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 contribute to their community. Mental health problems significantly interfere with a person's cognitive, emotional or social ability. People's mental health is dynamic and is influenced by a wide range of biological, psychological, social, cultural, and economic factors. Improving mental health outcomes at a population level requires a balanced approach, blending action and investment in promotion, prevention, early intervention, recovery support and suicide prevention focused initiatives. Reforms to funding, mental health service provision and accountability are needed.

Key policy positions:

1. Government should take a 'mental health in all policies' approach.
2. Specific programs are needed to reduce discrimination and stigma against mental health problems and support social inclusion of people with mental health problems.
3. People with lived and living experience of mental health problems, whether as consumers and carers, should be involved in shaping government mental health policy responses.
4. Adequate and sustained funding is needed to promote mental health and prevent mental health problems, and for early intervention and treatment.
5. Better services are needed for people and communities at higher risk of mental health problems, considering intersecting impacts of race, gender, socioeconomic status, disability, and sexual orientation.

Audience: Australian state and territory governments, agencies, policymakers, and program managers.

Responsibility: PHAA Mental Health Special Interest Group

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PHAA affirms the following principles:

1. Mental health is defined as a state of wellbeing in which every individual realises one's own potential, can cope with the normal stresses of life and is able to contribute to one's community.[1]
2. Mental health problems significantly interfere with an individual's cognitive, emotional, or social abilities.[2] These problems include anxiety disorders, depression, bipolar affective disorder, schizophrenia, dementia, and others.
3. Mental health is influenced by a range of biological, psychological, social, cultural, religious and economic factors operating at the individual, relational, community, societal and global levels. Protective factors exert a positive influence on mental health, while risk factors exert a negative influence on mental health, and increase the likelihood of mental health problems.[3]
4. Efforts are required to promote good mental health and to prevent and support recovery from mental health problems through concerted action at the individual, family, workplace, community and government levels.
5. Coordinated, collaborative, appropriately resourced and accountable mental health initiatives and services across the full spectrum of actions (prevention, promotion and early intervention, recovery support, and suicide prevention) are needed to improve individual and population-level mental health. Inter-sectoral strategies are required to create living and working conditions and environments supporting mental health, meaningful social connection and promote healthy lifestyles.[4,5]
6. A comprehensive public health approach to improving mental health includes:[6]
    i. Action to reduce the negative impacts of the social determinants of health.
    ii. Mental health promotion and primary prevention.
    iii. Creating communities that promote and support mental health providing universal access to mental health care, including for people from marginalised groups.
    iv. Ensuring people with mental disorders receive appropriate, affordable and effective care for both their mental and physical health.
7. Current mental health services and supports are fragmented, and reforms to funding, service provision and accountability are needed.[6]

PHAA notes the following evidence:

8. Estimates suggest that over half of all mental health problems begin in childhood, adolescence or young adulthood. Therefore, promoting mental wellbeing and preventive efforts during this critical period would yield long-term benefits to population health, making it a highly effective investment.[7,8]
9. Efforts to promote good mental health and prevent mental health problems should focus on positively changing the balance of key risk and protective factors at a population level. Critical risk factors include child maltreatment, family and domestic violence, bullying, loneliness, and social disadvantage.[9,10]

10. Child maltreatment is strongly and causally linked to conditions such as depression, anxiety disorders, eating disorders, personality disorders, and schizophrenia as well as to self-harm and suicide.[11]

11. Family and domestic violence encompasses traumatic experiences that impact an individual's psychology and nervous system, leading to short and/or long-term effects on mental health and behavioural changes, including mental conditions and self-harming behaviours, with intergenerational consequences.[10]

12. Loneliness, though not classified as a mental health disorder, can significantly impact both mental and physical health and wellbeing.[12,13,14] Individuals with poor mental health often experience heightened feelings of loneliness compared to those with better mental health.[15] Experiencing loneliness is associated with heightened levels of social anxiety, depression, psychotic symptoms, paranoia and suicidal ideation.[13,14]

Mental health problems cost the community in many different ways:

13. Mental disorders are common, distressing, potentially disabling, and linked to death by suicide. According to the Australian Institute of Health and Welfare, 48% of the suicide and self-harm burden in Australia is linked to four modifiable risk factors: child abuse and neglect (from age 5 onward), alcohol use (from age 15 onward), illicit drug use (from age 15 onward), and intimate partner violence among females (from age 15 onward).[16]

14. Mental and behavioural disorders are one of the leading contributors to the burden of disease in Australia.[17] The Australian Productivity Commission estimated that the direct economic cost to the economy of mental disorders and suicide in Australia ranged from $43 to $70 billion in 2018-2019.[18] Moreover, the cost of disability and premature death due to mental disorders, suicide and self-inflicted injury is equivalent to a further $151 billion.[18]

15. Social costs include healthcare and welfare costs; productivity lost to reduced employment capacity, presenteeism and absenteeism at work, disability or death; and costs to carers and families who may experience reduced employment and be required to play an active role in housing and social support.[19]

16. Certain groups face higher mental health and suicide risks due to unfavourable social, economic, and environmental factors. These include young people, gender and/or sexuality diverse individuals, people who are homeless, people with disabilities, refugees and asylum seekers, culturally and linguistically diverse individuals, those experiencing loneliness, family and domestic violence, living in rural and remote communities, and those incarcerated and/or in contact with the justice system.[3,20]

17. First Nations peoples have faced significant mental health and wellbeing challenges due to colonisation, discrimination, and intergenerational trauma. Appropriate, community-led mental health support services and interventions are needed to address mental health problems in these communities.[21]

18. People with mental disorders face many barriers to receiving treatment for and accessing services for their physical health care, contributing to high rates of morbidity and mortality.[22] Efforts are required to improve the physical health of people living with mental health problems.

19. Mental health problems are the primary driver of hospitalisation costs linked to heatwaves attributable to climate change.[23,24] This highlights the urgent need to better understand mental healthcare expenses related to climate change within our communities.

Approaches to improving mental health and reducing the prevalence and impact of mental health problems

20. Mental health promotion is an action to maximise emotional, social and psychological wellbeing among individuals, families and societies across the lifespan.[25]

21. Primary prevention of mental health problems involves preventing the onset of a disorder. Secondary and tertiary prevention involves reducing the severity, course, duration, and associated disability and decreasing the impact of illness in the affected person, their families and society.[7,25]

22. 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 improving outcomes into adulthood.[25] Promotion and prevention initiatives need to cover all aspects of life—birth, education, employment, leisure, and residence, and address the underlying causes of mental health problems.[25]

23. Lack of public awareness and negative stigma is still an issue for protecting and promoting mental health.[5,12] Interventions addressing social isolation and loneliness must consider individual diversity, culture and community.[26] Further longitudinal and evaluation research is necessary to identify the most effective interventions.[14,26,27]

24. Treatment should be holistic, incorporating clinical, psychosocial and mental wellbeing supports tailored to individual needs and preferences.[28] Current government policy advocates for a stepped care approach, offering support for self-management, peer support, low and high-intensity services, and comprehensive multi-disciplinary care across primary, secondary, and tertiary levels, including digital mental health solutions.[29] In addition to psychological interventions[30], complementary interventions such as physical activity[31], nutrition support[32], art therapy[33] and relaxation techniques[34] have demonstrated benefits for managing certain mental health conditions.

25. Preventive measures, early intervention, housing-first approaches, and suicide prevention activities yield high returns on investment by reducing crisis care, police, and ambulance service costs while enhancing training and employment outcomes.[35]

26. Mental health services and communities play a vital role in mental health problems recovery. They should prioritise trauma-informed and recovery-oriented approaches, focusing on self-determination, self-management, empowerment, and social engagement. These principles must be embedded in all aspects of mental health policy, promotion, prevention and support.[36]

27. Although mental health intervention is crucial, there is a lack of emphasis on promoting mental wellbeing among culturally and linguistically diverse populations. A successful wellbeing program for diverse communities is one that is flexible, holistic and delivered through community outreach initiatives.[37]

28. The Sustainable Development Goals 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). Implementing this policy would contribute towards the achievement of UN Sustainable Development Goal 3: Good Health and Wellbeing.

PHAA seeks the following actions:

29. Adopt 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.

30. Implement mental health sector reforms be a priority across Federal and State governments and in alignment with the recommendations of the 2020 Mental Health Productivity Commission Inquiry[18] and Vision 2030 for Mental Health and Suicide Prevention.[38]

31. Encourage government and other non-profit organisations to increase focus on mental health promotion and prevention of mental health problems through addressing the social determinants of health. For instance, increasing 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.
32. Strengthen government and non-profit organisations efforts to reduce stigma and discrimination.
33. Include the measurement of mental wellbeing and mental health problems as key outcomes in community interventions, where relevant.
34. Engage the expertise of people with lived experience of mental health problems, families, carers and support people to inform policies, services and program delivery through genuine and appropriately supported co-design processes.
35. Increase funding for the prevention and treatment of mental health problems. This includes clinical mental health services and non-clinical psychosocial support and access to social, recreational, financial, vocational, housing and other supports and services as needed.
36. 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.
37. Develop 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.[39,40]

PHAA resolves to:

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

(Adopted 2012 and revised 2015, 2018, 2021 and 2024)

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