant feelings or emotions that affect a person's level of functioning and interfere with the activities of daily living. This distress can result in having negative views of the environment, others and oneself, and manifest as symptoms of mental illness, including anxiety and depression. Psychological distress is commonly measured using the Kessler 10 (K10), a psychological distress scale based on questions regarding negative emotional states experienced in the past 30 days (ABS 2012). Someone experiencing psychological distress will not necessarily be experiencing mental illness, although high scores on the Kessler 10 Psychological Distress Scale (K10) are strongly correlated with the presence of depressive or anxious disorders (Andrews and Slade 2001). As it is relatively straightforward to measure, 'high' and 'very high' levels of psychological distress are often used as a 'proxy' for the presence of mental illness.

In 2017–18, 13% or 2.4 million Australians aged 18 and over experienced high or very high levels of psychological distress, which is higher compared to 2014–15 (12% or 2.1 million Australians). High or very high levels of psychological distress were more often reported by females than males in 2017–18 (15% and 11% respectively). Of all age groups, young people (aged 18–24) were most likely to experience high or very high levels of psychological distress (15%) (ABS 2019b).

In a longitudinal study, *COVID-19 Impact Monitoring Survey Program,* researchers from the Australian National University found a substantial increase in the levels of psychological distress between February 2017 and April 2020, the equivalent of an increase of 8% to 11% of people reporting a serious mental illness. Increases in psychological distress were seen particularly for young Australian adults, with the proportion of people aged 18–24 experiencing high levels of psychological distress increasing from 14% in 2017 to 22% in April 2020 (Biddle et al. 2020).

Over the course of the pandemic, psychological distress has fluctuated, reaching highs in April 2020, October 2020 and October 2021. As of January 2022, psychological distress remained elevated compared to February 2017 (Biddle and Gray 2022).

Vulnerable groups

It is well recognised that some groups experience higher rates of mental illness and psychological distress than others.

Aboriginal and Torres Strait Islander people

In 2018–19, among the total Indigenous Australian population, an estimated 24% (187,500) reported a mental health or behavioural condition, with a higher rate among females than males (25% compared with 23%, respectively). An estimated 31% reported experiencing high or very high levels of psychological distress in the previous 4 weeks (ABS 2019). More information can be found at Australia's health 2020 – Indigenous health and wellbeing.

LGBTIQA+ Australians

Lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual Australians report lower health and wellbeing compared to Australians generally. A survey of LGBTIQA+ Australians, the Private Lives survey, has been conducted 3 times since 2005. The most recent survey, undertaken in 2020, attracted 6,835 participants. Three fifths (60.5%) report having been diagnosed with depression and almost half (47.2%) with an anxiety disorder, while over half (57.2%) report experiencing high or very levels of psychological distress within the past 4 weeks. Furthermore, only 58.6% of people who accessed a mainstream medical clinic felt that their sexual orientation was very or extremely respected, and only 37.7% thought that their gender identity was very or extremely respected (Hill et al. 2020). More information can be found at Private Lives 3.

Australians with disability

Adults with disability generally experience higher psychological distress than those without disability. In 2017–18, it was estimated that 31.7% of adults with disability experienced high or very high psychological distress in the previous week, compared to 8.0% of the population without disability. People with psychological disability were the most likely to report high or very high psychological distress (76%), followed by people with intellectual disability (60%) (AIHW 2020). More information can be found at People with disability in Australia.

Impact and burden of mental illness

Mental illness affects all Australians either directly or indirectly. Mental illness can vary in severity and be episodic or persistent in nature. One in 5 Australians experience mental illness in any given year, most of which will be mild (15% or an estimated 2.3 million Australians among the 15.3 million Australians) or moderate (7%, or an estimated 1.2 million people). It is estimated that around 5% or 800,000 people have a severe mental illness, of which 500,000 people have episodic mental illness and 300,000 have persistent mental illness (Productivity Commission 2020).

Mental and substance use disorders, such as *Depression*, *Anxiety* and *Drug use*, are important drivers of disability and morbidity. The Australian Burden of Disease Study 2018 examined the health loss due to disease and injury that is not improved by current

treatment, rehabilitative and preventative efforts of the health system and society. For Australia, *Mental and substance use disorders* were estimated to be responsible for 13% of the total burden of disease in 2015, placing it 4th as a broad disease group after *Cancer* (18%), *Musculoskeletal conditions* (13%) and *Cardiovascular diseases* (14%) (AIHW 2021).

In terms of the non-fatal burden of disease, which is a measure of the number of years of 'healthy' life lost due to living with a disability, *Mental and substance use disorders* were the 2nd largest contributor (24%) of the non-fatal burden of disease in Australia, behind *Musculoskeletal conditions* (25%) (AIHW 2021).

There is an association between diagnosis of mental illness and a physical disorder, often referred to as a 'comorbid' disorder. From the 2007 NSMHWB of adults, 1 in 8 (12%) of people with a 12-month mental illness also reported a physical condition, with 1 in 20 (5%) reporting 2 or more physical conditions (ABS 2008).

According to the 2010 National Psychosis Survey, people with a psychotic illness also frequently experience poor physical health outcomes and comorbidities. For example, over one-quarter (27%) of survey participants had heart or circulatory conditions and over one-fifth (21%) had diabetes (compared with 16% and 6% respectively in the general population). The prevalence of *Diabetes* found in the National Survey of People Living with Psychotic Illness is more than 3 times the rate seen in the general population. Other comorbidities included *Epilepsy* (7% compared with 0.8% in the general population) and *Severe headaches/migraines* (25% compared with 9% in the general population) (Morgan et al. 2011).

References

ABS (Australian Bureau of Statistics) (2012) *Information paper: Use of the Kessler Psychological Distress Scale in ABS health surveys, Australia, 2007-08, ABS cat. no. 4817.0.55*, ABS, Canberra, accessed 9 March 2022.

ABS (2019) *National Aboriginal and Torres Strait Islander Health Survey, 2018–19*, ABS, Canberra, accessed 16 March 2022.

ABS (2021) *Household Impacts of COVID-19 Survey – March 2021 release. ABS cat. No.* 4940.0, ABS, Canberra.

ABS (2022a) *National Study of Mental Health and Wellbeing*, ABS, accessed 26 July 2022.

ABS (2022b) *Health: Census*, ABS, accessed 26 July 2022.

ABS (2022c) *Health Conditions Prevalence*, ABS, accessed 27 July 2022.

AIHW (Australian Institute of Health and Welfare) (2020) *People with disability in Australia*, AIHW, Canberra, accessed 16 March 2022.

AIHW (2021) *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018, Cat. no. BOD 29*, accessed 9 March 2022.

Andrews G and Slade T (2001) 'Interpreting scores on the Kessler Psychological Distress Scale (K10)', *Australia and New Zealand Journal of Public Health*, 25(6): 494–497, doi: 10.1111/j.1467-842x.2001.tb00310.x.

Biddle N, Edwards B, Gray M and Sollis K (2020) *Initial impacts of COVID-19 on mental health in Australia*, ANU Centre of Social Research and Methods, Canberra.

Biddle N and Gray M (2022) *Tracking wellbeing outcomes during the COVID-19 pandemic (January 2022): Riding the Omicron wave*, ANU Centre of Social Research and Methods, Canberra.

DoHA (Department of Health and Ageing) (2010) *National mental health report 2010: summary of 15 years of reform in Australia's mental health services under the National Mental Health Strategy 1993-2008*, DoHA, Canberra.

Hill AO, Bourne A, McNair R, Carman M and Lyons A (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia, ARCSHS Monograph Series No. 122*, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

Lawrence D, Hancock K and Kisely S (2013) 'The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers', *British Medical Journal,* 346, accessed 9 March 2022.

Morgan VA, Waterreus A, Jablensky A, Mackinnon A, McGrath JJ, Carr V, Bush R, Castle D, Cohen M, Harvey C, Galletly C, Stain HJ, Neil AL, McGorry P, Hocking B, Shah S and Saw S (2011) *People living with psychotic illness 2010: the second Australian national survey of psychosis*, accessed 8 March 2022.

Productivity Commission (2020) *Productivity Commission Inquiry – Mental Health Report no.95*, Productivity Commission, Canberra.

Key concepts

Prevalence, impact and burden

Key Concept	Description
Burden of disease	**Burden of disease** is measured in disability-adjusted life years (DALYs)—years of life lost due to premature mortality (fatal burden) and years of healthy life lost due to poor health (non-fatal burden).
Comorbidity	**Comorbidity** refers to occurrence of more than 1 condition/disorder at the same time.
Prevalence	**Prevalence** measures the proportion of a population with a particular condition during a specified period of time (period/point prevalence), usually measured over a 12-month period or over the lifetime of an individual (lifetime prevalence).

Australia's mental health system

+/- On this page:

National mental health policies and strategies

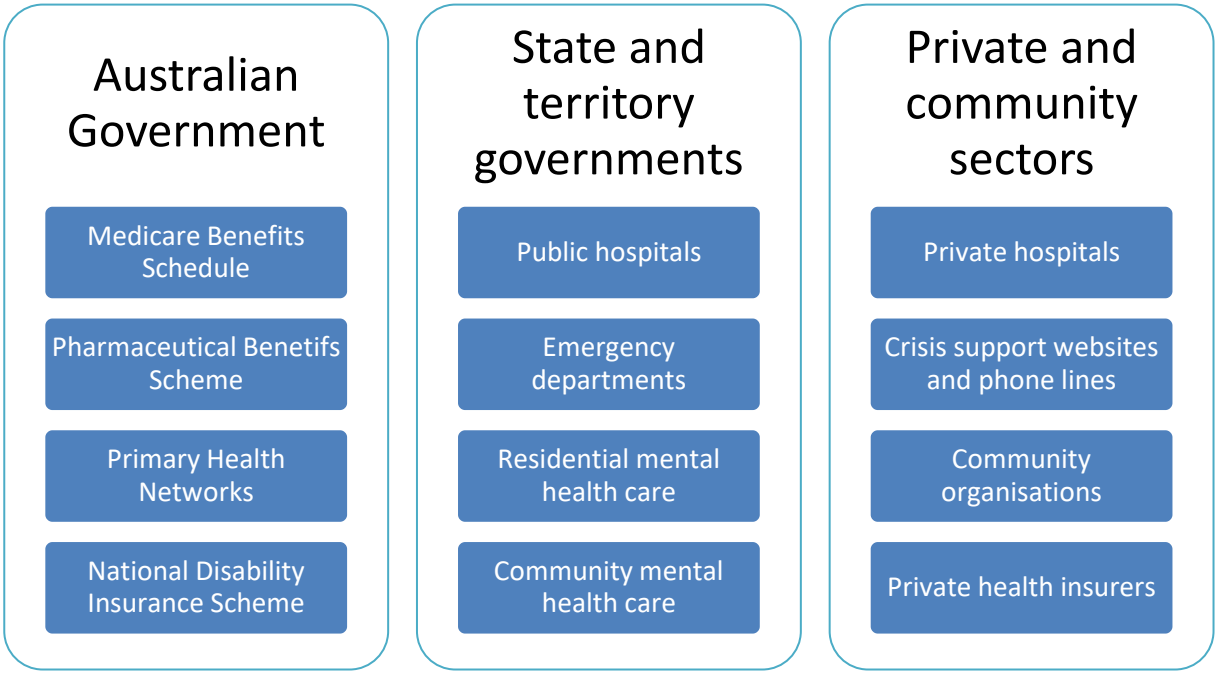
The Australian Government and all state and territory governments share responsibility for mental health policy and the provision of support services for Australians living with a mental disorder. State and territory governments are responsible for the funding and provision of state and territory public specialised mental health services and associated psychosocial support services. The Australian Government funds primary care and out of hospital specialised care through the Medicare Benefits Schedule and, also funds a range of services for people living with mental health difficulties. These provisions are coordinated and monitored through a range of initiatives, including nationally agreed strategies and plans.

The importance of good mental health, and its impact on Australians, have long been recognised by Australian governments. Over the last 3 decades these governments have worked together, via the National Mental Health Strategy, to develop mental health programs and services to better address the mental health needs of Australians. The National Mental Health Strategy has included five 5-year National Mental Health Plans which cover the period 1993 to 2022 (DoH 2018), with the Council of Australian Governments (COAG) National Action Plan on Mental Health overlapping between 2006 and 2011. A sixth National Mental Health plan is currently under development.

Monitoring mental health consumer and carer experiences has been a long-term goal of the National Mental Health Strategy. More information on consumer and carer experiences is progressively becoming available through the Your Experience of Service (YES) survey, which is currently used in some jurisdictions in Australia. It is offered to consumers who interact with specialised state and territory mental health services and aims to help these services and mental health consumers to work together to build better services. More information on the YES survey can be found in the Consumer perspective of mental health care section. Information on the outcomes of mental health care is also reported to gauge the effectiveness of mental health services from the perspective of both clinicians and consumers. These data form part of the National Outcomes and Casemix Collection (NOCC) More information can be found in the Consumer outcomes of mental health care section.

Roles and responsibilities

There is a division of roles and responsibilities in Australia's mental health system, with services being delivered and/or funded by the Australian Government, state and territory governments and the private and non-government sectors.



+/- Insert multiple accordion

Australian Government

The Australian Government funds a range of mental health-related services through the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS)/Repatriation Pharmaceutical Benefits Scheme (RPBS) and Primary Health Networks. The Australian Government also funds a range of programs and services which provide essential support for people with mental illness. These include income support, social and community support, disability services, workforce participation programs, and housing.

State and territory governments

State and territory governments fund and deliver public sector mental health services that provide specialist care for people experiencing mental illness. These include specialised mental health care delivered in public acute and psychiatric hospital settings, state and territory specialised community mental health care services, and state and territory specialised residential mental health care services. In addition, states and territories provide non-specialised hospital services used by people with mental illness (such as emergency departments and non-specialised admitted units) and other mental health-specific services in community settings such as supported accommodation and social housing programs.

Private and community sectors

There are a range of crisis, support and information services such as Beyond Blue, Lifeline, Kids Helpline, ReachOut and Head to Health. These services have reported substantial increases in demand over the course of the COVID-19 pandemic. Governments have provided additional funding to crisis organisations during the COVID-19 pandemic, including funding from the Australian Government to Beyond Blue to create a dedicated Coronavirus Mental Wellbeing Support Service to provide free 24/7 mental health support, particularly for people not already connected to the mental health system.

Private sector services include admitted patient care in a private psychiatric hospital and private services provided by psychiatrists, psychologists and other allied health professionals. Private health insurers fund treatment costs in private hospitals, public hospitals and out of hospital services provided by health professionals.

Non-government organisations are private organisations (both not-for-profit and for-profit) that receive government and/or private funding. Generally, these services focus on providing well-being programs, support and assistance to people who live with a mental illness rather than the assessment, diagnostic and treatment tasks undertaken by clinically-focused services.

Service access

The 2007 National Survey of Mental Health and Wellbeing collected data on mental health service access in the preceding 12 months. From this survey, it was estimated that about a third (35%) of people with symptoms of a mental disorder in the previous 12 months (equivalent to about 1.3 million people based on the estimated 2017 population) made use of mental health services (Slade et al. 2009). Of these:

- 71% consulted a general practitioner
- 38% consulted a psychologist
- 23% consulted a psychiatrist.

Of those who did not access mental health care, the majority (86%) reported that they perceived having no need for any mental health care. More recent estimates suggest that the treatment rates identified in 2007 have increased (to 46% in 2009–10), due primarily to the introduction of government subsidised mental health treatment items to Medicare (Whiteford et al. 2014).

During the course of the COVID-19 pandemic in 2019–20, 45% of MBS mental health specific services were provided by psychologists (including clinical psychologists), 31% were provided by general practitioners (GPs) and 20% were provided by psychiatrists (AIHW 2021).

In 2018–19, 9% of the Australian population received clinical mental health services through a GP, 2% from a private psychiatrist, and 2% received clinical mental health services through a public specialised service (for example, hospital or community care) (AIHW 2021).

References

AIHW (Australian Institute of Health and Welfare) (2021) *Mental Health Services in Australia - Medicare-subsidised mental health specific services*, accessed 9 March 2022.

DoH (Australian Government Department of Health) (2018) *The Fifth National Mental Health and Suicide Prevention Plan*, DoH, Canberra.

Slade T, Johnston A, Teesson M, Whiteford H, Burgess P, Pirkis J and Saw S (2009) *The Mental Health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing*, Department of Health and Ageing, Canberra.

Whiteford HA, Buckingham WJ, Harris MG, Burgess PM, Pirkis JE, Barendregt JJ and Hall WD (2014) 'Estimating treatment rates for mental disorders in Australia', *Australian Health Review,* 38(1):80-5, doi: https://doi.org/10.1071/ah13142, accessed 9 March 2022.