40 Years of Reform: what's still missing

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Queensland Centre for Mental Health Research
Queensland's premier mental health research facility

Acknowledgement of country

I acknowledge and pay my respects to the Jagera, Yuggera and Ugarapul peoples, the Traditional Owners and Caretakers of the land on which we meet today and where the Queensland Centre for Mental Health Research is located.

I recognise their continuing connection to land, waters and community and pay our respects to Elders past, present and emerging.

40 years ago -

- Societal pressure and human rights
- Inquiries into hospital care
- The start of the consumer and carer movement
- Deinstitutionalization: mental health beds in hospitals in Australia

  - 281 beds per 100,000 around 1960
  - 45 beds per 100,000 in 1992
  - 27.5 per 100,000 in 2020.

30 years ago -

- Planning started in 1989 for what became a National Mental Health Strategy
- National Mental Health Statement of Rights and Responsibilities in 1991
- The first National Mental Health Policy & Plan adopted in 1992
- Schedule F of the 1993-98 Commonwealth/State Medicare Agreements

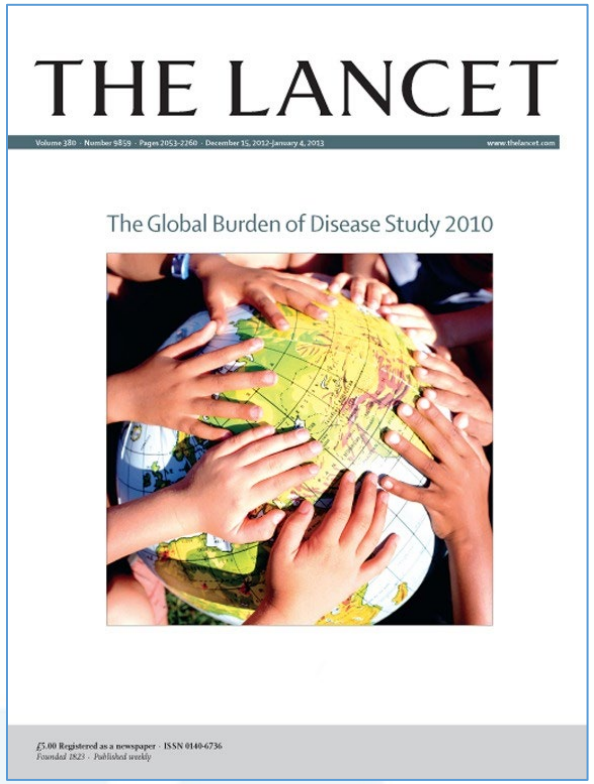
- The Strategy was renewed in 1998
- Series of 5-year National Plans followed
- “if you don’t count it, it won’t count”

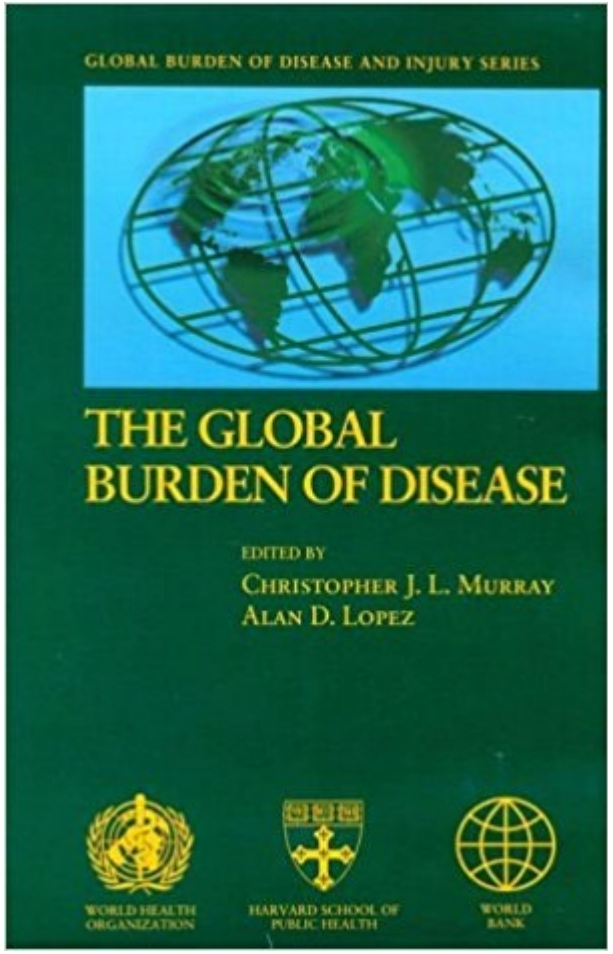
One in five adult Australians have a mental disorder; only one-third accessed services

Mental Health and Wellbeing: Profile of Adults, Australia, 1997

Released at 11:30 AM (CANBERRA TIME) 12/03/1998

Mental & substance use disorders – the leading cause of disability in Australia





What has happened with demand …

- Australian Bureau of Statistics (ABS) surveys found the number of adult Australians with a mental disorder has remained constant at one in five people (20%)

- Both the 1997 and 2007 ABS surveys showed around one-third of people with a disorder accessed a service

- ABS surveys have shown a constant growth in self-reported poor mental health, from 9.6% of the population in 2001, to 17.4% in 2014, to 20% in 2020.

Mental health is the most commonly reported reason for patient presentations in general practice, with 71 per cent of GPs selecting 'psychological' in their top three reasons for patient presentations.

RACGP Health of the Nation Report 2021

- The number of Hospital Emergency Department (ED) presentations nationally almost doubled since 2004 -05.

- A growing number of people are relying on ambulances when accessing ED's.

- The acuity of those presenting to ED's is increasing.

‘Shock’ events increase demand …

- Natural disasters
- Economic recession
- Pandemics

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

*COVID-19 Mental Disorders Collaborators**

Summary

Background Before 2020, mental disorders were leading causes of the global health-related burden, with depressive and anxiety disorders being leading contributors to this burden. The emergence of the COVID-19 pandemic has created an environment where many determinants of poor mental health are exacerbated. The need for up-to-date information on the mental health impacts of COVID-19 in a way that informs health system responses is imperative. In this study, we aimed to quantify the impact of the COVID-19 pandemic on the prevalence and burden of major depressive disorder and anxiety disorders globally in 2020.

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See Online/Comment
https://doi.org/10.1016/
S0140-6736(21)02221-2

- The QCMHR analysis estimated an 11% increase in the prevalence of major depressive disorder and anxiety disorders in Australia for 2020, as a result of the COVID-19 pandemic.

- This was equivalent to an additional 105,000 people with major depressive disorder and 173,000 people with an anxiety disorder.

What has happened with services …

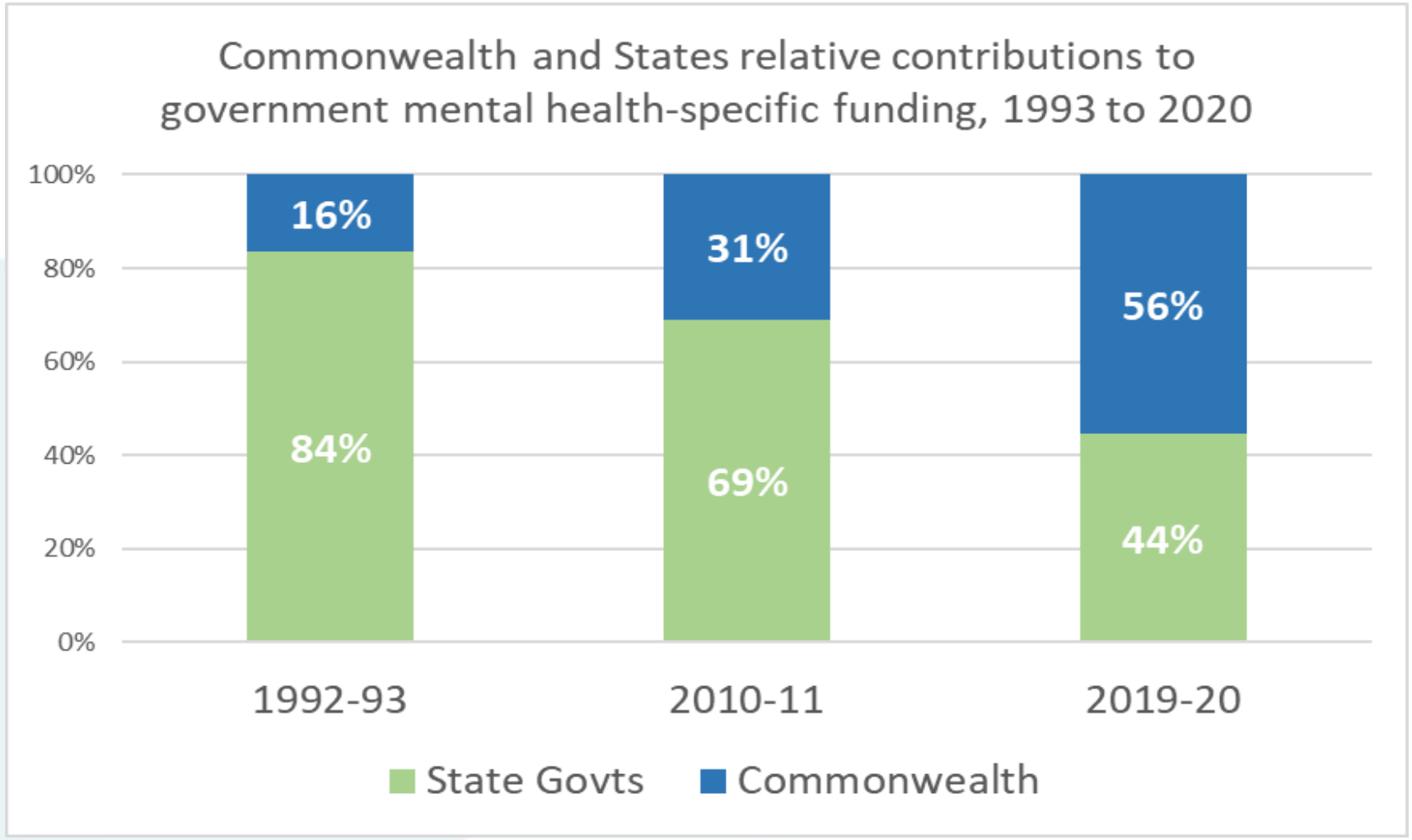
- Nationally, mental health spending increased from $281 per capita in 1992-93 to $431 per capita in 2019-20.
- Queensland mental health spending increased from $106.50 in 1992-93 to $247 per capita in 2019-20.

- National spending on mental health, as a proportion of the health budget, was 7.25% in 1992-93, has been unchanged at about 7.5% for the last decade

- The relative roles of State and Commonwealth governments have changed radically.
- Commonwealth funds are paid to the states through the National Health Reform Agreement (NHRA)
- The Commonwealth has expanded their traditional areas of responsibility
  - primary care mental health services (e.g., the 'Better Access' expansion of the MBS and the establishment of headspace) and population-level promotion and prevention programs.

- The Commonwealth also began funding services in areas provided by State and Territory governments.
  - For example: support and day programs for people with severe mental illness, early psychosis services, and a range of psychosocial supports for those with psychiatric disability, multidisciplinary adult community mental health centres (‘Head to Health’ centres).
- There are over 400 State and Territory community mental health facilities delivering clinical services.

Relative Commonwealth-State shares of mental health specific funding, 1993 to 2020



- Expanded Commonwealth funding is welcome, but has increased fragmentation, duplication and confused accountability.
- Expanded Queensland government funding through Better Care Together ($1.645 billion over five years and capital investment of $28.5 million).
- It is often said that “most problems in the health system happen at intersections of federal and state/territory funding areas”
- This intersection in mental health is now more complex than ever.

Integrated Regional Service Planning

- focus on the population that needs the services
- 3 key steps

Regional planning … #1

- Knowing what services are already provided within the region.
- This requires all service providers, in government, non-government and private sectors, working with local communities, to document who provides what, to whom and when.

Regional planning … #2

- Estimating what services should be provided for the population in a region.
- Estimating what resources the population needs can be informed by tools such as the National Mental Health Service Planning Framework. https://www.aihw.gov.au/nmhspf
- Modelling of future demand can provide more transparent and less uncertain decision-making. https://www.acumen-mh.org/members/

Regional planning … #3

- Accountability - progress delivering the level and mix of services to close the gap between (#1) and (#2).
  - The Productivity Commission recommended that each regional plan reports a 'gap analysis', comparing current services with *what services are required*, and a schedule detailing the level and mix of services that would be provided over the following 3-year period.

QCMHR

QCMHR is an academic health partnership between Queensland Health and The University of Queensland. Hosted by West Moreton Health, QCMHR is funded to contribute to the Queensland, Australian and global mental health research effort.

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