

Mental Health

Policy Position Statement

Key messages:

Mental health is a state of wellbeing where a person realises their own potential, copes with life's normal stresses and can make a contribution to their community. Mental illness significantly interferes with a person's cognitive, emotional or social ability. Complex social determinants impact mental health. Mental health and wellbeing enable individuals and society to achieve their full potential.

The Australian healthcare system is complex and fragmented, making it difficult to navigate and inefficient. Reforms to funding, mental health service provision, and accountability are needed.

Improving population mental health requires an optimal mix of promotion, prevention, community-based and non-clinical supports, treatment of mental illness/disorder and support for recovery. Inter-sectoral strategies are required to create living and working conditions and environments supporting mental health and promote healthy lifestyles. Efforts should be directed at the population level as well as individuals and high-risk groups. Increases in investment in prevention, early intervention and community-based supports should be prioritised.(1)

Key policy positions:

1. Government should take a 'mental health in all policies' approach.
2. Funding is needed to promote mental health, prevent mental illness, and for early intervention and treatment, including non-clinical and clinical mental health services and broader psychosocial supports such as housing and disability support resources.
3. Better services are needed for people and communities with higher mental health risks, including for young people, Aboriginal and Torres Strait Islander communities, gender and sexuality diverse people, people who are experiencing homelessness, people with disability, asylum seekers and refugee communities both on- and offshore, people from culturally and linguistically diverse backgrounds, rural communities and people associated with justice and detention systems.
4. Mental health should be included in all physical health and chronic disease initiatives. Specific programs are needed to reduce stigma and discrimination, build social inclusion of people with mental illnesses, including access to the National Disability Insurance Scheme.

Audience:

Australian, State and Territory governments, agencies, policymakers, and program managers.

Responsibility:

PHAA Mental Health Special Interest Group

Date adopted:

23 September 2021

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PHAA affirms the following principles:

1. Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life and is able to make a contribution to her or his community.(2)
2. A mental illness/disorder significantly interferes with an individual's cognitive, emotional or social abilities.(3) Mental illness/disorders include anxiety disorders, depression, bipolar affective disorder, schizophrenia and dementia, among others.
3. Mental health should be promoted at the individual, family, workplace, community and government level.
4. Coordinated, collaborative, appropriately resourced and accountable mental health initiatives and services across the full spectrum of mental health service types (prevention, promotion and early intervention, community supports, community and hospital treatment) are needed to improve public health and wellbeing.
5. Social determinants - such as early childhood environment, education, conditions of work and leisure, secure housing, food security, family income security, gender, social capital and social inclusion, and access to health care - strongly influence population mental health and wellbeing.(2, 4)
6. The mental health of Australian citizens and communities is influenced not only by local and national events but also by world events and global issues such as displacement from civil war and natural disasters, pandemics, financial crises, trade policies and agreements, and climate change.
7. A comprehensive approach to mental health improvement includes strategies directed at the whole population across the lifespan and specific strategies directed at high-risk population sub-groups and individuals.
8. Mental health promotion requires investment in prevention, treatment and recovery. Inter-sectoral strategies are required to create living and working conditions and environments supporting mental health and promote healthy lifestyles.(4)
9. A comprehensive public health approach to improving mental health includes:
 - Action to reduce the negative impacts of social determinants of health.
 - Action to reduce mental and physical health inequities.
 - Mental health promotion and primary prevention
 - Creating communities that promote and support mental health.
 - Providing universal access to mental health care, including for people from marginalised groups.
 - Ensuring people with mental disorders receive appropriate, affordable and effective care for both their mental and physical health.

10. Current mental health services and supports are fragmented, and reforms to funding, service provision and accountability are needed.(1)

PHAA notes the following evidence:

11. Acute periods of mental illness may be episodic and people with mental health conditions can recover from these episodes to achieve wellbeing.(5)
12. Estimates suggest over half of all mental illnesses/disorders have an early onset during adolescence(6), requiring prevention efforts to be focused during this critical period of the lifespan.
13. Early intervention in infancy and throughout childhood for vulnerable families is needed to provide support early in the life span and prevent mental health problems.(7)

Mental illness/ disorders cost the community in many different ways:

14. Mental and behavioural disorders are one of the leading contributors to the burden of disease in Australia.(8)
15. Personal and community costs relate to employment, housing and social opportunities, experiences of stigma and discrimination, social isolation, increased risk of physical illness and substance misuse are contributing to high rates of morbidity and reduced life expectancy(9), and act as personal stressors for individuals, carers and families.
16. Social costs in terms of time and productivity lost to disability or death, reduced employment capacity, and costs to carers and families who may experience reduced employment and be required to play an active role in housing and social support.
17. Economic costs resulting from lost productivity, expenditure by governments and community organisations, health funds, and for individuals associated with their mental health care, as well as financial costs to the carers and families of people with mental illnesses.(1)
18. Some population groups are more vulnerable to mental health problems and their social and financial costs, including young people, Aboriginal and Torres Strait Islander peoples, gender and sexuality diverse people, people who are homeless, people with disability, refugees and asylum seekers, people from culturally and linguistically diverse backgrounds, rural communities, and those incarcerated and/or in contact with the justice system.
19. People with mental health disorders face many barriers to receiving treatment for and accessing services for their physical health care, contributing to high rates of morbidity and mortality.(10)
20. Mental health services need to be welcoming and respectful for diverse groups and be training in providing culturally competent and effective care for people from diverse and vulnerable backgrounds.

Approaches to improving mental health and reducing the prevalence and impact of mental illness/disorders

21. The Sustainable Development Goals (SGDs) make specific reference to mental health. Target 3.4 requests that countries: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing." Within Target 3.4, suicide rate is an indicator (3.4.2).

22. Mental health promotion is an action to maximise mental health and wellbeing among individuals, families and societies across the lifespan.(11)
23. Prevention of mental illness/disorders (primary, secondary and tertiary) includes preventing or delaying the onset of a disorder, or reducing the severity, course, duration, and associated disability by taking preventive measures throughout the course of the disorder and also decreasing the impact of illness in the affected person, their families and society.(11, 12)
24. Schools and education systems provide an opportunity to reach children and adolescents prior to onset of a mental illness/disorder, given this is where this population spends the majority of their time.(13) A public health approach of universal promotion and prevention services, paired with targeted interventions to those most at-risk, may be the most effective way of ameliorating outcomes into adulthood. (14)
25. Mental health services and communities are integral to creating environments that promote recovery from mental illness. They should incorporate trauma-informed and recovery-oriented practice, including self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement, and should be incorporated into all facets of mental health policy, promotion, prevention and support.(15)
26. Implementing this policy would contribute towards achievement of UN Sustainable Development Goal 3: Good Health and Well-being.

PHAA seeks the following actions:

27. Adoption of a 'Mental health in all policies' approach to ensure the impact of public policies on mental health is assessed, reported and promoted, building on existing jurisdictional efforts to implement a 'Health in All Policies' approach.
28. Implementation of reforms of the mental health sector be a priority across federal and state governments and in alignment with the recommendations of the 2020 Mental Health Productivity Commission Inquiry(1) and Vision 2030 for Mental Health and Suicide Prevention.(16)
29. Increase focus on mental health promotion and prevention of mental illness through addressing the determinants of health. Population mental health and wellbeing, not simply the absence of mental illness, is promoted through responsible and equitable policy and practice.
30. Strengthen efforts to reduce stigma and discrimination.
31. Include the measurement of mental wellbeing and mental illness as key outcomes in community interventions, where relevant.
32. Engage the expertise of people with lived experience of mental health conditions, families, carers and support people should inform policies, services and program delivery through genuine and appropriately supported co-design processes
33. Increase resources dedicated to mental health promotion, service delivery, and housing and social support programs for people with mental disorders, including access to the National Disability Insurance Scheme to ensure social inclusion and for people and communities at increased risk.

34. Address the physical health of people with mental health problems and disorders, for example, by including mental health in chronic disease initiatives.
35. Increase accountability and make clear the responsibility for mental health services funding at State, Territory and Federal levels, and ensure resources are positively impacting the lives of consumers and carers.
36. Development of a mental health capabilities framework that embeds intersectional gender competence/responsiveness as a priority capability to enable workers to address the specific mental health needs and experiences of women, girls, men, boys and trans and gender diverse people.(17, 18)

PHAA resolves to:

31. Work with and support the advocacy activities of like-minded organisations such as Mental Health Australia and Suicide Prevention Australia.
32. Working with and advocate for at-risk and marginalised groups.
33. Actively contribute to policy, advisory forums and consultation processes relating to mental health policy and the determinants of health.
34. Work with mental health networks and key NGOs to advocate to Australian governments the importance of a national, collaborative and multi-sectoral approach to improving mental health and wellbeing.
35. Advocate for the above steps to be taken based on the principles in this position statement.

(First adopted 2012, revised 2015, 2018 and 2021)

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