Overview of mental health services in Australia

Mental health is a key component of overall health and wellbeing (WHO 2013). In any year in Australia, around 1 in 5 people aged 16–85 will experience a mental health disorder (ABS 2008). 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 2013). 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. 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, and the Australian Government funds consultations with specialist medical practitioners, general practitioners (GPs), psychologists and other allied health practitioners through the Medicare Benefits Scheme and other primary mental health services through the Primary Health Networks. 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. Mental health care is also provided in private hospitals.

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.

Over the last 3 decades Australian governments have worked together, via the National Mental Health Strategy, to develop mental health programs and services to better co-ordinate services and 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, with the Council of Australian Governments (COAG) National Action Plan on Mental Health overlapping between 2006 and 2011. The Fifth National Mental Health and Suicide Prevention Plan was agreed in 2017.

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, for example, through the Your Experience of Service (YES) survey, which is currently used in some jurisdictions in Australia. The YES survey 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.

Since the onset of the COVID-19 global pandemic which arrived in Australia in early 2020, there have been significant restrictions of movement, social distancing measures

and physical isolation to prevent further outbreaks of the virus. The spread of COVID-19 has had a negative impact on the mental health and wellbeing of Australians. The sudden loss of employment, social interaction, localised 'lockdowns' and added stressors of moving to remote work or schooling have led to mental health challenges. The policies to reduce the spread of the virus appear to have been successful which have led to an easing of many of the earlier conditions, however the many aspects of Australians mental health continue to be disrupted.

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 Australians health, notwithstanding the successful suppression that has 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.*

In May 2020 the National Cabinet endorsed the National Mental Health and Wellbeing Pandemic Response Plan 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.

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.

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, with the Council of Australian Governments (COAG) National Action Plan on Mental Health overlapping between 2006 and 2011.

Recent national developments

In November 2020, the Prime Minister released the final report of the Productivity Commission's Mental Health Inquiry, a guide to reform Australia's mental health system to create a person-centred mental health system. 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. 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. More information can be found in the Final Report.

In the 2021-22 Federal Budget, the Australian Government announced a $2.3 billion investment over 4 years 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. The plan includes 5 pillars to this investment which address:

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

Through the 2021-22 Budget, the Government is investing $117 million 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.

Australia's mental health system

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.

No standard definition exists for 'mental health-related service'. Information about how specific mental health-related services are defined is available in relevant sections of this report.

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.

The Australian Government funds a range of mental health-related services through the Medicare Benefits Schedule (MBS), and 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.

There are a range of crisis, support and information services such as Beyond Blue, Lifeline, Kids Helpline and ReachOut. These services have reported substantial increases in demand during 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 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).

Prevalence, impact and burden

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 disorders, and the use of health services by people with mental disorders. 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.

Since April 2020, surveys have been conducted by the Australian Bureau of Statistics (ABS) and several Australian universities to investigate the adverse impacts of the pandemic on the mental health of Australians. Household impacts of COVID-19 Survey conducted monthly by the ABS, Australian National University's COVID-19 Impact Monitoring Survey Program and University of Melbourne's Melbourne Institute conducted a weekly Taking the Pulse of the Nation survey. More detailed information on these surveys can be found on the Mental health impact of COVID-19 section.

Survey of Adult Population (aged 16–85)

The 2007 National Survey 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. The survey estimated that almost half (45%) of the population in this age range will experience a mental disorder at some time in their life (about 8.7 million people based on the estimated 2017 population). It also estimated that 1 in 5 (20%) of the population had experienced a common mental disorder in the previous 12 months (about 3.9 million people based on the estimated 2017 population). Of these, *Anxiety disorders* (such as social phobia) were the most prevalent, afflicting 1 in 7 (14%) of the population, followed by *Affective disorders* (such as depression) (6%), and *Substance use disorders* (such as alcohol dependence) (5%). Further information can be found in the full NSMHWB report (ABS 2008).

The *Intergenerational Health and Mental Health Study* is scheduled to be undertaken from 2020 by the Australian Bureau of Statistics. The Mental Health Study will measure the prevalence of mental illnesses for the first time since 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).

Another source of information about the mental health of Australians is the ABS's *National Health Survey 2017–18*, 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 data, and record 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) (ABS 2019). The National Health Survey 2017–18 estimated that 1 in 5 (20%) Australians reported that they had a mental or behavioural condition during the collection period (July 2017 to June 2018). The National Health Survey will again be run in 2021.

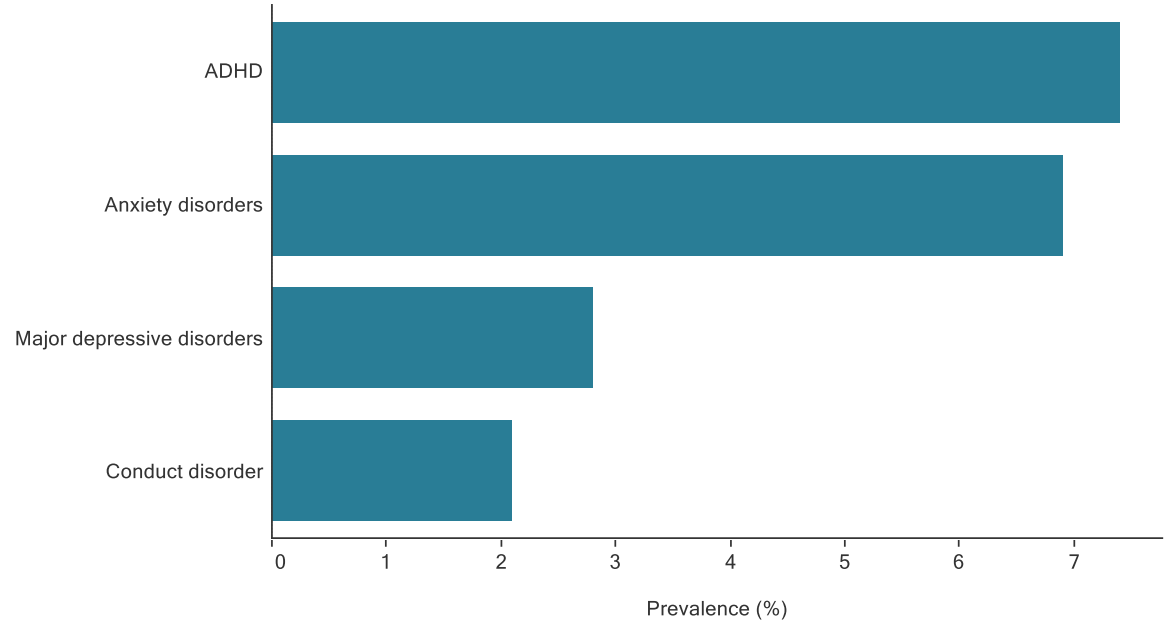
Survey of Children and Adolescents (aged 4–17)

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 disorders 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 health disorders 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 disorder (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 4–17 year olds) with a disorder experienced 2 or more mental disorders at some time in the previous 12 months.

Figure 1: Prevalence of mental disorders in the past 12 months among those aged 4–17



Source: Lawrence et al. 2015.

Male children and adolescents (16%) were more likely than females (12%) to have experienced mental disorders in the previous 12 months. The prevalence of mental disorders was slightly higher for older females (13% for 12–17 year olds) than for younger females (11% for 4–11 year olds). 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 disorders (*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* (Morgan et al. 2011).

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 (Morgan et al. 2011). The survey found the most frequently recorded of these disorders was *Schizophrenia* which accounted for almost half of all diagnoses (47%).

Impact and burden

Mental health illness affects all Australians either directly or indirectly. Mental disorders can vary in severity and be episodic or persistent in nature. One in five 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 (PC 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 2015 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 (AIHW 2019a). For Australia, *Mental and substance use disorders* were estimated to be responsible for 12% of the total burden of disease in 2015, placing it fourth as a broad disease group after *Cancer* (18%), *Cardiovascular diseases* (14%) and *Musculoskeletal conditions* (13%) (AIHW 2019a). Further information can be found in the *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015.*

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 second largest contributor (24%) of the non-fatal burden of disease in Australia, behind *Musculoskeletal conditions* (25%) (AIHW 2019a). In addition, in June 2018, about a third (34%) of people in receipt of the Disability Support Pension had a primary medical condition of 'psychological/psychiatric' (AIHW 2019b).

There is an association between diagnosis of mental health disorders 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 disorder also reported a physical condition, with 1 in 20 (5%) reporting 2 or more physical conditions.

According to the 2010 National Psychosis Survey, people with a psychotic illness also frequently experience poor physical health outcomes and comorbidities (Morgan et al. 2011). 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).

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. The Australian Bureau of Statistics (ABS) measures psychological distress in the National Health Survey (NHS) using the Kessler 10 (K10) psychological distress scale measuring non-specific psychological distress, based on questions about negative emotional states experienced in the past 30 days (ABS 2012).

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 women than men 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 2019).

During the course of the COVID-19 pandemic, social distancing measures and physical isolation or 'lockdowns' were implemented from March 2020. The impacts of sudden localised 'lockdowns' to prevent further outbreaks have impacted the mental health of Australians. 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 18 to 24 year olds experiencing high levels of psychological distress increasing from 14% in 2017 to 22% in April 2020 (Biddle 2020).

Levels of psychological distress in April 2021 decreased from January 2021 and the average psychological distress was lower than pre-pandemic levels. However, a greater per cent of Australians identified as having severe psychological distress in April 2021 compared to February 2017 (9.7% and 7.7% respectively) (Biddle & Gray 2021). Throughout the pandemic, young people have been showing elevated rates of distress and older people have been showing less psychological distress than in February 2017 (Biddle & Gray 2021). Further information can be found on the Suicide & self-harm monitoring page.

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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).