HEALTH PRIORITY: MENTAL HEALTH





WHY IS THIS A HEALTH PRIORITY?

Mental ill health is a major health concern for Australians with almost half of the population either directly or indirectly experiencing the impact of mental illness.

Over 75,000 people in the ACT experience mental illness in any 12 month period

(ACT PHN, 2018). The National Mental Health Commission review of mental health services found that there was duplication of services and that services were fragmented and difficult to navigate. The review also found that services were not well targeted or tailored to local needs. PHNs play a key role in working with the community to provide mental health programs and services to address areas of identified need.

WHAT ISSUES HAVE WE IDENTIFIED?

Mental health is an area of changing service patterns and continuing and new challenges. Through consultation with stakeholders and community members the following issues have been identified as key challenges in the ACT.



Barriers to accessing early intervention services.

Poor physical health in those with severe mental illness.



The need for increased awareness of the stepped care model available in the ACT,

allowing increased access to well-informed mental health providers.



A range of service delivery gaps for people who are not accessing the NDIS.



The need for increased access to culturally-appropriate mental health services for LGBTIQ persons, refugees, CALD populations and other diverse groups.



Low awareness and subsequent uptake of existing suicide prevention services in the ACT.



Lack of peer participation and consumer involvement in the design of services in the ACT.



Increasing rates of mental ill health in children and adolescents in the ACT.



Access to psychology services for children and adolescents.



Identification of children in their middle years in primary health care.

WHAT HAS THE DATA TOLD US?



People who experience severe mental ill health have poor physical health outcomes (Phelan, Stradins, & Morrison, 2001).



Vulnerable groups experience higher rates of mental ill health (Steel, Silove, Phan, & Bauman, 2002).



The prevalence of mental health disorders in Australian young people and their use of services for these problems has significantly increased between 1998 and 2013-14 (ACT PHN, 2018).



Adolescents are almost three times more likely to experience a severe mental health disorder compared with 4-11 year olds (ACT PHN, 2018).



There has been an increase in the number of children (0-12 years) referred to early intervention programs in the ACT (ACT PHN, 2018).



ACT has the highest dispensing rate of antidepressants in Australia, for adolescents up to 17 years (ACT PHN, 2018).



Access to mental health services is one of the biggest issues faced by children and youth in

the ACT, in particular vulnerable children such as those in out-of-home-care and child protection (ACT PHN, 2018).

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TARGET OUTCOMES

To improve access to early intervention.







Consumers and primary health care professionals **are further supported** to understand appropriate assessment, management and service options for mental health concerns.



Improve access to psychosocial support services for people who are not accessing the NDIS.



Improve access to appropriate and responsive mental health services for people from diversity groups.



When planning and commissioning services, include people with lived experience through peer-led services.

References

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WHAT HAVE STAKEHOLDERS TOLD US?



Focus on appropriate, evidence based early intervention and prevention based services for those suffering from ill mental health.



There is need for an **increase in mental health promotion activities for the community** as well the role GPs can play in promoting online mental health resources to all patients who present with mental health concerns.



Mental health consumers often struggle to access appropriate services early in illness and episode due to eligibility criteria.



There is a lack of resources and capability to support families, carers and peers to access early intervention services.



It is important to address anxiety and depression symptoms before high school for the 8-12 year old cohort.



There is a need for mental health screening for people with chronic conditions and disabilities, as 49% of people with disabilities have a mental health condition.



The need for better primary mental health care services,

following a stepped care model with low intensity through to high intensity services.



There is need for better integration between primary mental health care services and tertiary services and stepping up and down between these, and for these services to have a holistic whole of person focus.



There is uncertainty in regards to future system capacity to support those who are eligible for Psychosocial Disability Packages of care through the NDIS and for those who are not.



There is a perceived lack of support and primary mental health care services for suicide prevention in the ACT



Lack of peer participation in primary mental health in all phases of <u>commissioning</u>.