A report on mental illness and mental health care in Australia

snapshotseries#2

october2011

RaggAhmed

about RaggAhmed

RaggAhmed is a health and communications consultancy that was established in 2005. We offer writing, editing and publishing services to governments, universities and non-government organisations in health and social services. We provide consultancy services, including strategic planning, communications advice and research. And we deliver professional development programs in scientific writing, communications and oral presentation skills.

We are based in Sydney, but work with clients across Australia and in Asia.

RaggAhmed combines excellent communication skills with a broad and deep knowledge of health and expertise in project management. We offer a full range of services, including concept development and needs analysis, through to project implementation and evaluation.

We work only with clients who have the public good at heart.

Mental health matters is the second in a series of reports published by RaggAhmed that addresses issues of public interest.

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Mental health matters:

A report on mental illness and mental health care in Australia

snapshotseries#2

october2011

Tanya Ahmed, Rebecca Gordon and Mark Ragg

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foreword

Mental ill-health is Australia's greatest source of preventable death and disability. *Mental health matters* shows us exactly how and why.

In a beautifully clear and pithy style, the key facts hit home and are reinforced by the data presented in this highly accessible and impactful report. The analysis is deceptively simple yet compelling. Mental ill-health is up there with major serious medical diseases such as cancer and cardiovascular disease, but it is of much greater importance to society simply because mental disorders are – as Dr Thomas Insel, the Director of the National Institute for Mental Health in Washington, puts it – 'the chronic diseases of the young'.

Three out of four onsets of mental and substance use disorders occur before age 25 and emerging adults bear the greatest burden of this new morbidity. Suffering and disability compound across the decades, thwarting or ending prematurely young lives, and weakening Australian society as a whole.

Yet while mental disorders produce 36 per cent of the burden of all disease in young adults in the prime of life (15 to 44 year olds), only about a third of sufferers receive any form of mental health care. This is not only a major national policy failure but a form of self-harm affecting Australian society. Australia's rising levels of unfairness and inequality may be partly responsible, as depicted in telling graphs in this report.

RaggAhmed has produced a report that forces us to confront an inconvenient truth, yet one which is starting to be embraced much more openly by Australians in recent years.

We need to respond to mental ill-health by being completely open and stigma-free in our thinking and public discourse, by providing equal access, quality and expenditure for mental health care as we do for physical health care, and by reforming key aspects of our health system and the wider society.

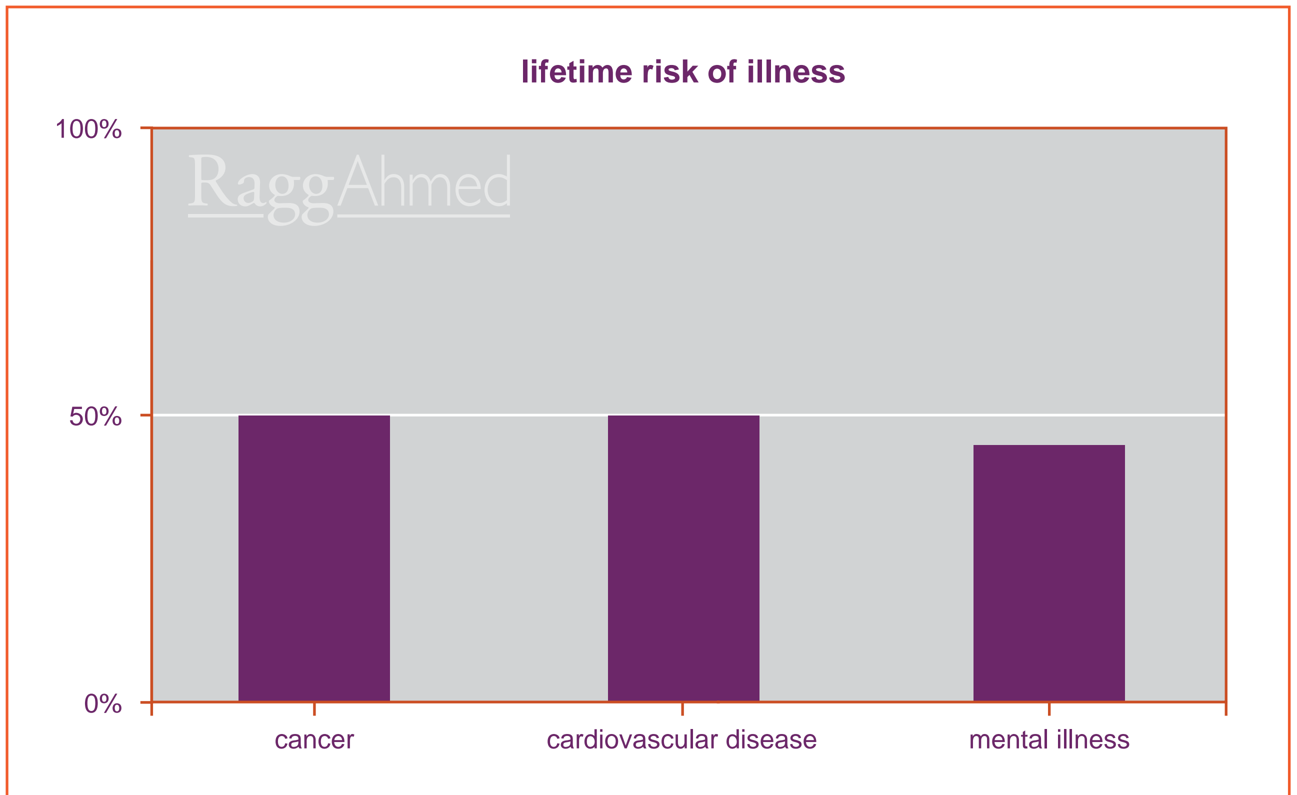
There is no health without mental health, so it really does matter for all of us.

Pat McGorry AO

Executive Director, Orygen Youth Health
Professor of Youth Mental Health
The University of Melbourne

who has mental illness?

how common?

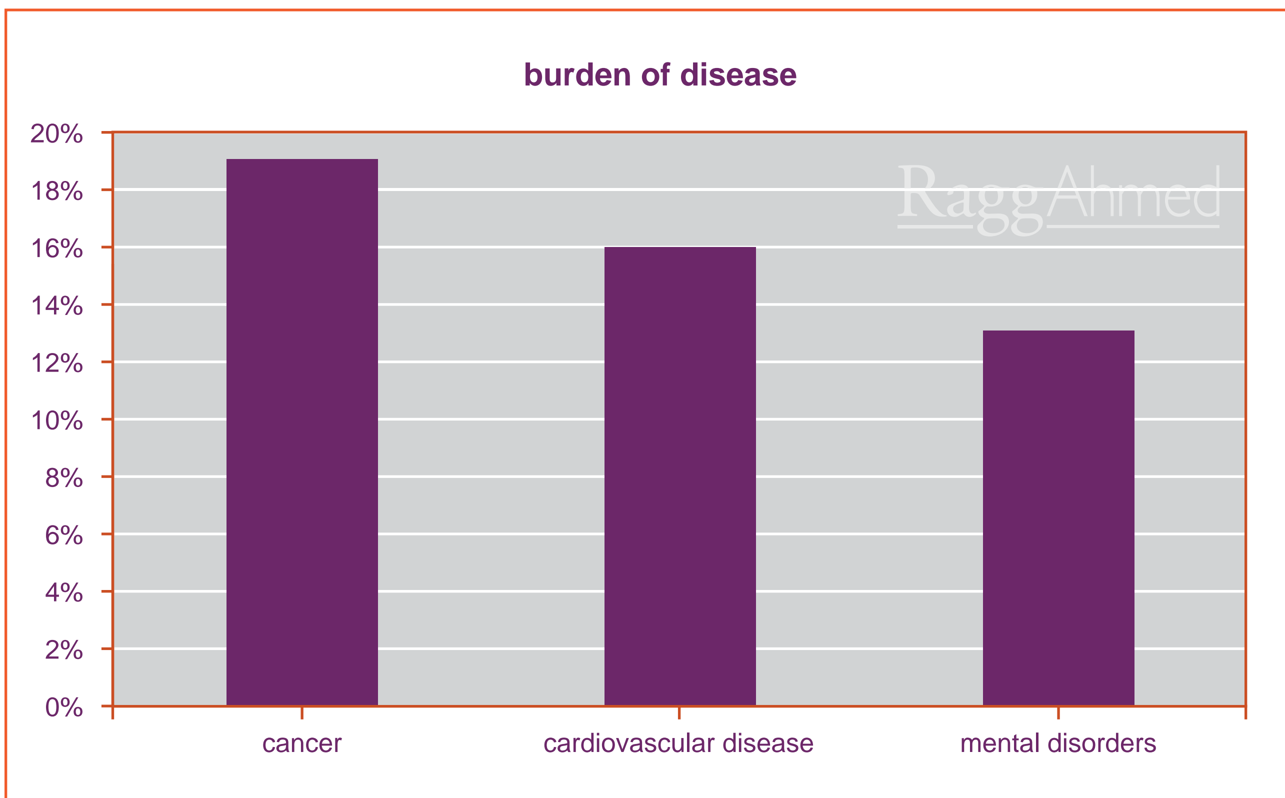


Sources: *National Survey of Mental Health and Wellbeing 2008, Australian Cancer Incidence and Mortality books 2010* and *Australia's health 2010*

If you don't have a mental illness at some time in your life, you're in the majority.

But only just.

how significant?

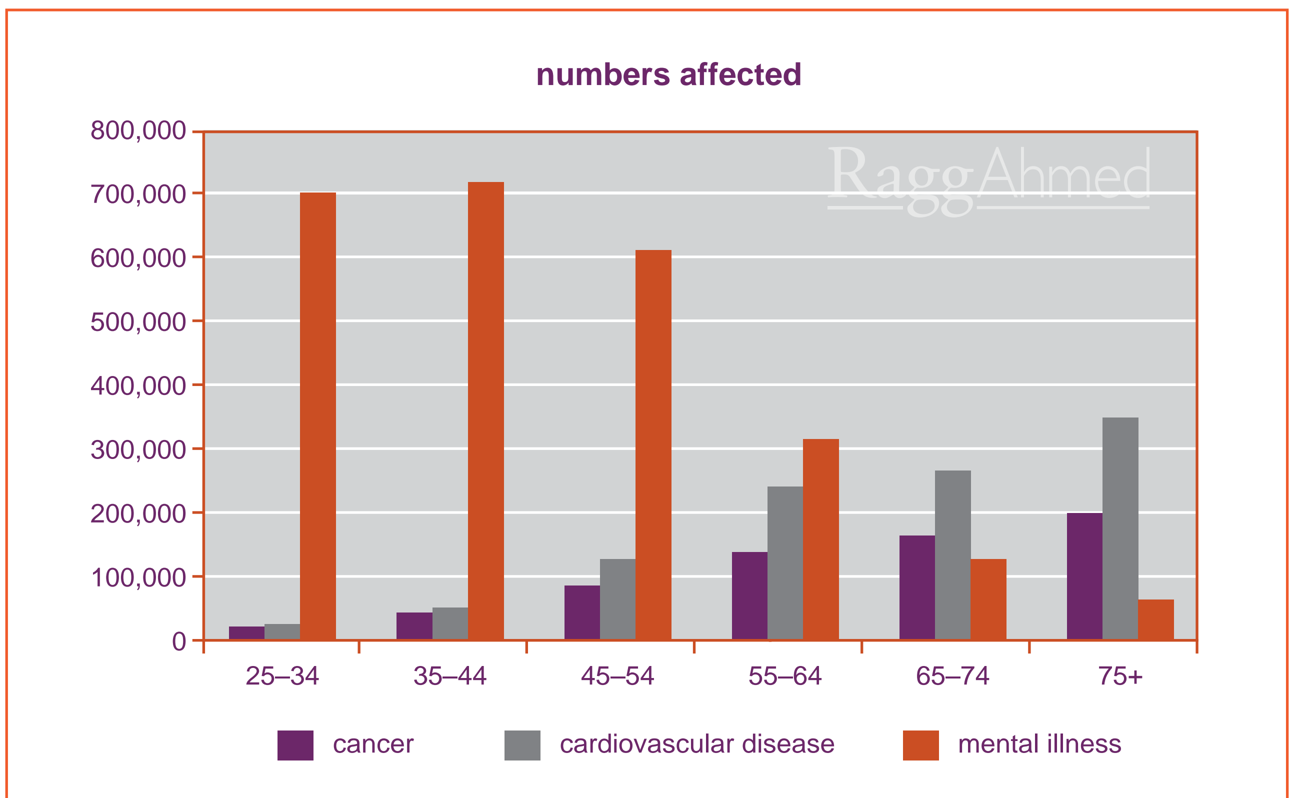


Source: *Australia's health 2010*

There's a concept known as burden of disease. It describes the impact of a condition on a nation. It takes account of not just deaths, but also pain, suffering, days off work, years away from work and more.

When we think of the significant illnesses we face in Australia, we tend to think of cancer and heart disease. Fair enough. But mental health is up there too.

stage of life



Sources: *Cancer survival and prevalence in Australia 2008, National Health Survey 2009* and *National Survey of Mental Health and Wellbeing 2008*

A lot of illnesses creep up on us as we get older. Heart disease, cancer, strokes… they're all more common with age.

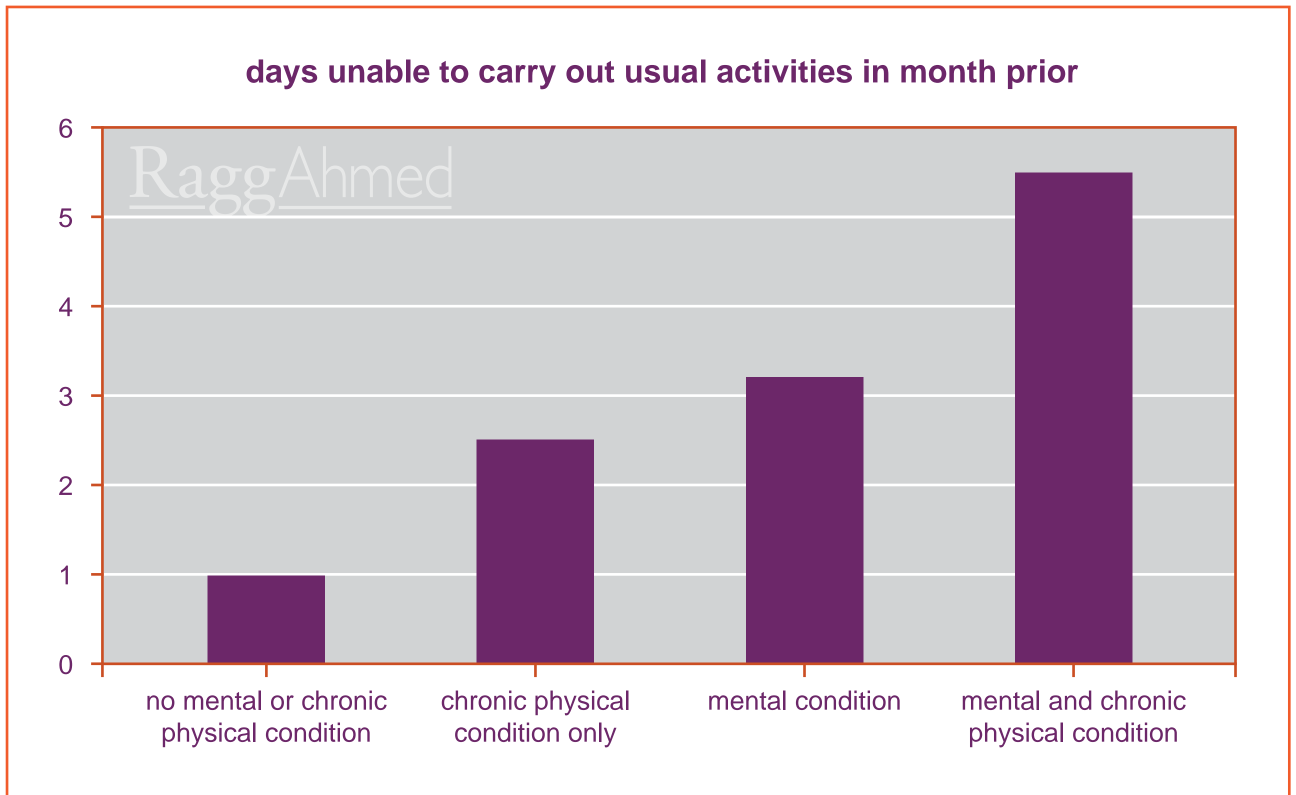
Mental illness is strikingly different. It is more common in the young than in the old.

Some forms of mental illness come and go. And other forms, like schizophrenia, strike young and stay.

This figure shows that at any age up to the half century and beyond, there are many more of us with mental illness than there are with heart disease and cancer.

the impact of mental illness

disruption to daily life



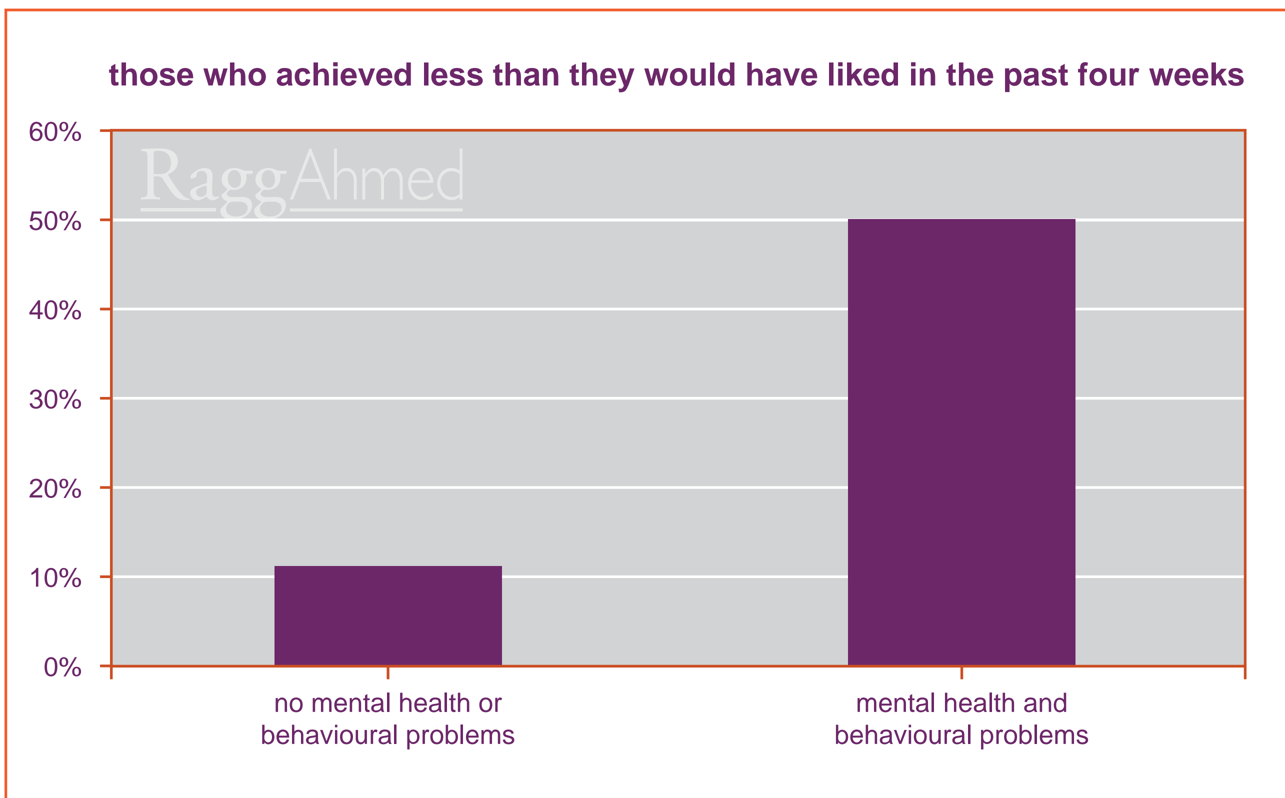
Source: *The Mental Health of Australians 2 2009*

Mental health problems are common, and cause serious disruption to people's lives. They cause more disruption to daily life – more time off work, more time away from families – than any other form of illness. Some of this is due to the illness itself. Some of it is due to the difficulties of getting health care when already disadvantaged.

This figure shows that people without a physical or mental condition can't do what they normally do, on average, once a month. People with a mental condition can't do what they normally do, on average, nearly three days a month. But people with the double whammy – a physical and a mental condition – lose on average about one day in four.

Yet many people with mental illnesses don't receive the same standard of care as people with physical illnesses. They may suffer delays in having physical illnesses diagnosed or these may not be diagnosed at all (Lambert et al 2003).

sense of accomplishment



Source: *National Health Survey 2003*

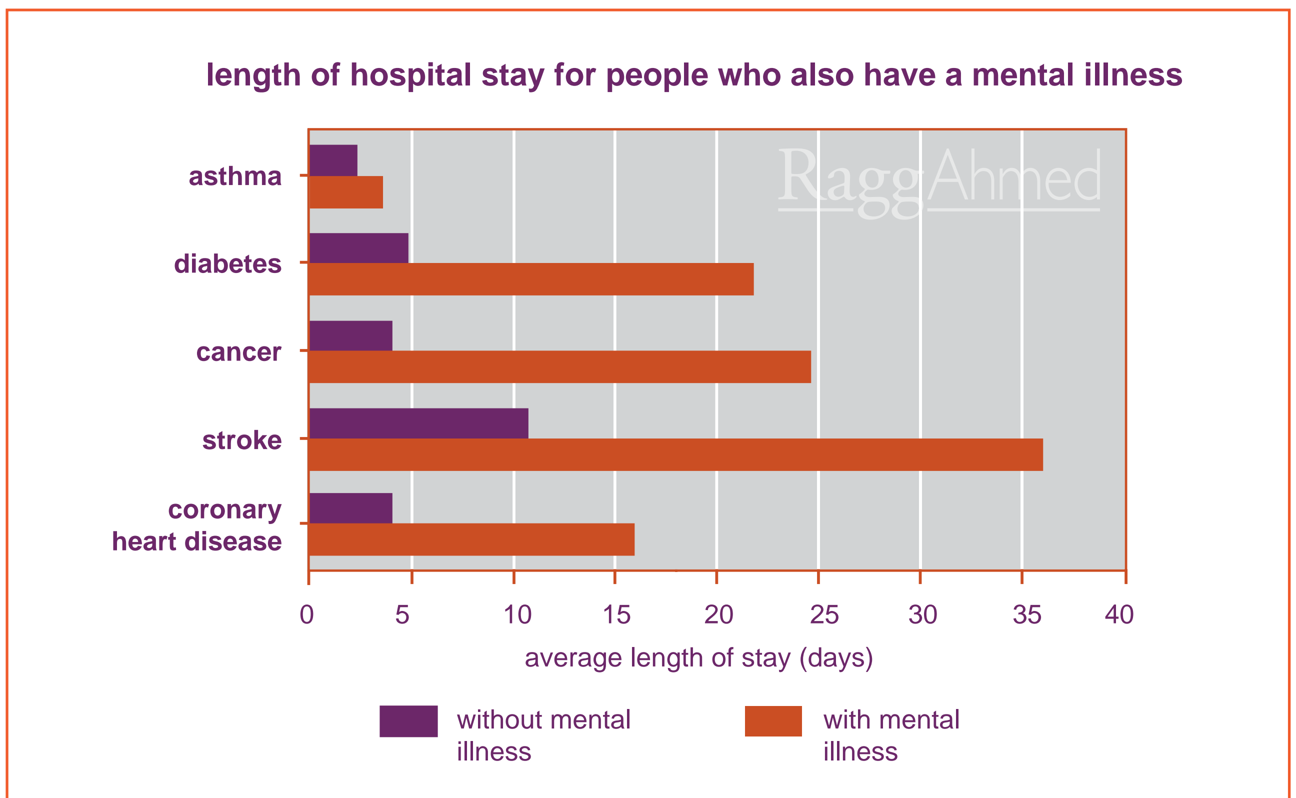
Most of us feel better if we take an active part in society: if we work, get some exercise, have friends, feel part of a community. We also feel better if we get a sense of accomplishment, if we feel that we're achieving something for ourselves or for others.

The figure above comes from the ABS National Health Survey. People were asked a fairly straightforward question: 'During the past four weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?'

Pretty much half of all people with mental health or behavioural problems said they'd achieved less than they desired. Ninety per cent of the rest felt fine about their sense of accomplishment.

Why the enormous difference? Is it only the internal difficulties people with mental illness face? Or is it also the difficulties people with mental illness face in dealing with a world that is sometimes accommodating and understanding, but more often cold and indifferent?

effect on recovery



Source: *Australia's health 2010*

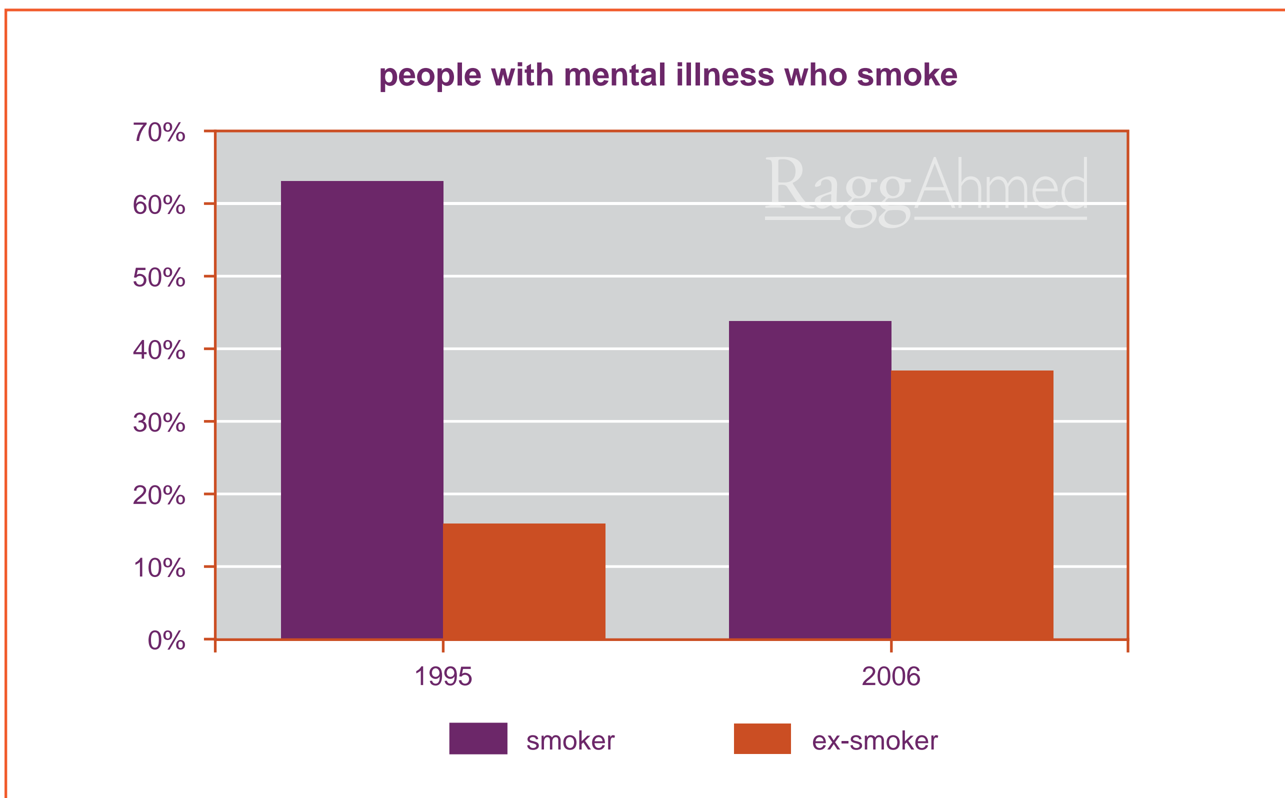
The links between physical illness and mental illness are becoming clearer.

Physical illnesses such as cancer, diabetes and heart disease can leave you vulnerable to depression.

Mental illnesses such as depression seem to predispose you to heart disease.

And mental illnesses can make it much harder to recover from physical illnesses, as this figure shows.

smoking



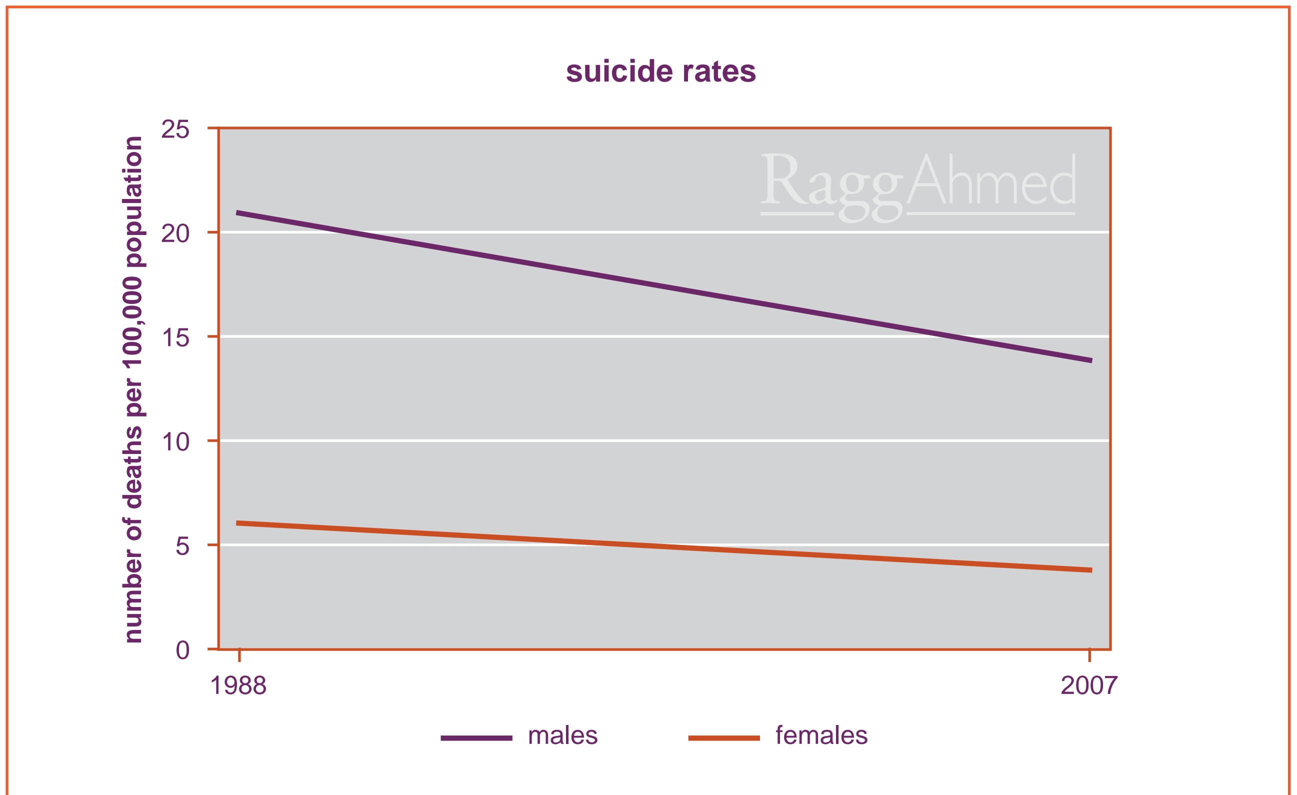
Source: *Longitudinal rates of smoking in a schizophrenia sample 2008*

Too many people still smoke. That's true for all, but especially true for people from disadvantaged groups, in particular people with mental illness, prisoners and Indigenous Australians. Smoking is both a sign of social disadvantage and, through its cost and effect on health, a contributor to it.

Smoking has an enormous impact on people with mental illness. People with serious mental illness such as schizophrenia, die, on average, a decade or more earlier than they should. Not from suicide, but from smoking-related conditions like heart disease.

More effort needs to be put into helping people with mental illness quit smoking. Will it work? This figure shows the proportion of people in a community-based psychiatric rehabilitation program in Ontario, Canada who smoked in 1995, and the proportion of smokers attending in 2006. Far fewer people were smoking a decade later. Quitting is possible, support is needed.

suicide



Source: *Suicide in Australia: meta-analysis of rates and methods of suicide between 1988 and 2007, 2010*

Suicide rates have fallen slightly and slowly over the past two decades. That's the good news.

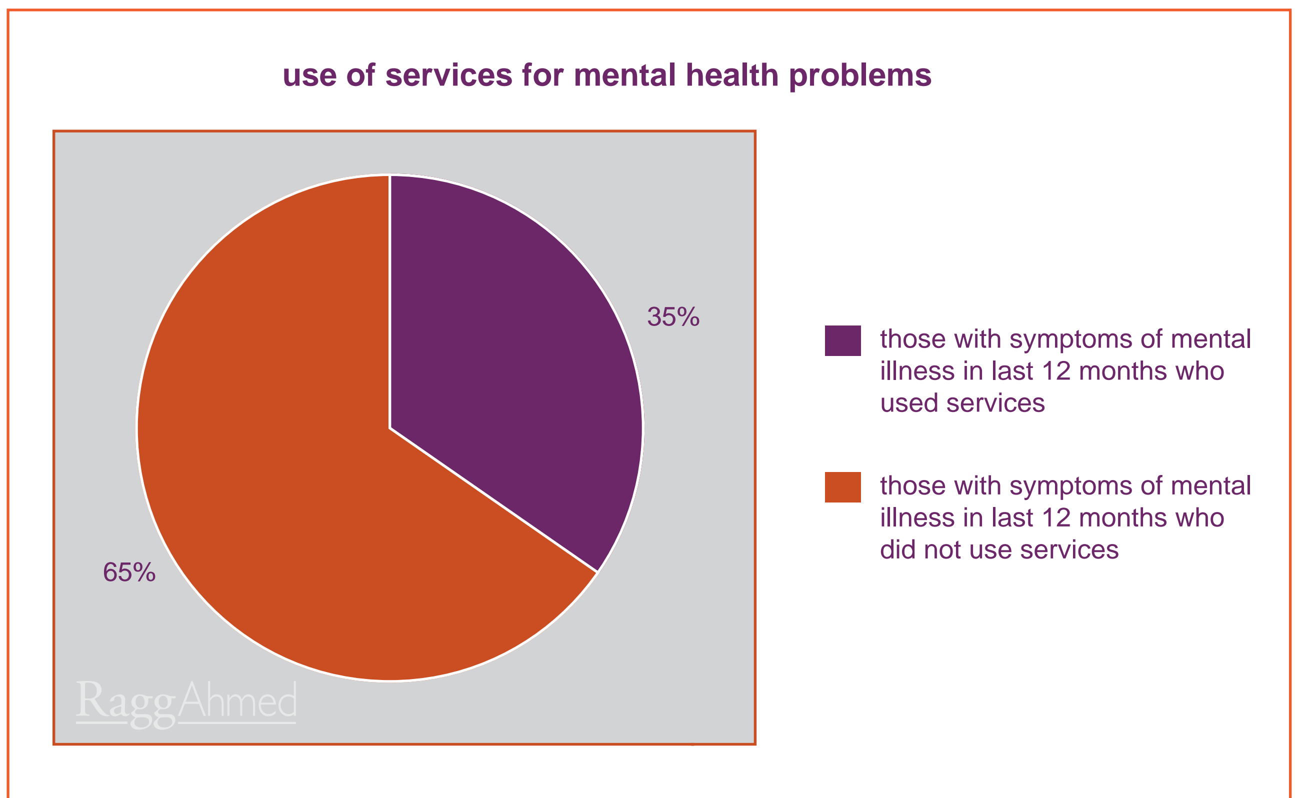
The bad news is that the rates are far too high overall, and in particular in some groups. Men, of course. Especially rural men, and especially middle-aged and older men.

Better mental health services could help reduce this enormous toll, but the relationship between mental illness and suicide is not straightforward. Most people with mental illness do not commit suicide and many people who commit suicide do not have a mental illness.

Improving social connectedness and a sense of community is likely to help, as it could reduce the chances of someone feeling the sense of aloneness and despair common to many who commit suicide.

the care of people with mental illness

mental health care – use



Source: *National Survey of Mental Health and Wellbeing 2008*

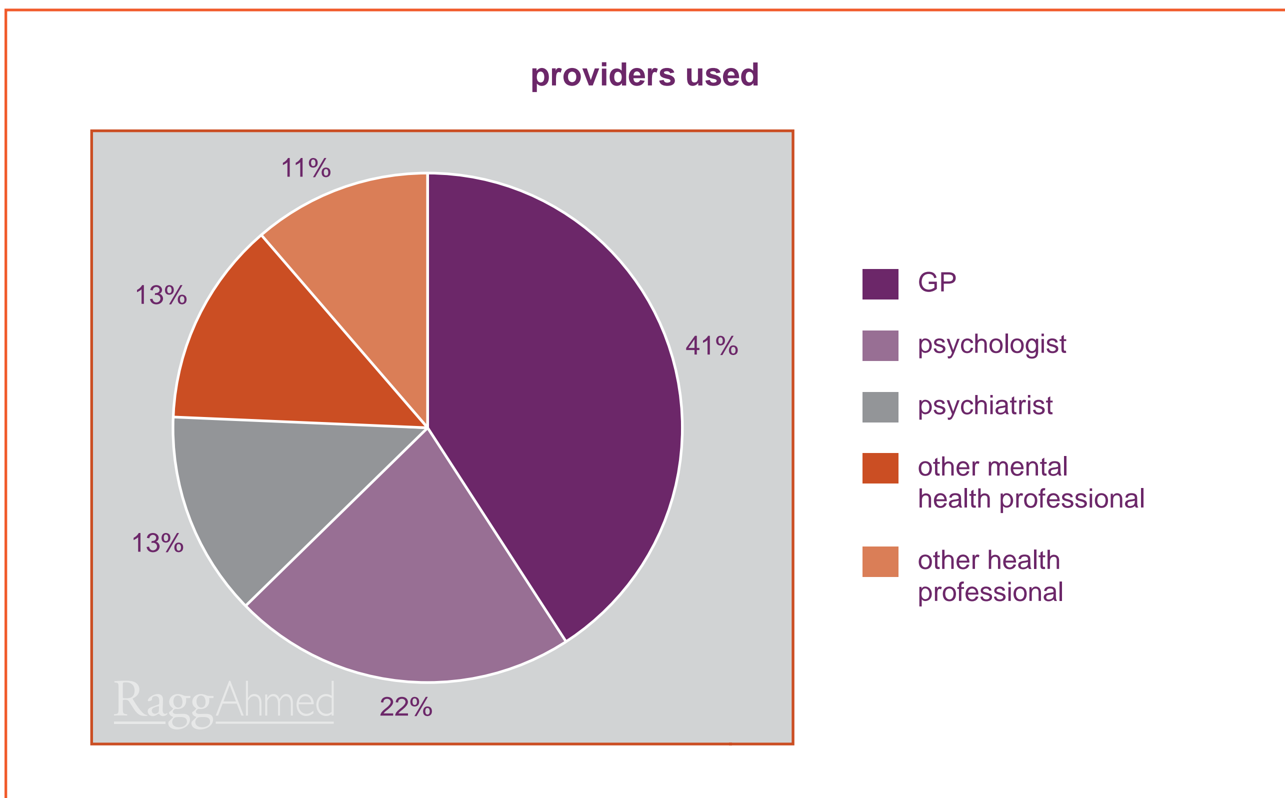
Over a period of a year, only a third of people with symptoms of mental illness get help. Why?

The main reasons include:

- not knowing where to get help
- the cost
- internalising the stigma associated with mental illness, so that people feel too ashamed to ask for help
- health professionals adding to the stigma and shame by not treating people with mental illness in the same way as they treat people with physical illness
- lack of specialist services to fill the gaps in existing services
- lack of the right sort of care from existing services
- not realising there is a problem.

And if you don't get the care you need, if the people there don't quite get you when you go, why would you go back?

provider of services used

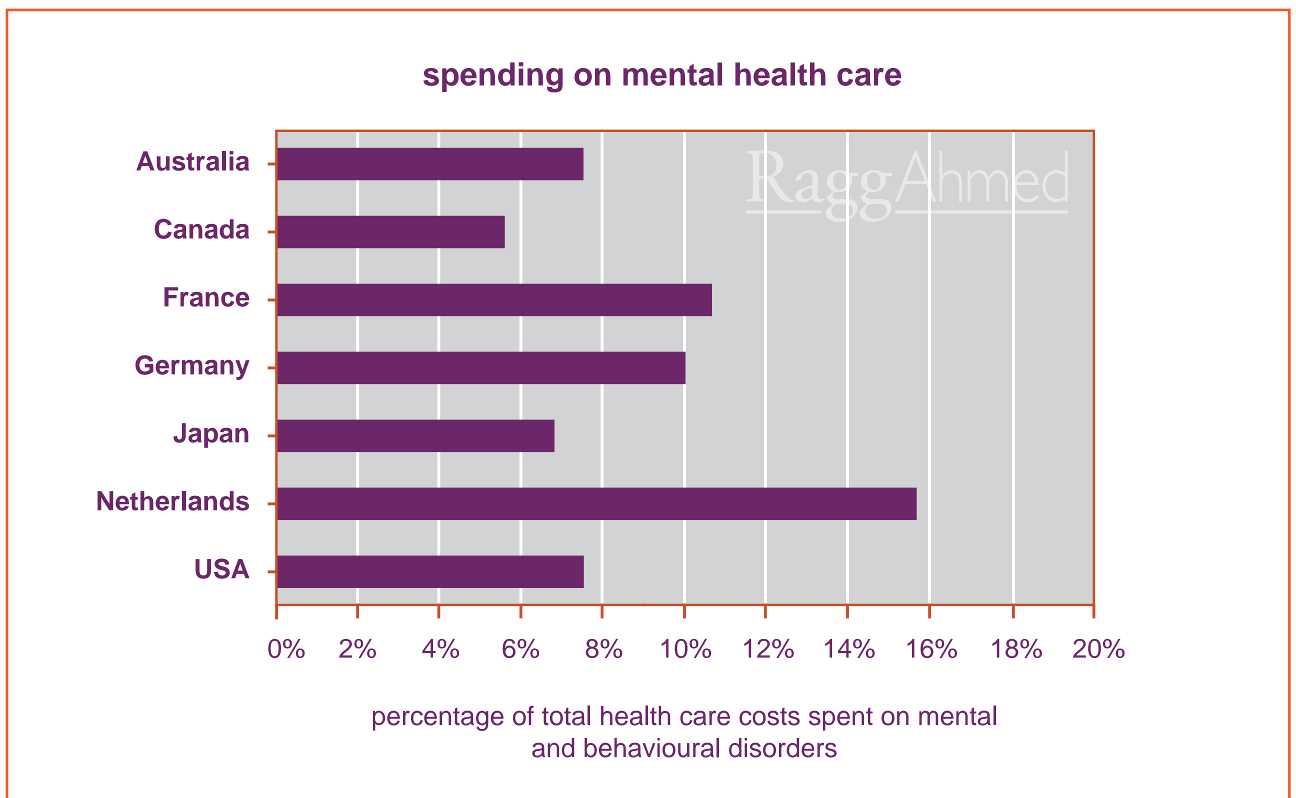


Source: *National Survey of Mental Health and Wellbeing 2008*

In talking about the care of people with mental illness, we tend to think of hospitals and psychiatrists. But if we do, we are mistaken. The health professional most commonly seen by people with mental illness is the general practitioner, followed by psychologists, followed by psychiatrists and others. Most GPs, by the way, allocate 10-15 minutes per appointment for each patient.

You would think psychiatrists would be more popular. There are two big issues. One is that there is a shortage – both public and private sectors could do with more. But another is bulk-billing. There is not a lot of it about.

mental health care – spending



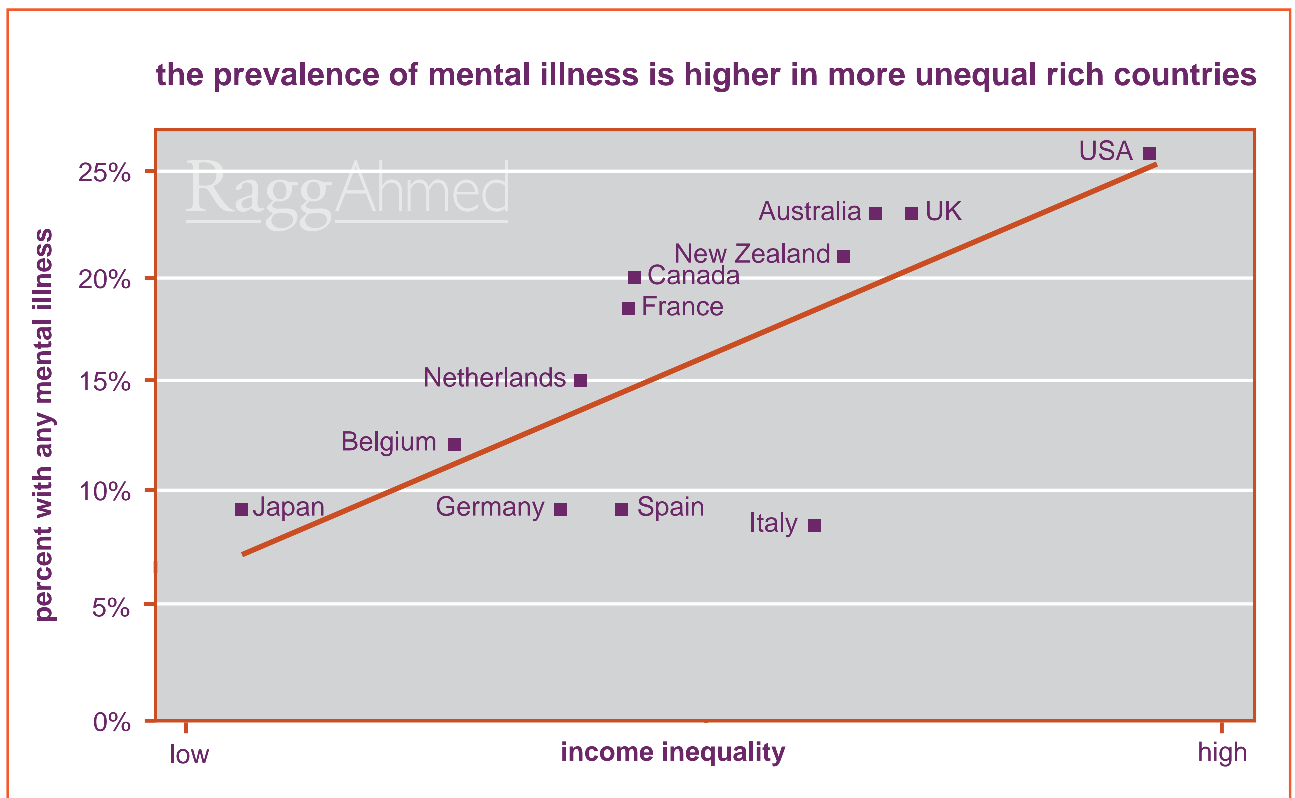
Source: *OECD Policy Brief 2008* (country data from 1999 to 2003) and *National Mental Health Report 2010*

Note: All countries include expenditure on congenital malformations, such as Down's syndrome, except for Australia, France and Germany. Australia also excludes expenditure on dementia and on Alzheimer's disease.

Internationally, Australia is not a big spender on mental health care. We're not the biggest cheapskate, but we have a bit of ground to make up.

Australia fair?

mental illness and equality



Source: *The Spirit Level 2009*

It's well known that a nation's inequality leads to poor health for its citizens. That's why, for example, the US is a very wealthy nation with the health standards of Costa Rica (World Health Organization 2011).

Now there is evidence that inequality has a similar impact on mental health.

Why? It's not certain, but it may tie in with how people feel about themselves. Poverty brings significant issues, but if everybody is poor, then there's some comfort in knowing that others are in the same boat, and it may well bring a sense of community. But if some are rich and others are poor, then it's easy to harbour resentment externally and self-doubt internally. Pressures build, adding to whatever genetic and psychological vulnerabilities already exist.

That may seem too straightforward, and perhaps it is, but there's at least some truth in it.

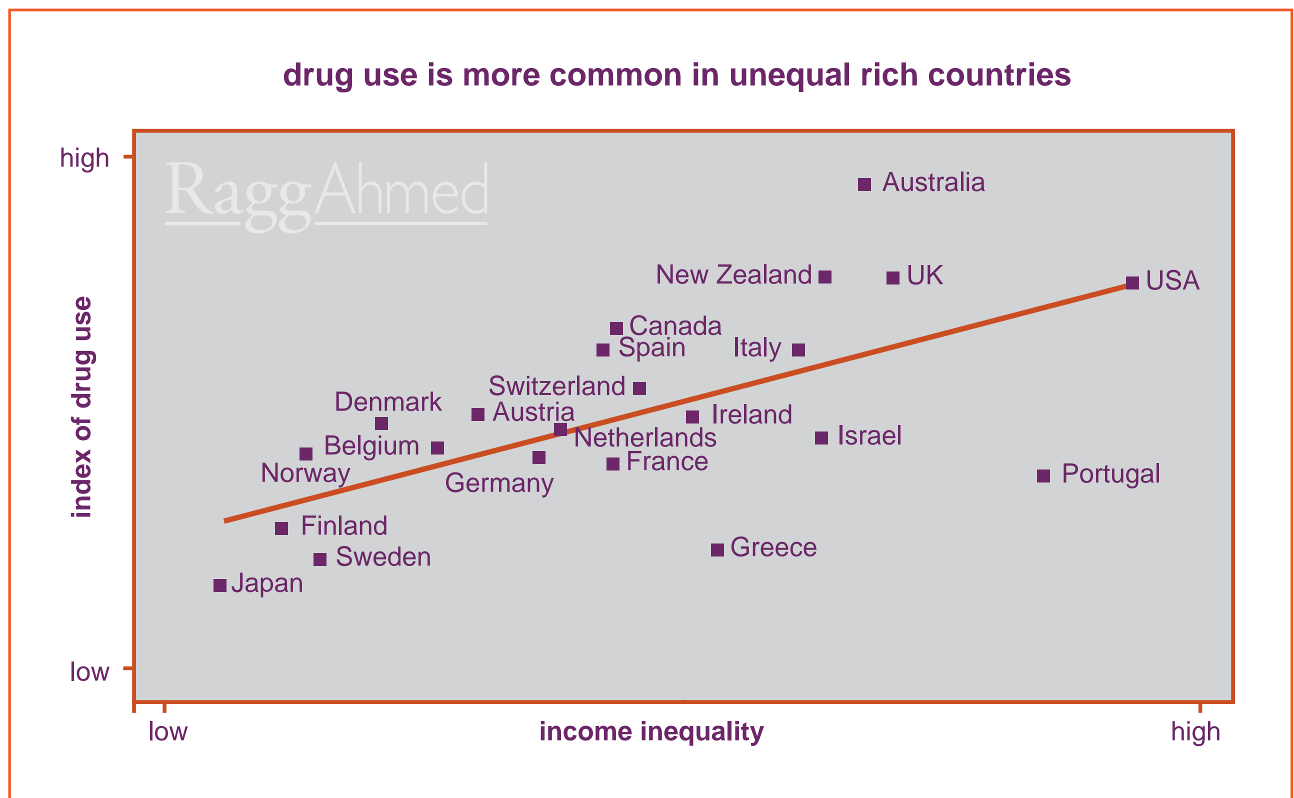
child wellbeing and equality

Source: *The Spirit Level 2009*

The same pattern appears if you look at child wellbeing in wealthy countries.

The more equal the country, the better off are its children.

drug use and equality



Index of use: opiates, cocaine, cannabis, ecstasy, amphetamines.

Source: *The Spirit Level 2009*

Drug use? Much the same.

Note that Australia is floating towards the top of that chart. Not good, is it?

conclusion

conclusion

Mental illnesses can start young, and can have a huge impact. They can strike indiscriminately – nobody deserves them. Our understanding of them is growing, but is still limited.

As a nation, we are paying more attention to people with mental illnesses than we did a generation ago. The stigma surrounding depression is easing, although it is still striking for many other forms of mental illness. A wider range of services exists than in the past. We are trying, sort of.

But still, most people with serious mental illnesses lead lives of quiet, and sometimes awfully noisy, desperation.

What can we do? We could start by making Australia a fairer nation. Reducing disparities in income, wealth and education would almost certainly improve the lives and wellbeing of children, improve mental health and reduce drug and alcohol use.

We could reduce stigma, so that people with mental illness suffer less and are treated better.

We could treat mental illness as seriously as we treat cancer and heart disease, and put greater efforts into prevention.

We could offer better treatments early, especially for those with serious mental illnesses, so that recovery is fuller and faster.

And we could accept that there are always going to be a substantial number of people whose mental illnesses make life very, very tough for them. They need support with housing, support with employment, support with life. It's up to us to provide it.

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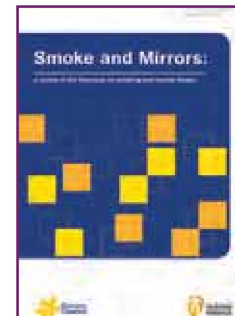
other RaggAhmed projects

Research 2007–2010: Targeted research in depression, anxiety and related disorders

For *beyondblue*, 2010

RaggAhmed provided editorial and design services for this report, which contains information on more than 140 research projects across Australia funded by *beyondblue: the national depression initiative*. Aimed at both mental health professionals and consumers, the book is notable for its clear easy-to-read language and user-friendly layout.

Smoke and Mirrors: a review of the literature on smoking and mental illness



For Cancer Council NSW, 2008

RaggAhmed carried out this review on the vexed issue of smoking and mental illness for the Cancer Council NSW. We reviewed 9,000 papers and concluded that there were many myths surrounding the issue, and that these false beliefs led to a poor quality of care for people with mental illness who smoke. Written in plain English, the report has been distributed to a wide range of people working in the tobacco control and/or mental health sectors. The report has contributed to the shift in policy, attitudes and practice surrounding people with mental illness who smoke.

about the authors

Dr Tanya Ahmed *MBBS MPH&TM Grad Dip Hlth Serv Man*

Tanya is a medical practitioner with a special interest in cross-cultural issues and mental health among disadvantaged groups.

She has extensive clinical experience in hospital, general practice and community settings, including work with migrants, refugees and Indigenous peoples. She has worked in drug and alcohol medicine, in travel medicine and as a volunteer in East Timor.

Tanya has taught communication skills, public health, clinical epidemiology and clinical ethics at Flinders and Sydney universities. She has worked in management at the Queen Elizabeth Hospital in Adelaide, and sat on the Council for Early Postgraduate Training in South Australia. She has carried out research with the Cochrane Centre and the Repatriation Medical Authority, and received an NHMRC grant for a project on women's health. She has been an actor on ABC radio and a reporter on ABC TV.

Tanya is now training in psychiatry, and strives to have people with mental illness seen as people, not just a diagnosis.

Rebecca Gordon *MIPH BA*

Rebecca is RaggAhmed's consultancy services manager. After studying art history, Rebecca completed a Master of International Public Health at the University of Sydney. She has worked with the Royal Australasian College of Physicians, AUSTCARE and NSW Health's Centre for Aboriginal Health, and has also been assistant editor of the WHO's website in Geneva. Prior to joining RaggAhmed, Rebecca worked with the Government of Catalonia in Spain across a number of European Commission-funded projects.

She has expertise in mental health and a strong background in research and analysis. Her passion lies with reducing the stigma associated with mental illness.

Dr Mark Ragg *MBBS BA*

Mark trained as a medical practitioner, but has worked as a professional writer and editor for 20 years. He has been a reporter and health editor at *The Australian*, a contributor to *The Bulletin* and a senior writer and editorial writer at the *Sydney Morning Herald*.

He has worked in a variety of NSW public hospital emergency departments, as a volunteer doctor in East Timor and has sat on the NSW Mental Health Tribunal.

Mark has written 15 books, including texts he co-authored for the NHMRC on communicating with the public, and a novel *The Dickinson Papers*.

He is an adjunct senior lecturer in the Sydney School of Public Health, University of Sydney. He combines a passion for equity with a love of language.

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