

And what of, and where to, for mental health?



Economics Society
of Australia
Tasmanian Branch
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Public Health and Primary Care

Allan Fels AO

National Press Club Address, 5 August 2015

“As an economist, I want to emphasise that mental health is a significant problem for our economy – as significant as, often more significant than, tax or microeconomic reform.”

<http://www.mentalhealthcommission.gov.au/media-centre/news/national-press-club-address.aspx>

Mental health, some basics

Mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic factors at all levels.

Australian Health Ministers, 2009. 'Fourth National Mental Health Plan – an agenda for collaborative government action in mental health 2009-2014

<<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc>>

National Survey of Mental Health and Wellbeing 2007

1 in 5 adult Australians have a mental illness in any given year

1 in 7 Australian children have a mental condition in any given year

Almost 1 in 2 affected through their lifetime

Less than ½ access TX

(ABS 2008)

Mental disorders increase risk for:

- communicable and non-communicable diseases,
- contribute to unintentional and intentional injury.

Many (physical) health conditions increase the risk for:

- mental disorder, particularly depression.

Prince et al (2007) *Lancet*

**No Health without
Mental Health**

Profound physical health inequalities

- Mortality rate for people with mental illness 2.5x higher than the general population
 - Heart disease (16% of excess deaths)
 - Suicide (8% of excess deaths) (Lawrence 2001)
- Shortened life expectancy:
 - 15.9 years - males, 12.0 years - females (Lawrence, Hancock, Kisely 2013)
 - $\frac{3}{4}$ due to physical health conditions
 - 13-30 years in serious mental illness (SMI) (De Hert et al 2011)
 - 60% due to physical health conditions

Figure 1. Typical age ranges for presentation of selected disorders*

Disorder	Age (years)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Attachment																		
Pervasive developmental disorders																		
Disruptive behaviour																		
Mood/anxiety disorder																		
Substance abuse																		
Adult type psychosis																		

**Note that these ages of onset and termination have wide variations, and are significantly influenced by exposure to risk factors and difficult circumstances.*

Evidence of early antecedents of adult mental disorders in childhood is now conclusive: mood disorders such as depressive episodes and bipolar affective disorder (formerly called manic depression), and psychotic disorders such as schizophrenia

Table 2. Selected risk and protective factors for mental health of children and adolescents

Domain	Risk factors	Protective factors
Biological	Exposure to toxins (e.g. tobacco and alcohol) in pregnancy Genetic tendency to psychiatric disorder Head trauma Hypoxia at birth and other birth complications HIV infection Malnutrition Other illnesses	Age-appropriate physical development Good physical health Good intellectual functioning
Psychological	Learning disorders Maladaptive personality traits Sexual, physical and emotional abuse and neglect Difficult temperament	Ability to learn from experiences Good self-esteem High level of problem-solving ability Social skills

Social

a) Family	Inconsistent care-giving Family conflict Poor family discipline Poor family management Death of a family member	Family attachment Opportunities for positive involvement in family Rewards for involvement in family
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b) School

c) Community

Child Mental Health in the context of Tasmania – Conception to Community (C2C)

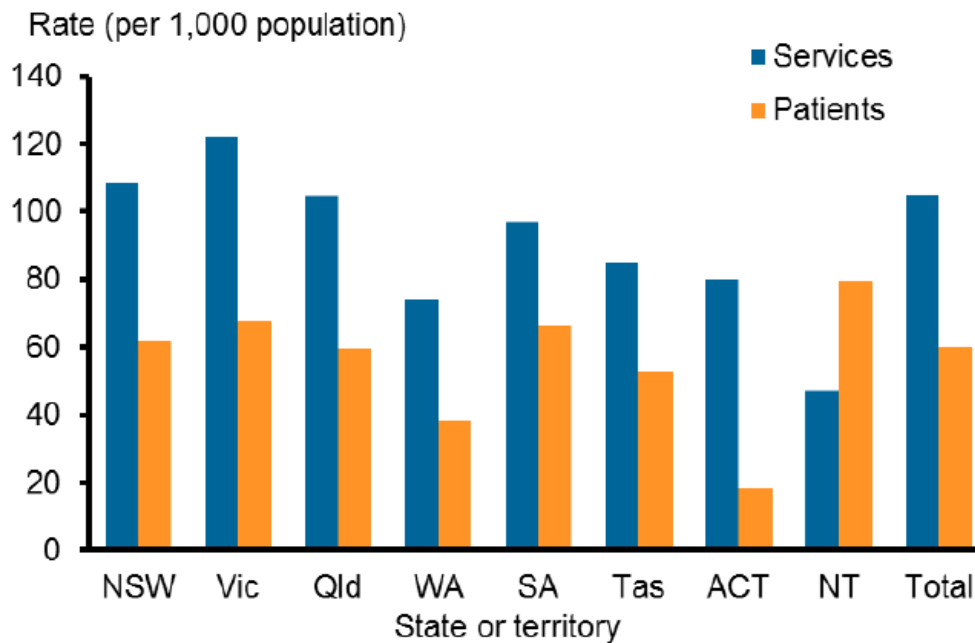
- Outcomes for babies born to teenage mothers are poorer than for older mothers, including an increased likelihood for:
 - behavioural problems
 - to live in social and economic disadvantage(Bricker et al 2004).
- Teenage pregnancy second highest rate in Australia 32.7/1000 in 2009 (Stanley 2005);
 - highest rates occur in disadvantaged areas
- Socio-economic factors the major determinant of health and mental health outcomes in this country
(National Scientific Council on the Developing Child 2008).
- Tasmanian children in general experience the highest levels of socio-economic disadvantage of children in any state in Australia
(Standley 2005, Sroufe 2005),

What of the mental health of Tasmanians?

- Numbers aren't clear cut
- NSMHWB wasn't designed to enable assessment for small states
- We can look at:
 - risk factors;
 - service utilisation;
 - expenditure.

Medicare-subsidised mental health-related services

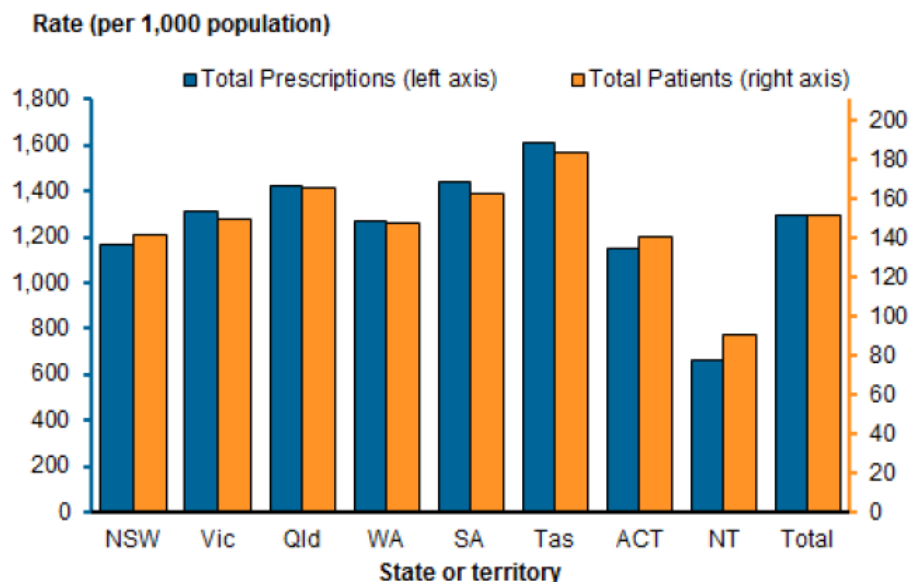
Figure GP.1: Medicare-subsidised mental health-related GP service and patient rates, states and territories, 2012–13



Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.10 (190KB XLS).

Mental health-related prescriptions

Figure PBS.1: Mental health-related prescriptions (subsidised and under co-payment) and patients (recipients of subsidised and under co-payment), by states and territories, 2012–13



Note: A substantial proportion of the Australian Government subsidy of pharmaceuticals in the Northern Territory is funded through the Aboriginal Health Service program, which is supplied through the Aboriginal Health Services and not through the PBS payment system. Figures presented for the Northern Territory represent an underestimate.

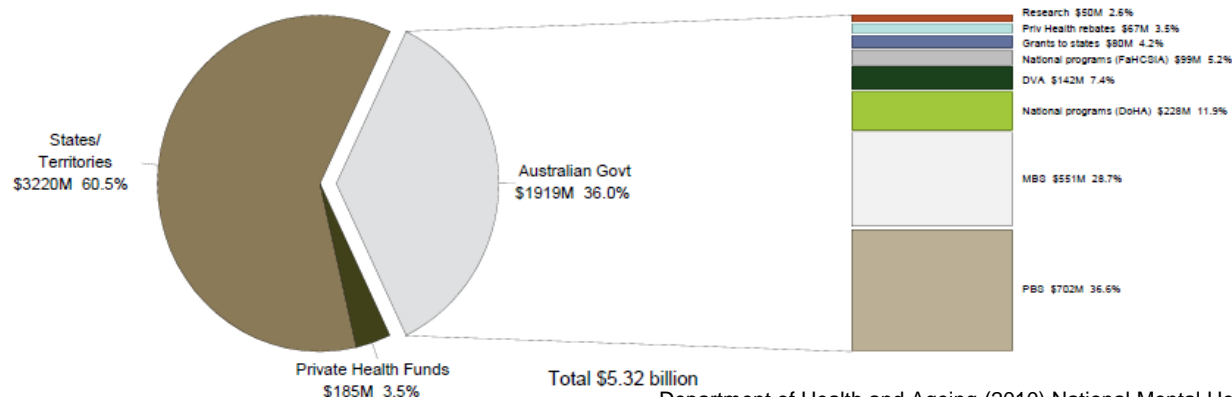
Sources: Pharmaceutical Benefits Scheme, Repatriation Pharmaceutical Benefits Scheme and under co-payment data (Department of Health). Source data mental health-related prescriptions Table PBS.3 & Table PBS.7 (245KB XLS).

MBS & PBS a small part of the picture

- Total expenditure on mental health-related services in 2012-13 >\$7.6 billion
- benefits for MBS mental health-related services \$906 million (11.9%) (4.9% of all subsidies)
- scripts subsidised under PBS/RPBS \$788 million (10.4%) – (8.3% of all subsidies)
- \$4.6 billion (60.5%) state & territory public specialised mental health services (PSMHS)
- \$2 billion public hospital MHS
- \$1.8 billion community MHS

Australian Institute of Health and Welfare. Mental health services in Australia. Expenditure on mental health services 2012-13. <https://mhsa.aihw.gov.au/resources/expenditure/>

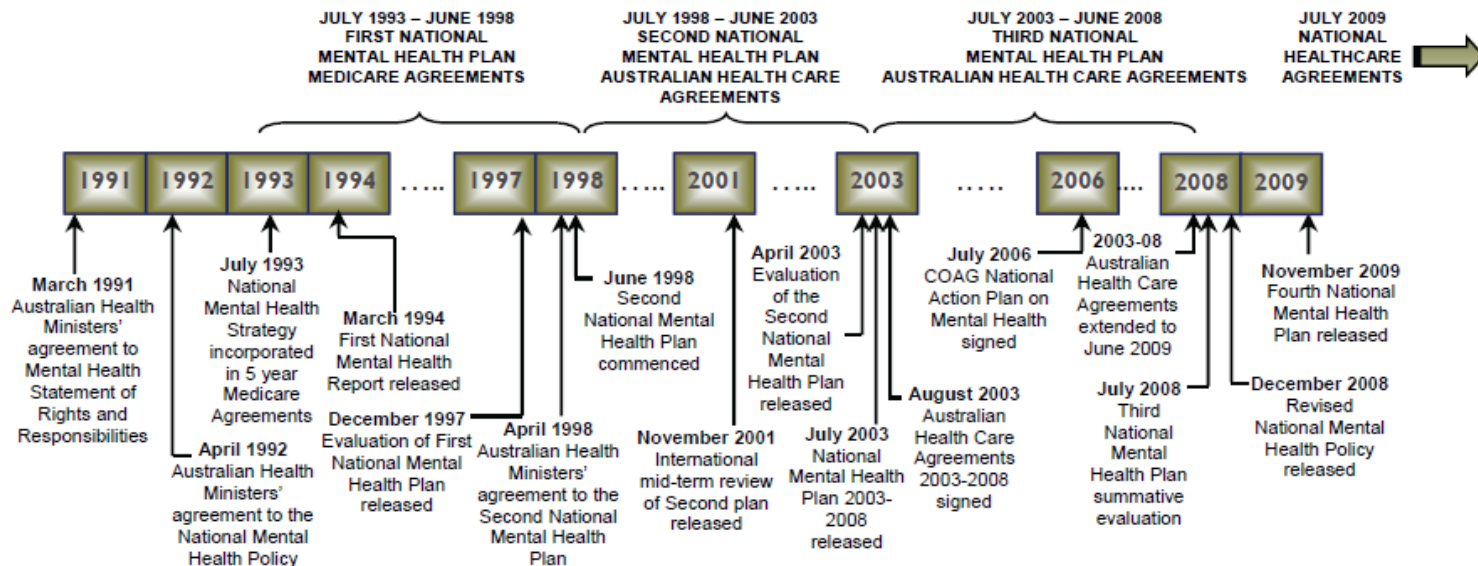
Figure 6: Distribution of recurrent spending on mental health, 2007-08



Department of Health and Ageing (2010) National Mental Health Report 2010: Summary of 15 Years of reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2008. Commonwealth of Australia, Canberra.

A shift in policy...

Figure 2: Milestones in the development of the National Mental Health Strategy



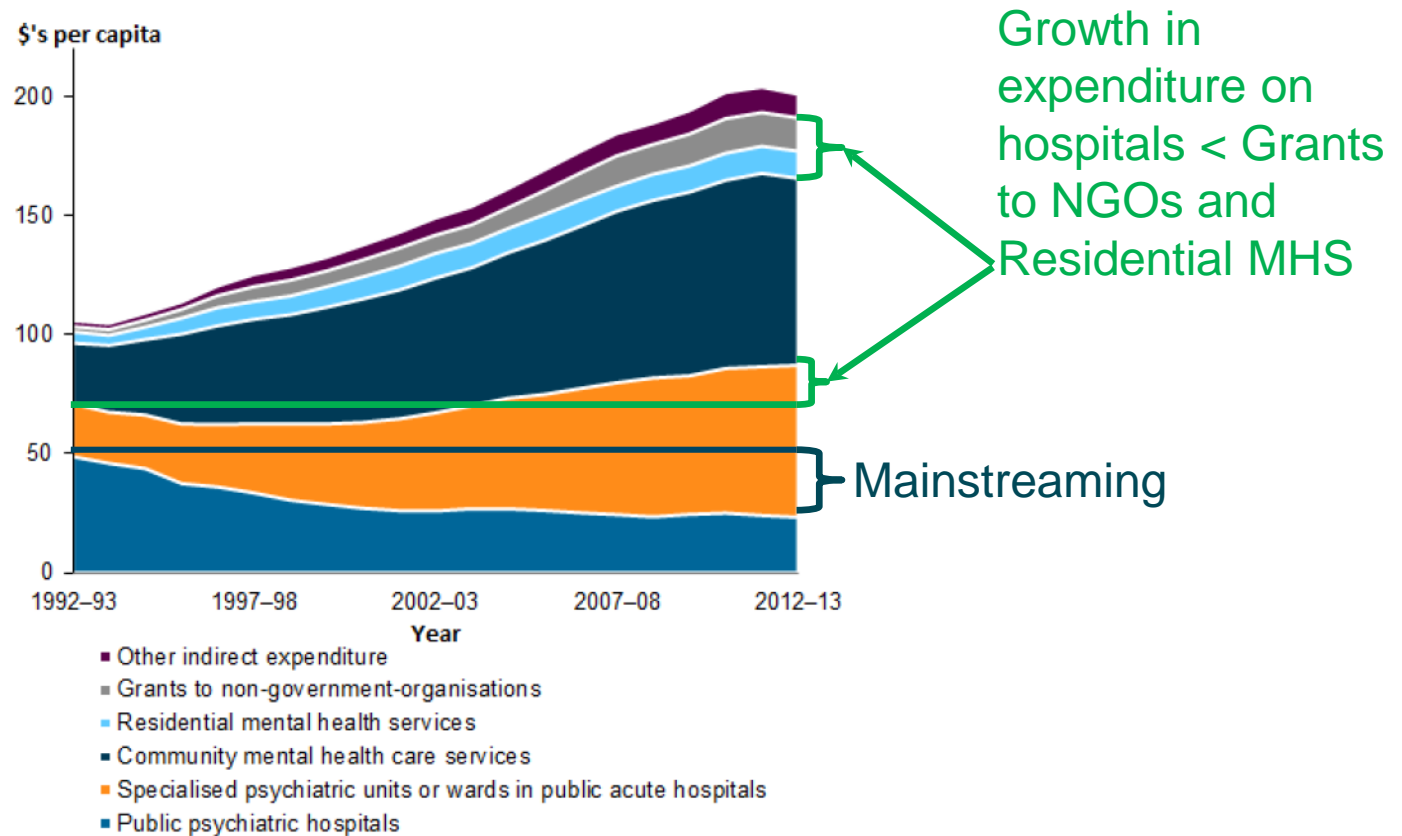
Mainstreaming of acute care and expansion of community care for SMI



Whole-of-government
Whole-of-community
'wrap-around care'

Department of Health and Ageing (2010) National Mental Health Report 2010: Summary of 15 Years of reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2008. Commonwealth of Australia, Canberra.

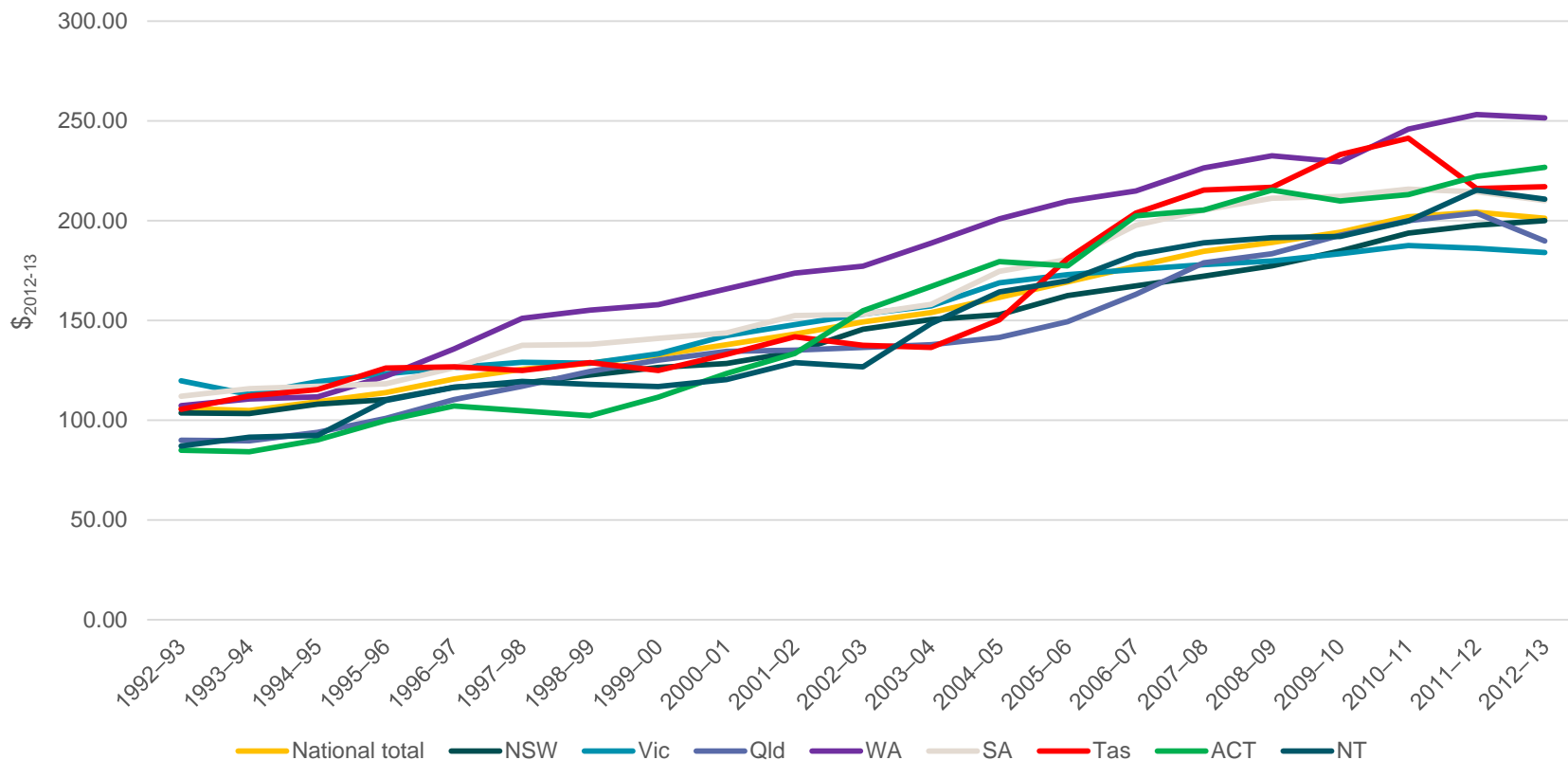
A shift in expenditure



Source: National Mental Health Establishments Database. Source data Expenditure on mental health services Table EXP.4 (3.09MB XLS).

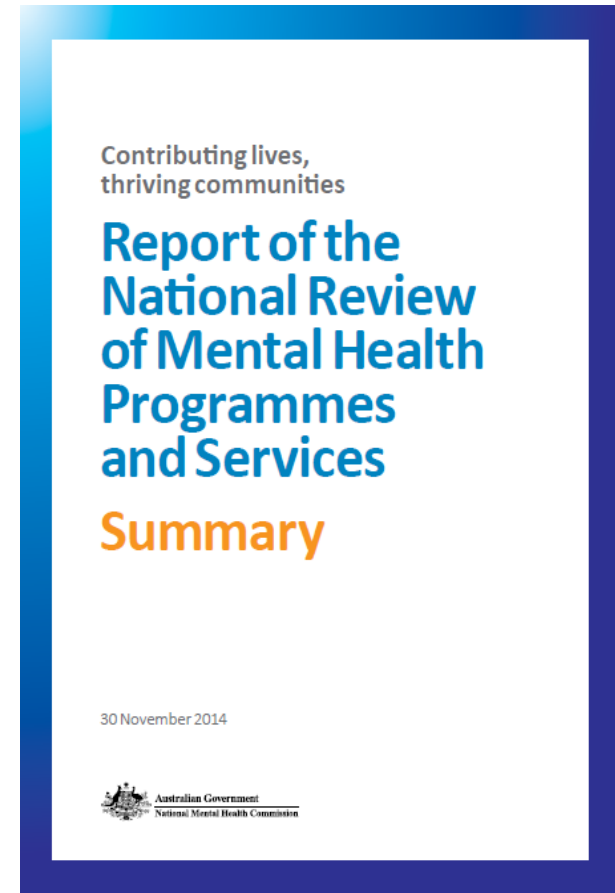
Australian Institute of Health and Welfare. Mental health services in Australia. Expenditure on mental health services 2012-13. <https://mhsa.aihw.gov.au/resources/expenditure/>

Recurrent expenditure (\$) per capita on state and territory specialised mental health services, 2012-13 constant prices, states and territories, 1992-93 to 2012-13



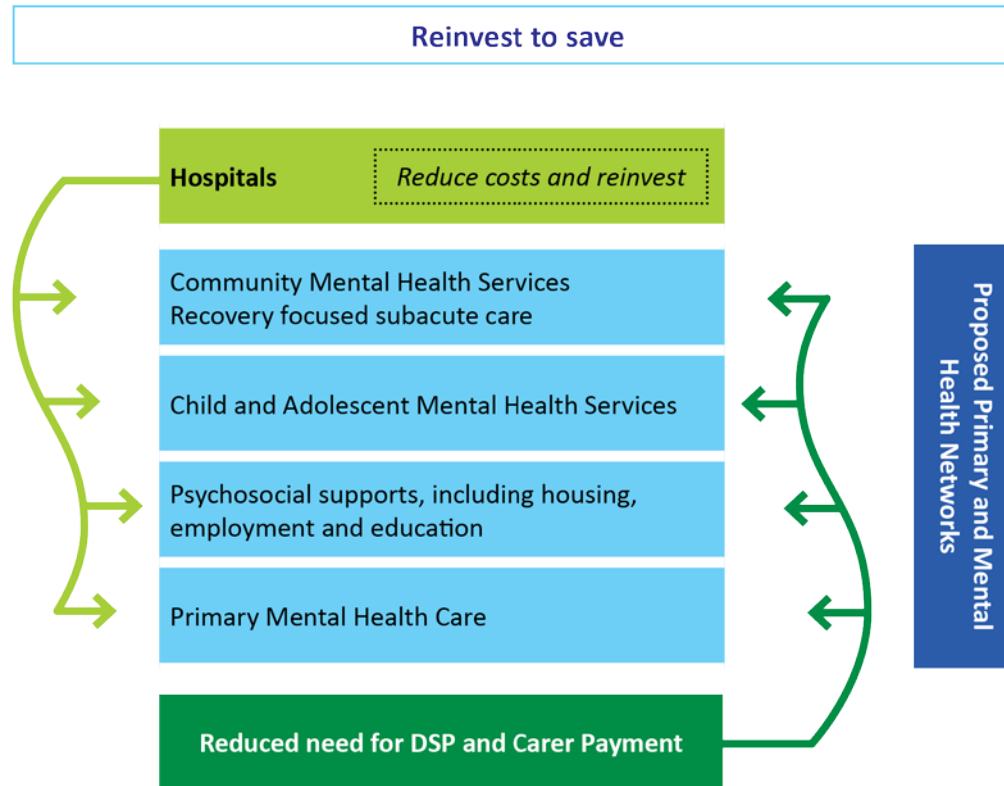
Source: AIHW. Expenditure on mental health services
<https://mhsa.aihw.gov.au/resources/expenditure/>

Tasmania's Health System: healthy or headache?



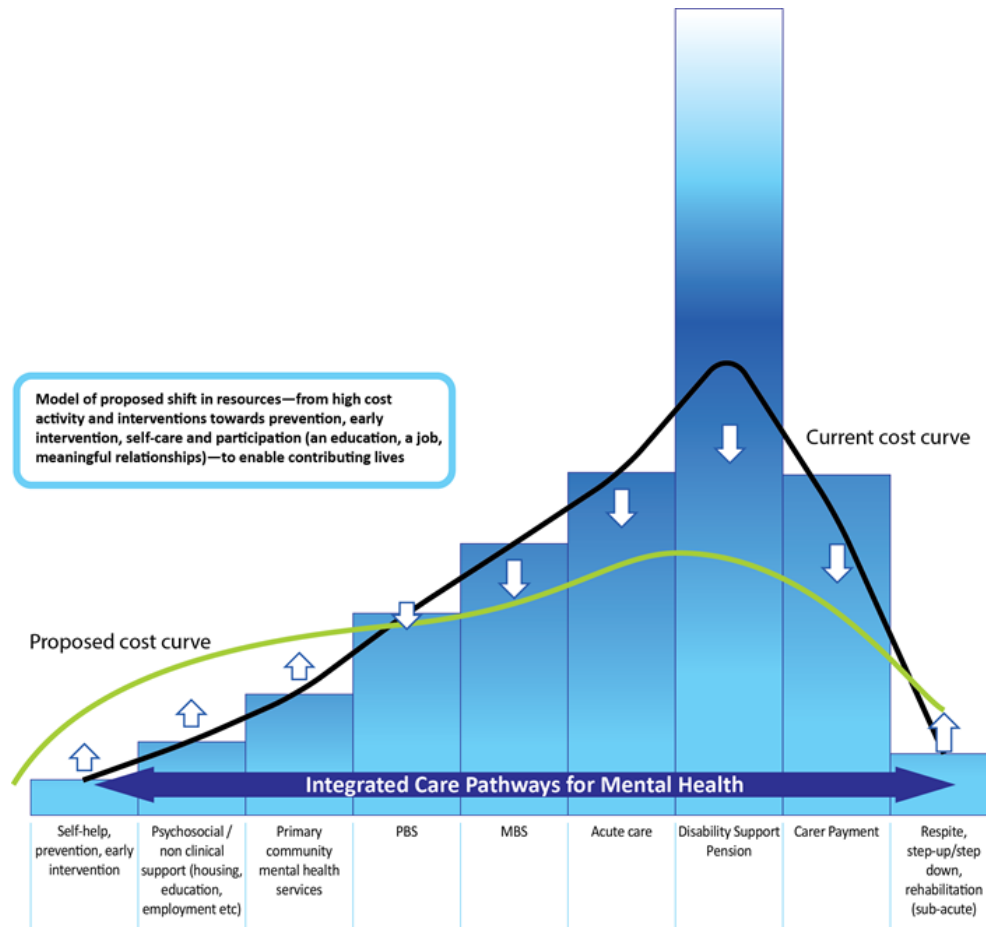
Reinvesting to save through regional integrators

NMHC - Review of Mental Health Programmes and Services



Model of proposed shift in resources

NMHC - Review of Mental Health Programmes and Services



Neil et al (2014)

“It is evident, given the primary of productivity losses within the costs of psychosis that improvements in employment will be necessary to achieve significant cost reductions in the future.”

Costs of Psychosis

Psychotic illness comprises a heterogeneous group of disorders in which an individual's understanding and experience of reality is distorted, reflected in disturbances in the formation and content of their thoughts.



Objectives

Using patient level data from 2010 Australian national survey of psychosis:

- Estimate the annual costs of psychosis in Australia in 2010 to government and society
- Assess whether average costs per person differ by principal service provider/recency of care
 - public specialised mental health services (PSMHS*) in the census month (current clients);
 - PSMHS in the 11 months preceding census (recent clients); and
 - NGOs during the census month (current clients)

Census and interview statistics

Census month: March 2010

Interview period: April - December 2010

- Catchment site population
 - Area (7 sites in 5 states) 62,000 km²
 - Australian population aged 18-64 years 1.5 million
(~ 10% of Australian population aged 18-64)
- Screening
 - Screen positive for psychosis and met eligibility criteria 7,955
 - aged 18-64 years
 - resident in catchment area
 - in contact with designated services within catchment
- Interviews
 - Interviews – screen positive 1,825

Interview schedule and assessments

Sociodemographics, roles <ul style="list-style-type: none">■ Demographics■ Education■ Housing, homelessness■ Employment■ Finances■ Parenting■ Care of others■ Stigma■ Victimisation and offending Functioning, disability and quality of life <ul style="list-style-type: none">■ Activities of daily living■ Socialising■ Satisfaction with life■ Quality of life (AQoL-4D)■ Global ratings: occupational and social functioning	Physical health <ul style="list-style-type: none">■ Physical health / medical history■ Metabolic measures■ Nutrition■ Physical activity <i>Physical measures</i> <ul style="list-style-type: none">● height● weight● body mass index● waist circumference● blood pressure <i>Fasting blood test</i> <ul style="list-style-type: none">● high density lipoproteins● triglycerides● plasma glucose	Psychopathology <ul style="list-style-type: none">■ Onset, course, duration, symptoms [<i>Diagnostic Interview for Psychosis – Diagnostic Module</i>]■ Negative symptoms, worry, panic, anxiety and obsession■ Suicidality■ Substance use<ul style="list-style-type: none">● alcohol● drugs● tobacco General cognitive ability <ul style="list-style-type: none">■ NART■ Digit Symbol Coding Task	Service utilisation and need <ul style="list-style-type: none">■ Inpatient■ Emergency■ Outpatient/community mental health■ Rehabilitation programs■ Non-government organisations■ General practice■ Other sources of support■ Medication use and side effects■ Mental health care and unmet need■ GP questionnaires<ul style="list-style-type: none">1) target patient2) general practice
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Methods

Bottom-up, prevalence-based COI analysis

Annual total disorder-specific cost per participant

12 month resource use x standard unit cost

Average annual weighted cost per participant

breakdowns by principal service provider,

Total costs of psychosis to Australia

Average annual cost extrapolated to estimated Australian population treated with psychosis (63,533)

Total costs

The value of the resources used to treat or support an individual or population with a specified illness (psychosis), or otherwise incurred in consequence of that illness, and the production they and their informal carers are unable to produce because of morbidity and/or early mortality arising from the illness – time loss costs.

Resources captured within analysis

Total Costs			Perspective	
Health Sector Costs	Other Sector Costs	Time-loss / Productivity Costs		
Professional GPs Psychiatrists Other Medical Doctors Psychologists Other Allied Health Ambulatory MH Outpatient MH Community MH Rehabilitation Ambulance Emergency Inpatient Mental Health Physical Health Drug & Alcohol Unit Pharmaceuticals	Administration of Transfer Payments Legal Costs Arrests Legal Aid Nights Spent in Prison Accommodation Crisis care 24 hr supported care Other supported care Institutional care NGOs Case Management Rehabilitation Other Voluntary Organisations PHaMs Employment Support Services Supported Employment	Income Related Transfer Payments & Tax Forgone for People with Psychosis and their Informal Carers Value of Production Not Produced (Forgone) by People with Psychosis and their Informal Carers	Government Only	Government & Societal
Alternative Practitioners Supplements			Societal Only	

Annual Total Costs of Psychosis in Australia, 2010, by Sector, Government and Societal Perspectives

	Government		Societal	
	Average per Person (AUD\$) (95% CI)	Total Australian (AUD\$'000)	Average per Person (AUD\$) (95% CI)	Total Australian (AUD\$'000)
Health Sector	21,122 (19,919-22,324)	1,341,915	21,714 (20,489-22,938)	1,379,532
Other Sectors	10,813 (9,773-11,854)	687,002	14,642 (13,179-16,106)	930,271
Time Loss Costs	23,468 (22,869-24,067)	1,491,016	40,941 (39,602-42,280)	2,601,106
TOTAL	55,403 (53,518-57,287)	3,519,932	77,297 (74,712-79,882)	4,910,909

1.2% of total health expenditure 2009-10

3.9 x general population (\$5479)

Government subsidises 97%

DSP < 1/2 AWE

Average Annual Costs of Psychosis in Australia, 2010, by Principal Service Provider and Sector, Societal Perspective

	NGOs only in census month (N=1061) AUD\$ (95% CI)	PSMHS in census month (N=5074) AUD\$ (95% CI)	PSMHS in prior 11 months (N=1820) AUD\$ (95% CI)	Total (N=7955) AUD\$ (95% CI)
Health Sector $F_{(2, 1822)}=42.278, p<0.001$	11,365 (8,378-13,992)	25,533 (23,934-27,132)	16,855 (14,582-19,127)	21,714 (20,489-22,938)
Other Sectors $F_{(2, 1822)}=20.641, p<0.001$	27,574 (22,469-32,679)	13,799 (11,990-15,608)	9,454 (7,169-11,739)	14,642 (13,179-16,106)
Time Loss Costs $F_{(2, 1822)}=10.889, p<0.001$	43,536 (39,525-47,546)	42,573 (40,946-44,199)	34,880 (31,959-37,801)	40,941 (39,602-42,280)
TOTAL $F_{(2, 1822)}=24.418, p<0.001$	82,499 (74,848-90,149)	81,974 (78,773-85,174)	61,226 (56,187-66,265)	77,297 (74,712-79882)

NGO: Non-government organisations funded to support people with mental illness;
PSMHS: Public specialised mental health services

Costs are dependent upon primary service provider and recency of contact

Has policy impacted at the individual level?

Two national surveys of psychosis ~10 years apart, both of which have been costed.

Methodological consistency: second survey analysis based on that of the first.

The benefits and power of individual level bottom-up costing.

Costs of schizophrenia and other psychoses in urban Australia: findings from the Low Prevalence (Psychotic) Disorders Study

Vaughan J Carr, Amanda L Neil, Sean A Halpin, Scott Holmes, Terry J Lewin

Objective: To estimate the costs associated with the treatment and care of persons with psychosis in Australia based on data from the Low Prevalence Disorders Study (LPDS), and to identify areas where there is potential for more efficient use of existing health care resources.

Method: The LPDS was a one-month census-based survey of people with psychotic disorders in contrast with mental health services, which was conducted in four metropolitan regions in 1995/1996. Mental health and service utilisation data from 502 interviews were used to estimate the economic costs associated with psychotic disorders. A prevalence-based, bottom-up approach was adopted to calculate the government and societal costs associated with psychosis, including treatment and non-treatment related costs.

Results: Annual societal costs for the average patient with psychosis are of the order of \$462,000, comprising \$277,000 in lost productivity, \$173,800 in inpatient mental health care costs and \$60,000 in other mental health and community services costs. Psychosis costs the Australian government at least \$1.45 billion per annum, while societal costs are at least \$2.25 billion per annum (including \$1.44 billion for schizophrenia). We also report relationships between societal costs and demographic factors, diagnosis, disability and participation in employment.

Conclusions: Current expenditure on psychosis in Australia is probably inefficient. There may be substantial opportunity costs in not delivering effective treatments in sufficient volume to people with psychotic disorders, not intervening early, and not improving access to rehabilitation and supported accommodation.

Key words: Australia, cost of illness, health care costs, psychotic disorders, schizophrenia.

Australian and New Zealand Journal of Psychiatry 2003; 37: 41-49

Although the phrase "society measures" in the health care context has achieved little usage, it reflects the reality that reasoning within the health care sector is

complex, albeit uncommonly acknowledged. Given the finite nature of resources, their allocation to particular health services – whether in response to increased need,

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What difference a decade? The costs of psychosis in Australia in 2000 and 2010: Comparative results from the first and second Australian national surveys of psychosis

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Average annual costs of persons with psychosis treated in public specialised mental health services, Australia, 2000 and 2010, constant 2010 prices (AUD\$/person)^{\$}

	2000	2010
Health Sector	29,153	26,034
Other Sector	7,376	13,636*
Productivity Losses	38,664	39,867
TOTAL	75,193	79,537 5.8% real ↑

Notes:

\$: Costs calculated in respect of persons recruited through specialised mental health services in the census month; first and second Australian national surveys of psychosis, costed using first Australian national psychosis survey resource use assumptions as the default.

*: Cost significantly different between surveys at P<0.05.

Average annual line-item costs of persons with psychosis treated in public specialised mental health services, Australia, 2000 and 2010, constant 2010 prices (AUD\$/person) \$

GP costs,
no sig. diff.

Ambulatory
↑ 2.9-fold
> MH
inpatient

ED ↑
11.7-fold

52% ↓ MH
inpatient
costs

2.9-fold ↑
med costs
3.2-fold ↑
atypicals
2.1-fold ↓
typicals

Resources	2000	2010	Resources	2000	2010
Professionals			Administration	298	371*
GPs	278	231	Legal Costs		
Psychiatrists	454	44	Victim of violence		
Other Doctors	n.a.	19	Actual Assault	26	64*
Psychologists	23	0	Threatened Assault	n.a.	31
Other Allied Health	n.a.	0	Other	n.a.	16
Alternative	n.a.	8	Perpetrator of offence		
Sub-total	756	302	Arrested	n.a.	8
Mental Health Ambulatory/Community			Charged	15	53*
Outpatient MH	1,689	3,533*	Nights spent in prison	n.a.	127
Community MH (incl. crisis)	1,004	5,360*	Legal Aid	n.a.	12
Rehabilitation ⁶	1,131	2,311*	Sub-total	41	309
Sub-total	3,824	11,204*	Voluntary organisations ⁶	212	145*
Other Hospital			Accommodation		
Ambulance	17	29*	Crisis	713	110
Emergency	26	78*	Nursing Home	149	55
Not referred	n.a.	227	Supported group ⁸	5,962	8,260
Referred	26	305	Sub-total	6,824	8,424
Sub-total	26	305	NGO ⁸	0	2,488*
Inpatient			PHaMs	n.a.	275
Mental Health	22,715	10,925*	Employment Support Services	n.a.	1,120
Physical Health	n.a.	286	Supported Employment	n.a.	503
Drug and Alcohol Unit	802	67	Other Sectors Costs	7,376	13,636
Sub-total	23,559	11,611			
Pharmaceuticals – Mental Health			Productivity Losses		
Antipsychotics			Absenteeism	n.a.	456
Typical – oral	47	11*	Presenteeism	n.a.	87
Atypical – oral	805	1,962*	Reduced participation	38,440	38,392
Typical – injection	36	28	Carer	223	933*
Atypical – injection	n.a.	598	Sub-total	38,664	39,867
Sub-total	889	2,600*	Time Loss Costs		
Other psychotropic	126	308*	Weeks not worked:		
Sub-total	1,015	2,907*	43.7 Survey 1		
Supplements	n.a.	9	42.4 Survey 2		
Health Sector Costs	29,153	26,034	DSP		
			68.3% Survey 1		
			73.7% Survey 2		

Crisis ↓
85%

Supported
↑ 38.5%

Productivity
losses
extensive &
constant

4.2-fold ↑
for carers
2.4-fold ↑
carers
Caring for
longer



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In conclusion

Little change in total costs
BUT
significant redistribution of costs within and away from the health sector.

In-line with government initiatives from the Second and Third National MH Plans.

Other sector costs critical in COIs for MI.

- Productivity losses, greatest component and largely unchanged.
- 2.9-fold increase in ambulatory care costs
- A more than halving of MH inpatient costs of AUD\$11,790
- Upward trend in supported accommodation.
- 85% decrease in crisis accommodation costs.
- 4.2-fold increase in productivity losses for carers
 - 2.4-fold ↑ # carers
 - Caring for longer
- Tripling in ED costs (not referred)
 - 4.9-fold ↑ visits
 - 2.8-fold ↑ # seeking care

Has the redistribution been worthwhile?

- There is some improvement in the overall course of disorder
- A higher proportion of people satisfied with their own independence
- Smaller reporting unmet needs (Morgan et al 2012)
- However, the proportion with obvious or severe dysfunction in quality of self-care is unchanged at 32%
- Employment consistently low 21.5% employed in previous 7 days vs. 72.4% for Australia

Points to Ponder

- Given the typically chronic – or recurring nature of psychosis, costs are unremitting. How to break the cycle?
- To achieve significant cost reductions there will need to be an increase in employment of people with a psychotic illness AND their carers.
- As productivity losses remained unchanged in spite of funding redistribution, and apparent distress within the health system, can further reductions in expenditure on acute care be justified at this point in time as the funding source?

Reinvest to Save

Invest to Save

EVALUATE!!

If mental health is a priority, funding will be allocated.

The mental health services in this State are at a point of crisis. Goodwill alone cannot make up for restrictions imposed by limited funding of services. The threat of further restrictions which may lead to a reduction of services weighs heavily on the staff of the Commission.

The year 1980-81 has seen many major changes in the Commission and its services. Some changes are potentially beneficial but unfortunately many reveal the long term of benign neglect endured by the mentally ill and their servants.

Mental Health Services Commission: The Mental Health Services Commission. Report for Year 1980-81. Presented to both Houses of Parliament pursuant to section 9 of the *Mental Health Services Act* 1967. Hobart, Parliament of Tasmania; 19

Where to, for mental health?

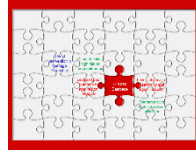
Back to the future.

“In order to provide primary preventive services the Commission has considered the ways in which community mental health can be encouraged and psychiatric ill-health can be avoided. It is now understood that mental breakdown is most likely to occur in times of rapid social change and this is especially relevant to Tasmania. The most adequate means of counteracting breakdown is to provide professional emergency facilities such as emergency telephone services and clinics, with voluntary assistance and domiciliary visiting consultations. This will aid the family doctors and social agencies in giving the earliest possible assistance.”

Mental Health Services Commission: The Mental Health Services Commission. Report for Year 1968-69. Presented to both Houses of Parliament pursuant to section 9 of the *Mental Health Services Act* 1967. Hobart, Parliament of Tasmania; 1970.

Acknowledgements

C2C



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Second National Survey of Psychosis Study Group

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