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Pre-Budget Submission 2023-2024

Black Dog Institute, January 2023



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About Black Dog Institute

Black Dog Institute is the only Medical Research Institute in Australia to investigate mental health across the lifespan. We take a unique translational approach to research, implementation, and service delivery, distilling the best international evidence to help inform policy and practice. Our overarching goal is to enable people to live mentally healthy lives, with focus on key population mental health issues including suicide prevention, digital mental health, workplace mental health, and novel treatments for depression and anxiety.

Introduction

It is difficult to overstate the urgency and need for further mental health reform and investment in Australia. The last four years have seen a dramatic increase in psychological distress and incidence of mental ill-health in the Australian population, driving unprecedented demand for mental health services¹, as seen in the increased utilisation of mental health-related MBS and PBS items².

Emerging evidence shows levels of psychological distress have not yet returned pre-pandemic levels, especially in high-risk populations³ and there are still more than 1 million Australians unable to access the care they need⁴.

On the supply side, mental health services are struggling to meet the rising demand⁵. There is an urgent workforce shortage of trained mental health professionals, including psychiatrists, psychologists, mental health nurses, occupational therapists and social workers⁶.

There is, however, reason for hope. The 2023–24 Budget is an opportunity to enact the strategic and evidence-based investments recommended by previous reports, including the Productivity Commission's report on Mental Health, National Suicide Prevention Adviser's Final Advice, the House of Representatives Inquiry on Mental Health and Suicide Prevention and the Victorian Royal Commission's Final Report.

The economic case for investment and reform of the mental health sector is evident. The Productivity Commission showed the direct economic costs of mental ill health and suicide in Australia are estimated at \$43–70 billion per year in expenditure and lower economic

Prevalence of mental ill health in Australia¹

- **Over 2 in 5** Australians experience a mental disorder at some time in their life.
- **1 in 5** Australians had a mental disorder in the past 12 months.
- **15%** of Australians report experiencing high to very high mental distress in the past 12 months

¹ Australian Institute of Health and Welfare (AIHW), 2022

² ABS (Australian Bureau of Statistics), 2022

³ Melbourne Institute, 2022

⁴ Productivity Commission, 2020

⁵ Pirkis, Currier, Harris, & Mihalopoulos, 2022

⁶ National Skills Commission, 2022

productivity, and a further \$151 billion factoring in the cost of disability and premature death due to mental ill-health, suicide and self-inflicted injury. Effective reform can help turn the tide. Economic modelling shows an investment of just \$4.2 billion can pay dividends of \$18 billion per year in benefit, including a direct economic benefit of \$1.7 billion per year⁷.

We strongly support the recommendations of our peak bodies, Mental Health Australia and Suicide Prevention Australia, in their respective Pre-Budget Submissions, regarding the need for long-term, systemic reform of the mental health sector, and the need to fully-fund and implement the commitments made in previous reports.

Black Dog Institute's 2023–2024 Federal Budget submission focuses on evidence-based, cost-effective and immediately actionable recommendations to address the urgent and emerging risks to Australian mental health:

1. Improve access to comprehensive digital mental health platforms to redress **workforce shortages** and optimise clinician capacity.
2. Support **Aboriginal and Torres Strait Islander social and emotional health**, and elevate the voice of First Nations lived experience during the Referendum campaign.
3. Build resilience to mitigate the mental health impacts of **climate change and natural disasters**.
4. Support the recovery of groups most affected by **COVID** by investing in evidence-based population mental health programs.

We look forward to discussing these proposals in more detail with the Government and continuing our partnership to improve mental health and resilience for all Australians.



Professor Samuel Harvey
Executive Director & Chief Scientist
Black Dog Institute

⁷ Productivity Commission, 2020

Recommendations

Recommendation 1: Improve access to comprehensive digital mental health platforms to redress workforce shortages and optimise clinician capacity

Issue

Australia is facing an acute shortage of mental healthcare professionals, despite significant projected demand for these professions⁸. Without urgent intervention, these workforce shortages will mean longer waitlists and worsening health for Australians seeking care. The future of mental health will require modern, comprehensive digital health platforms that can deliver rapid results at scale, keeping Australia in line with international standards of care.

Expanding workforce *availability* (i.e., the number of clinicians) is essential but time- and cost-intensive. Readily available technologies can rapidly expand the workforce's *capacity* (i.e., the scope of care each clinician can provide), optimising the existing workforce and accelerating the long-term gains of increased clinician numbers. The 2021 National Digital Mental Health Framework strongly recommended expanding the capacity of the existing workforce by investing in proven technologies that support the blending of digital treatments (e.g., therapeutic apps or online modules) and face-to-face therapies delivered by clinicians⁹.

"Blended care" flexibly combines both digital and face-to-face therapies, leveraging technology to deliver lower-intensity aspects of care, and thus giving clinicians more time to devote to severe mental illnesses. Substantial clinical data show that digital interventions can treat mild-to-moderate cases of common mental illnesses^{10 11}. In more severe cases, digital therapeutics combined with face-to-face treatments can deliver gold-standard care in less time and money than traditional therapies¹². These therapeutics exist but are fragmented, hampering uptake. We need investment in a limited number of cohesive platforms that unite evidence-based products and streamline clinical decision-making to make blended care feasible in the busy lives of over-booked clinicians. Comprehensive digital platforms could scale to deliver clinician upskilling, post-care relapse prevention, immediate access to low-intensity therapeutics for patients waitlisted for face-to-face therapies, and centralised patient data and monitoring.

The potential for blended care to increase equitable access to quality care by increasing clinician capacity is significant. The Productivity Commission report estimated that 2 million Australians currently receiving medication or individual psychological treatment could benefit from lower intensity treatments, while a further 500,000 Australians who are not currently accessing any treatment could also benefit from digital or blended interventions¹³. With sufficient investment, comprehensive digital platforms that empower clinicians to deliver blended care can play a central role in getting more Australians into quality mental health treatment.

⁸ National Skills Commission, 2022

⁹ National Digital Mental Health Framework, 2021

¹⁰ Carlbring et al., 2018

¹¹ Andrews et al., 2018

¹² Erbe et al., 2017

¹³ Productivity Commission, 2020

Actions required

- Invest in quality, evidence-based digital mental health platforms that comprise real-time training for clinicians in the delivery of blended care, tied to a trial of MBS-funded items for provision of blended mental health treatment.
- Continue funding for the E-Mental Health in Practice (eMHPac) education program to educate general practitioners and mental health professionals to prescribe empirically proven digital interventions for low-to-moderate severity common mental illness.
- Trial an MBS payment structure akin to the German 'DiGA' system, which provides a fast-track pathway for reimbursement of approved digital health apps¹⁴, to facilitate uptake.
- Invest in advanced, high-speed digital communications infrastructure that can support centralised digital health platforms. Now and in the future, equitable access to healthcare will be intrinsically linked to equitable access to technology.

Investment

To illustrate potential capacity increases and cost-savings, consider a full-time clinical psychologist who offers 20 weekly appointments (86 monthly) across 40 Better Access patients in a given year. These fortnightly sessions cost Medicare \$11,321.90 each month (\$283.05 per patient). Based on ABS data, around 18 (45%) of these patients will have moderate psychological symptoms, with the remaining 22 (55%) experiencing severe or extremely severe symptoms¹⁵.

If the 18 Moderate patients drop to 1 session per month along with digital treatment (as supported by clinical data), 18 sessions can be reclaimed, allowing fortnightly care for 9 more people with more severe mental health symptoms. The addition of digital therapeutics would increase the client capacity to 49 clients per month, reducing the monthly per client cost to \$231.06. Across a working year of 11 months, this would save \$28,022.61 per clinical psychologist. Per below, substantial savings could be achieved, with greater access to care and without affecting clinicians' income. While more detailed modelling is recommended, these improvements are achievable with sufficient investment in comprehensive digital platforms.

	2023-2024	2024-2025	2025-2026	2026-2027
Projected uptake	200	500	1000	2500
Medicare patients seen without blended care	8,000	20,000	40,000	100,000
Medicare patients seen with blended care	9,800	24,500	49,000	122,500
Projected Medicare savings	\$5,604,522	\$14,011,305	\$28,022,610	\$70,056,525

¹⁴ Sauermaun, Herzberg, Burkert, & Habetha, 2022

¹⁵ ABS, 2022

Recommendation 2: Support Aboriginal and Torres Strait Islander social and emotional health, and elevate the voice of First Nations lived experience during the Referendum campaign

Issue

Negative impacts on social and emotional wellbeing are the number one cause for burden of disease amongst Aboriginal and Torres Strait Islander people¹⁶. We know that Aboriginal and Torres Strait Islander peoples are almost three times more likely to experience high or very high levels of psychological distress compared to the general population and the rate of suicide amongst First Nations Australians is almost twice the rate in non-First Nations Australians¹⁷.

The upcoming Referendum on a Voice to Parliament, and associated media coverage and debate is likely to have a negative impact on the social and emotional wellbeing of First Nations communities, given the documented negative impacts of the same-sex marriage postal vote, which led to heightened levels of psychological distress in the community¹⁸ and increased use of mental health services¹⁹. Connection to community, country and culture are central to Aboriginal and Torres Strait Islander social and emotional wellbeing²⁰. Evidence shows the ability to gather, share experiences and be heard has a protective effect on communities during periods of debates, like a national vote or Referendum²¹. As such, elevating voices of Aboriginal and Torres Strait Islanders peoples, particularly those with lived experience of social and emotional wellbeing disturbance is critical for First Nations' social and emotional wellbeing during this period.

Black Dog Institute's Aboriginal and Torres Strait Islander Lived Experience Centre (the Centre) is the first centre of its kind in Australia, which aims to elevate the voices of Aboriginal and Torres Strait Islander with lived experience across serious mental health and social and emotional wellbeing disturbance, with a key focus on suicide prevention. We strongly support the Government's work to elevate the voices of lived experience in mental health policy and program development, following recommendations made in previous inquiries. This has seen increased participation of First Nations people with lived experience in consultation and co-design processes. However, the increased demand has not correlated with increased funding and the Centre will require additional investment to sustainably continue operation at current levels, particularly in anticipation for the additional demand of providing lived experience voice during a national Referendum.

Additional funding is also required to ensure lived experience representation of rural and remote communities, including Torres Strait Islander peoples, through the development of Local Area Networks (LANs). LANs will allow the Centre to have a much greater reach across Australia, leading to improved locally driven initiatives for Aboriginal and Torres Strait Islander people in the important areas of attending to serious mental health and social and emotional wellbeing disturbance, with a key focus on suicide prevention. The development of LANs will be in

¹⁶ AIHW, 2022

¹⁷ ABS, 2022

¹⁸ Ecker, Riggle, Rostosky, & Byrnes, 2019

¹⁹ Royal Australian College of General Practitioners (RACGP), 2019

²⁰ National First Nations Australians Agency, 2017

²¹ *ibid*

partnership with The National Aboriginal Community Controlled Health Organisation (NACCHO) and local Aboriginal and Torres Strait Islander communities.

Actions required

- Expand funding for the Aboriginal and Torres Strait Islander Lived Experience Centre for the duration of the Referendum campaign and the subsequent three years to support the ongoing needs of the community.
- Seed fund the development of Aboriginal and Torres Strait Islander Local Area Networks and launch three initial trial sites in areas of high need with demonstrated readiness for engagement: (1) The Wonnarua Nation in the Hunter Valley NSW (2) The Kimberley Aboriginal Medical Service in Broome WA, and (3) The Torres Strait Islands.

Recommendation 3: Build resilience to mitigate the mental health impacts of climate change and natural disasters

Issue

There is increasing concern about the impacts of climate change and natural disasters on mental health. Notably, for every one person who experiences physical injury as a result of a natural hazard, 40 will experience psychological impacts²². There is a strong body of evidence that living through a disaster can lead to elevated rates of anxiety, depression, post-traumatic stress disorder (PTSD), sleep disruption and suicidal ideation. Estimates suggest that between 25–50% of people exposed to disasters will experience immediate negative mental health impacts²³.

Black Dog Institute is part of a consortium proposing a Mental Health and Wellbeing Translation and Innovation Collaborative for Disasters (Disasters MHTI Collaborative) which would provide a collaborative, systemic, cohesive and proactive approach to building and sustaining the resilience, mental health and wellbeing of the Australian communities impacted by disaster and adversity. In addition to this community wide initiative, we recommend specific measures are required to two groups particularly at risk of mental ill health following disasters; emergency service worker and volunteers and young people.

Emergency service workers

With the recent unprecedented natural disasters, including the 2019–20 Black Summer bushfires and the 2022 floods, and the escalating risk of further disasters as a result of climate change, we are particularly concerned about the mental health impacts on Australia’s emergency service workers’ and volunteers repeated exposure to direct and indirect trauma.

An estimated 1 in 10 emergency service workers will experience symptoms of PTSD related to critical incidents, with even more reporting depression, anxiety and alcohol abuse. More than half of these workers (51%) have experienced traumatic events which “affected them deeply”²⁴.

We strongly advise that the National Emergency Worker Support Service (NEWSS) be continued to ensure that the emergency service workers and volunteers who step forward to protect communities when disasters strike are not left to endure the long-term mental health consequences that can result from their brave work. This investment will also ensure Australia is able have mentally fit and able emergency service workforce to respond to future events.

Young people

In the last few years, we’ve seen a high prevalence of climate-related anxiety, particularly amongst young people, with a recent study showing 45% of respondents aged 16–25 said their feelings about climate change negatively affected their daily life and functioning²⁵.

Although some research has been conducted on impact of climate change and natural disasters on the mental health of Australian young people, there is currently no longitudinal data in this

²² Links, 2017

²³ McFarlane, Clayer, & Bookless, 1997

²⁴ Rikker & Lawrence, 2021

²⁵ Hickman, et al., 2021

area, and there are no evidence-based population interventions to support young people who experience debilitating climate anxiety.

Black Dog is positioned to develop, pilot and evaluate a world-first program to support young people with climate concerns, based on an analysis of our pre-existing longitudinal dataset of >6000 young people into youth mental health (one of the largest of its kind in Australia), and our expertise in developing and delivering population mental health interventions to Australian young people.

We propose a program of work that aims to:

- Understand the long-term mental health impacts on Australian young people of climate change and natural disasters (including the recent bush fires and floods);
- Develop and evaluate an intervention program to help young people mitigate, manage and build resilience to their climate-related anxiety;
- Develop a best-practice guideline for mental health professionals who work with young people, especially those affected by climate disasters.

Actions required

- Incorporate mental health into disaster preparedness planning and fund the proposed Mental Health and Wellbeing Translation and Innovation Collaborative for Disasters (Disasters MHTI Collaborative).
- Extend funding for NEWSS to support the mental health needs of Australia's emergency services workers and volunteers.
- Fund a longitudinal study into the mental health impacts of climate change and natural disasters on the mental health Australian young people and develop a pilot intervention program to help young people mitigate, manage and build resilience against climate-related anxiety.

Recommendation 4: Support the recovery of groups most affected by COVID by investing in evidence-based population mental health programs

Issue

At a population level, we know COVID has had, and will continue to have, a significant impact on mental health and psychological distress. However, there are some segments of the population who were disproportionately impacted. Black Dog have identified at-risk population groups which have experienced heightened psychological distress during the COVID-19 pandemic.

Healthcare workers, have also experienced a significant increase in stress and deteriorating mental health during the COVID pandemic²⁶. A recent Australian study of nurses found a high prevalence of depression (32%), anxiety (41%) and stress (41%). Black Dog Institute has just completed analysis of national suicide data which showed Australia's health workers now have significantly increased rates of suicide compared to other workers. The level of mental ill health and distress amongst Australia's health workforce is now generating a workforce crisis, with many doctors and nurses reporting burnout and planning to leave the workforce.

As part of The Australian Government response to the COVID-19 pandemic, the Department of Health awarded the Black Dog Institute funding to develop and launch an e-health based solution to support the wellness and mental health of frontline workers, called The Essential Network (TEN). It provides healthcare workers to an e-health hub with advice and resources for anxiety, depression and PTSD via automated and blended digital care, including an online clinical triage and initial mental health assessment, referral to face to face specialists, consultation and telehealth appointments, peer support, and discrete self-help pathways. An evaluation of this initiative shows significant improvements in mental health and stress in healthcare worker. Further funding is required to continue this initiative.

As well as continuing supports such as the TEN service, Australia needs to understand what factors are driving ill health amongst health workers and what types of structural interventions could help arrest this decline. Unlike many other countries, Australia does not conduct regular representative national surveys of health professionals and therefore has little of no information about emerging trends in their mental health or work plans. A key part of most European countries post COVID-19 health workforce planning has been to initiate longitudinal studies of health workers and to use this information to drive policy and workplace initiatives. A coordinated approach to both gathering data on health workers' mental health and being able to rapidly test and implement new support programs would allow Australia to better protect its health workforce.

Teachers represent a group of overlooked frontline workers during the COVID-19 pandemic, with rates of distress equivalent to those of nurses²⁷. This distress has led to burnout and is reflected by the huge number of teachers leaving the profession, with Australian schools now facing a significant teacher shortage. In a national teacher survey being conducted by the Black Dog Institute of over 4,000 teachers, 77% reported a teacher shortage in their schools and about half

²⁶ Greenberg, Docherty, Gnanapragasam, & Wessely, 2020

²⁷ García-Carmona, Marín, & Aguayo, 2019

reported considering leaving the profession within 12 months, There is a gap in the availability of support and wellbeing programs for teachers. Black Dog have recently completed systematic review and meta-analysis of the field, and piloted materials for a new teacher wellbeing program that aim to reduce stress and burnout, with promising results; however, more funding is required to roll-out this initiative at a national level.

School aged children and young people have seen increasing rates of depression and anxiety during the pandemic period²⁸. There is an untapped opportunity to prevent the emergence and development common mental illness by upskilling educators to identify early signs of anxiety in school children. Anxiety disorders typically first emerge during childhood, and primary school teachers are well placed to identify early warning signs and symptoms in the classroom.

Actions required

- Fund the continuation of The Essential Network (TEN) to support the mental health needs of frontline healthcare workers, through evidence-based digital interventions.
- Fund Australia's first nationally representative longitudinal study of health professionals which will be used to both inform workforce policy decisions and as a platform to rapidly test new interventions to aid workers' mental health and wellbeing.
- Include student, teacher and school staff wellbeing as a key objective in the next National School Reform Agreement.
- Fund a pilot program to prevent teacher burnout and support positive mental health and wellbeing in the teaching workforce.
- Fund a randomised controlled trial of a national training program to upskill primary school teachers to identify early signs of anxiety in school children.

²⁸ Black Dog Institute, 2022

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