

Australia's mental health system

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National mental health policies and strategies

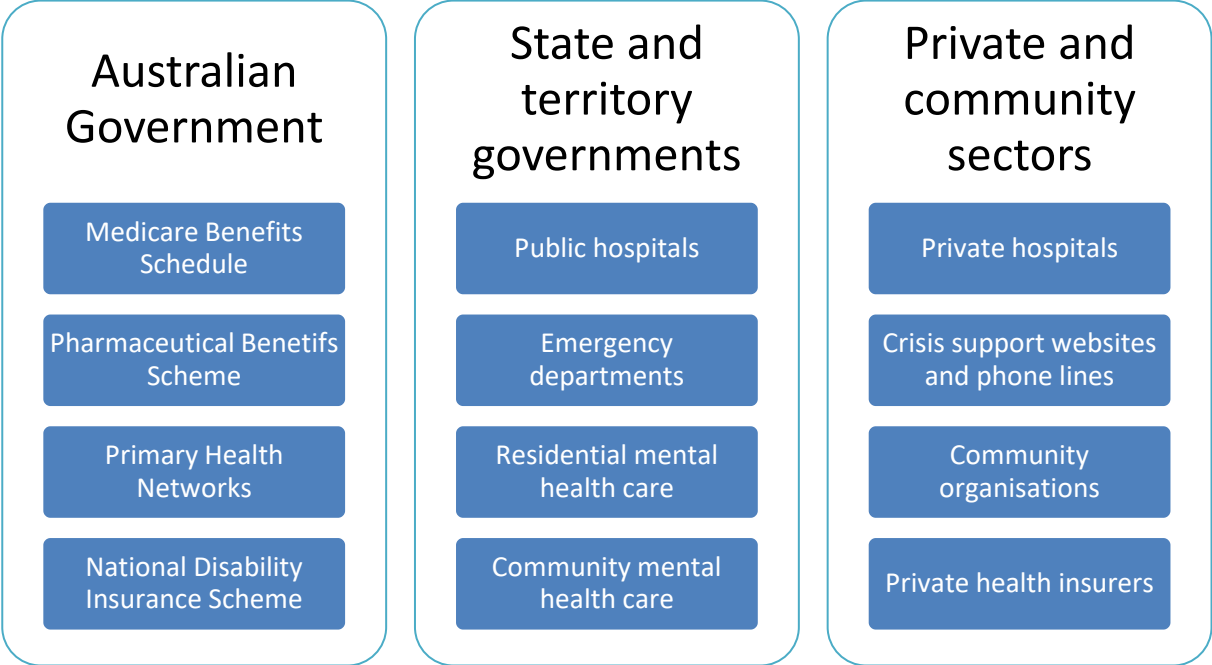
The Australian Government and all state and territory governments share responsibility for mental health policy and the provision of support services for Australians living with a mental disorder. State and territory governments are responsible for the funding and provision of state and territory public 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.



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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.

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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.

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