

Overview of mental health services in Australia

+/- On this page:

- Overview of mental health services in Australia
- Response to COVID-19 pandemic
- Recent national developments
- References
- Key concepts

Mental health is a key component of overall health and wellbeing (WHO 2021). 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 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 additional 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 (Australian Bureau of Statistics) (2008) [*National Survey of Mental Health and Wellbeing: summary of results, Australia, 2007. ABS cat. no. 4326.0*](#), ABS, Canberra, accessed 8 March 2022.

DoH (Australian Government Department of Health) (2020) [Medicare Benefits Schedule Book, effective March 2020](#), DoH, Canberra, accessed 8 March 2022.

DoH (2022a) [MBS Telehealth Services from January 2022](#), DoH, Canberra, accessed 16 March 2022.

DoH (2022b) [Budget 2022-23: Prioritising mental health, preventive health and sport](#), DoH, Canberra, accessed 6 April 2022.

Department of the Treasury (2021) [Budget 2021-22](#), Department of the Treasury, Canberra, accessed 6 April 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 8 March 2022.

NMHC (National Mental Health Commission) (2020) [National Mental Health and Wellbeing Pandemic Response Plan](#), NMHC, Canberra, accessed 14 April 2022.

Productivity Commission (2020) [Mental Health: Productivity Inquiry Report Volume 1, No. 95, 30 June 2020](#), Productivity Commission, Canberra, accessed 8 March 2022.

RCVMHS (Royal Commission into Victoria's Mental Health System) (2021) [Final report](#), CVMHS, Melbourne, accessed 14 April 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 8 March 2022.

WHO (World Health Organization) (2021) [Comprehensive Mental Health Action Plan 2013-2030](#), WHO, Geneva, accessed 8 March 2022.