

# **ALL TOGETHER BETTER**

## Collaborative Mental Health Care in a Changing World

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# Overview

01 Australia's mental health system

02 Mental health workforce

03 Better Access evaluation

04 National Agreement

05 Where to next



# Mental health in Australia

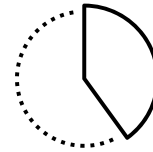
- Australia's mental health system is complex, with responsibility shared between the states and territories and the Commonwealth.
- Data from ABS surveys and other studies show high levels of psychological distress and experience of mental-ill health.
- Particular concern about young people and vulnerable groups such as LGBTQIA+, First Nations, rural and remote communities.
- Levels of distress and difficulty accessing treatment and support were exacerbated during COVID-19.

# National Study of Mental Health and Wellbeing

Release of prevalence results  
from 2020-21



1 in 5 Australians having experienced a mental disorder in the previous 12 months.



40% of young people (16-24 years) have experienced a mental disorder in the previous 12 months.



Females across all age groups reported higher prevalence rates.



54% of people who identified as LGBTQIA+ experienced a mental disorder in 2020–21.



# Mental Health Workforce

Mental health reform is contingent on an effective mental health workforce

Challenges:

- Workforce shortages
- Maldistribution of workforce
- Retention and burnout issues
- An overarching increasing demand for services

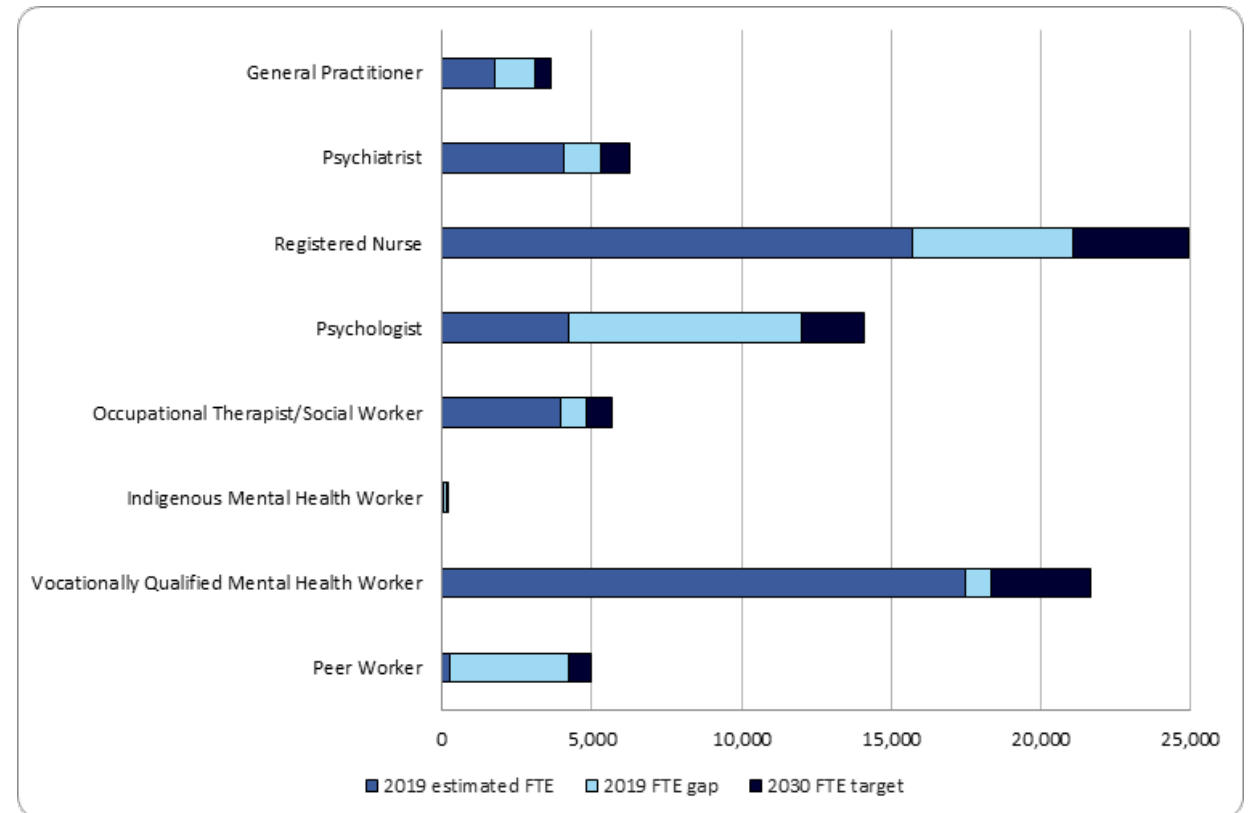
We need to strengthen and optimise the existing workforce, while building a larger workforce for the future

Governments have agreed to a National Mental Health Workforce Strategy. This is expected to be published in the first quarter of 2023.

# The current state of play

- There are workforce shortages across all mental health professions, which is expected to grow if current shortages are not addressed.
- A majority of healthcare workers experienced anxiety or depressive symptoms, or burnout during the COVID-19 pandemic in Australia.
- Many experienced disruptions to family life, altered social relationships and financial worries.
- Since May 2020 to January 2023, the number of health professionals accessing TEN reached 87,051.

Mental health workforce gaps by profession



Source: University of Queensland, Analysis of national mental health workforce demand and supply (unpublished)

# Evaluation of Better Access

- The Better Access initiative was introduced in 2006 to increase access to mental health care.
- In 2021, 1 in every 10 Australians received at least one Better Access service and 1 in 20 received at least one session of psychological treatment
- Several recent inquiries have looked at how we can improve the mental health system, including the Productivity Commission Inquiry into Mental Health
- Building on previous reviews, the University of Melbourne conducted an independent evaluation of the program, with their report published on 8 December 2022.





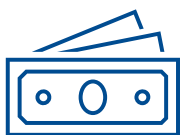
People receiving Better Access treatment experience positive outcomes.



People in regional, rural and remote areas, and those from low socio-economic backgrounds are missing out the most.



For those with severe and complex needs, Better Access should be supplemented by other multidisciplinary models.



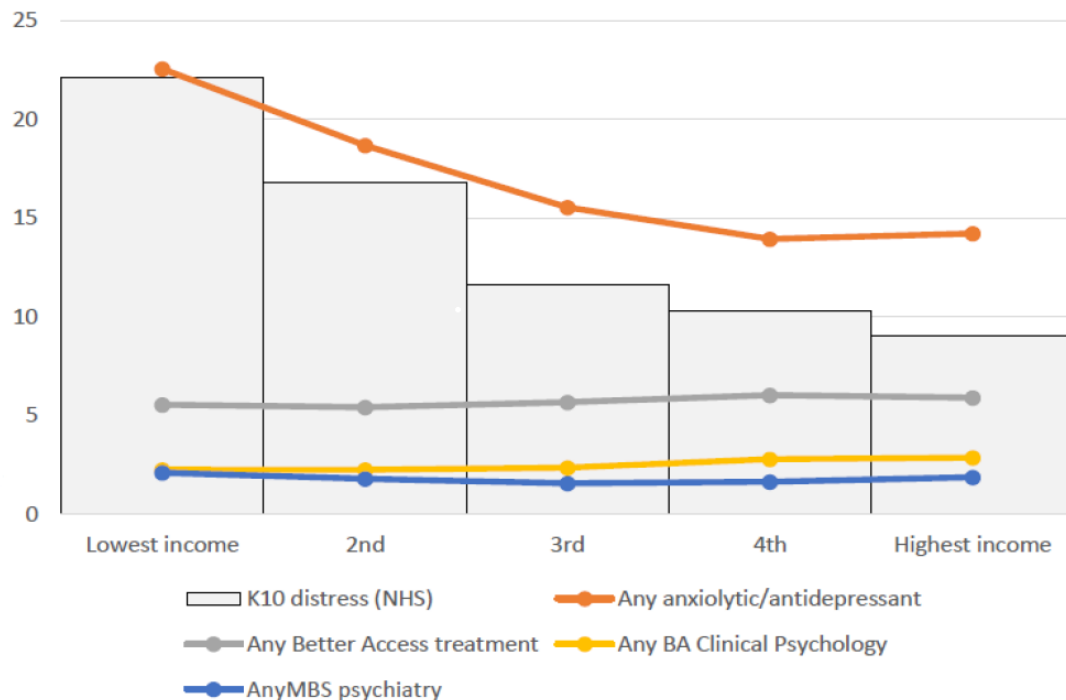
A number of equity issues were identified around affordability, access and wait times

# Better Access Evaluation: Findings & Recommendations



# Addressing affordability and equity

Better Access treatment by household income (2018)



- By far, the greatest barrier to accessing Better Access is cost.
- The median out-of-pocket cost has risen from \$74 in 2018 to \$90 in the first half of 2022.
- Services are not always going to those with the greatest need: people on low incomes who experience higher rates of distress are more likely to be prescribed antidepressants but less likely to use Better Access

# The National Agreement

- The National Mental Health and Suicide Prevention Agreement was finalised in **March 2022**, and has been signed by all jurisdictions including the Commonwealth.
- Responds to:
  - The Productivity Commission's Inquiry Report into Mental Health
  - The National Suicide Prevention Adviser
- Reform will take time and an ongoing commitment from governments, upskilling of workforces and changes in community culture.



# Expected outcomes

Collection, sharing and reporting of data across government	Articulation of Commonwealth and State and territory <b>roles and responsibilities.</b>
Strengthened evaluation culture with the <b>National Evaluation Framework</b>	Trial <b>new models of care</b> i.e. Distress Intervention Trial, Head to Health Kids
Joint responsibility for <b>Gaps in the System of Care</b> (Head to Health, Postvention & Aftercare)	Better understand demand and unmet need for <b>psychosocial supports</b> outside of the NDIS
<b>National Guidelines</b> on Regional Planning & Commissioning	A <b>nationally consistent Initial Assessment and Referral</b>
Growing/training mental health and <b>suicide prevention workforces</b>	<b>Whole of Government approach</b> to prevention, early intervention and recovery in mental health

# New models of care

Head to Health Kids  
(0 – 12 years)

Expanded Headspace  
(12 – 25 years)

Head to Health Adults  
(25+ years)

- Mental health and wellbeing service (mild-mod).
- Multidisciplinary teams.
- Broader coverage and consideration of individual, family.
- Holistic approach to care (social, physical and emotional needs).
- Not defined by diagnosis, eligibility.

# HEAD TO HEALTH

- There are 9 adult Head to Health centres and two satellites operating nationally.
- The 2021-22 Budget announced funding for establishment and ongoing operation of 18 new centres and up to 35 satellites over five years (from 2021-22).
- Centres provide access to mental health information, services and supports, without needing a prior appointment or paying a fee.



# Head to Health Kids Hubs

- National network of Head to Health Kids Hubs for children aged 0 – 12 years and their families.
- Will deliver a range of specialist medical and allied health services, including for behavioural and developmental concerns.
- Kids Hubs integrate with existing mental health services to make a complex system more accessible.
- Kids Hubs are designed to operate as a secondary level service and will not require a formal referral or a diagnosis to be eligible.



# headspace

- headspace is the most expansive national mental health program.
- There are currently 153 operational headspace services, 83 of which are located in rural and regional Australia.
- The enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people (12 – 25 years old).



# Other models of care

- NHS Talking Therapies, for anxiety and depression (UK)

Formerly known as Improving Access to Psychological Therapies, IAPT. Talking Therapies was developed to improve the delivery of, and access to psychological therapies for depression and anxiety disorders. All talking therapies involve the patient and therapist, or practitioner, working as a team to understand problems, overcome current difficulties and achieve identified goals.

- Tōku Oranga / Access and Choice (NZ)

Mental health practitioners are placed within existing general practices making it faster and easier to access care. There is a strong focus on culturally and socially appropriate service settings and delivery. Health Improvement Practitioners offer short appointments to help manage stress, thoughts, feelings and behaviours.

- NewAccess – mental health coaching (AUS)

Developed by Beyond Blue and delivered by mental health service providers, NewAccess is a guided 6-session self-help program to help individuals to manage everyday life stresses such as work, study, relationships, finances, health or loneliness.



# Future directions



Better Access is now being evaluated and a response to the evaluation is being considered within the broader context of the mental health system.

Need to look across private and public, state/territory and Commonwealth, MBS and other funding models.

Service models incorporating multidisciplinary team approaches to patient care.

Potential to broaden the range of placements to balance acute with other settings such as private, primary care, headspace.

Reform will take time and an ongoing commitment from governments, as well as professional Colleges and industrial bodies.