

Responding to the rise in mental distress

Is it real and what should we do?

Dr Rob Waller @robwaller

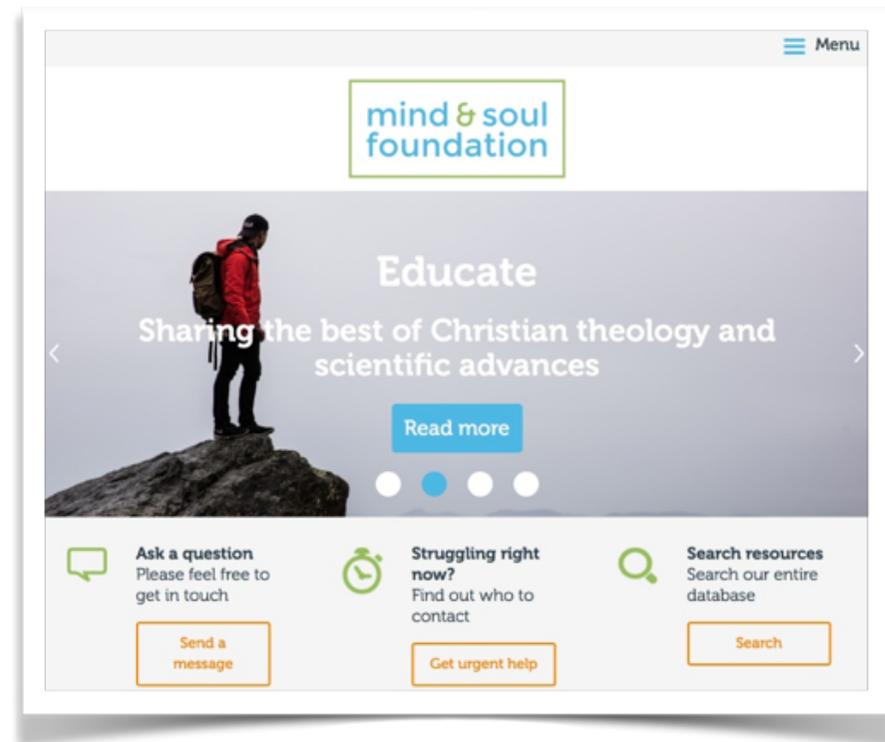
The Mind and Soul Foundation

mindandsoulfoundation.org

To [Educate](#): Sharing the best of Christian theology and scientific advances

To [Equip](#): Helping people meet with God and recover from emotional distress

To [Encourage](#): Engaging with the local church and mental health services

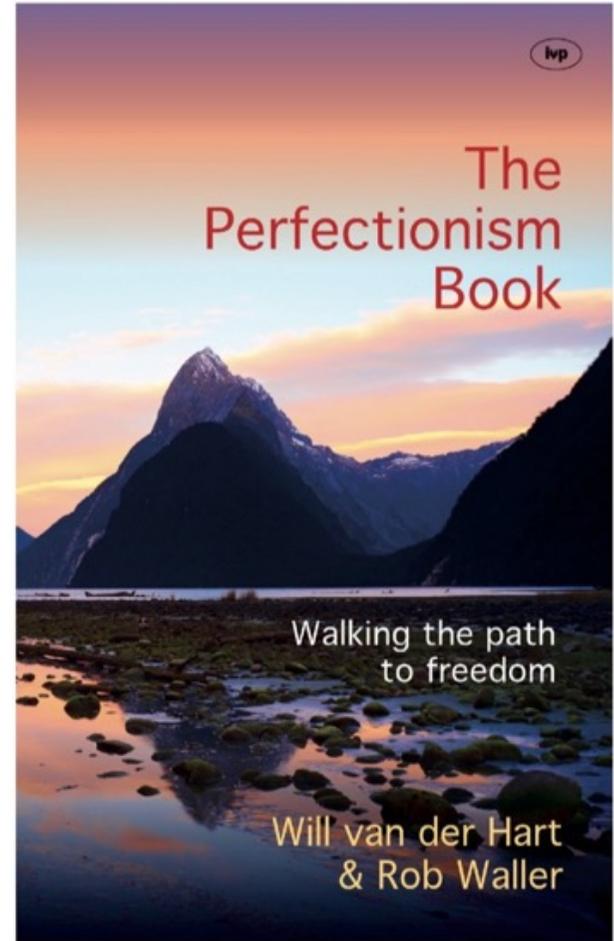
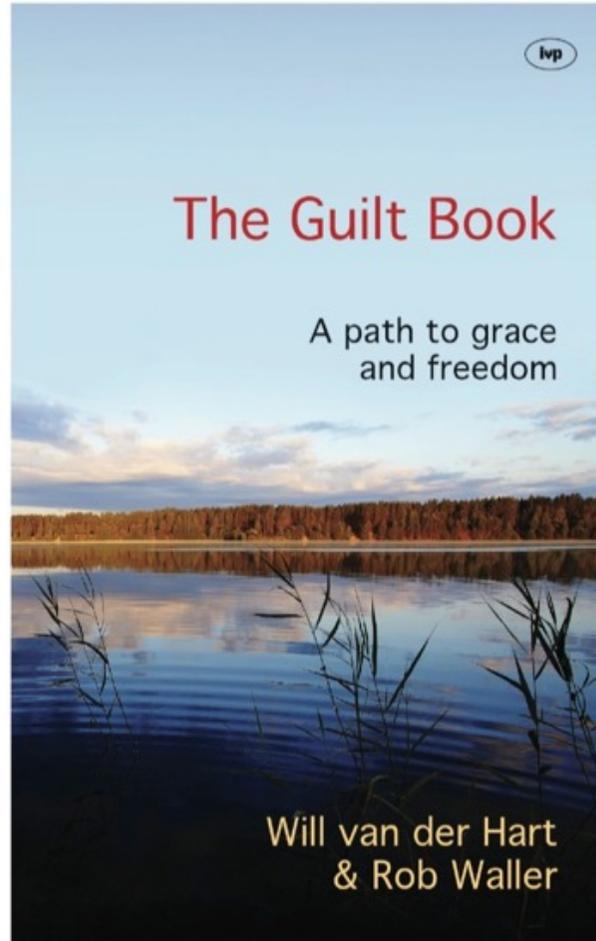
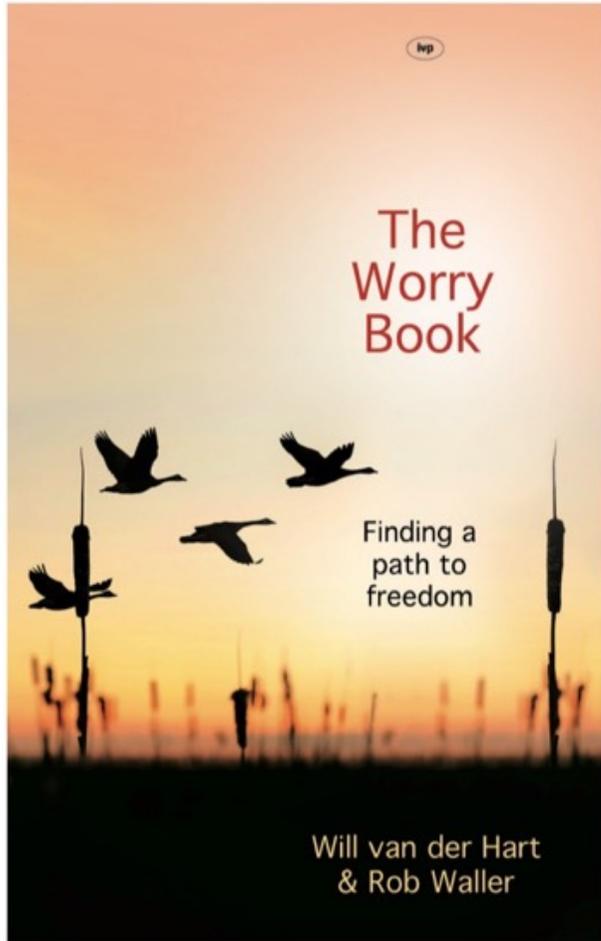


The Mental Health Access Pack

A bite-sized resource for your church...



www.mentalhealthaccesspack.org



Around

1 Million people in Australia live with **DEPRESSION**

Around

2 Million people in Australia live with **ANXIETY**

1 IN 5  **WOMEN**

1 IN 8  **MEN**

are likely to experience **DEPRESSION** in their lifetime



1 IN 3  **WOMEN**

1 IN 5  **MEN**

are likely to experience **ANXIETY** in their lifetime

6 AUSTRALIANS DIE BY SUICIDE EVERY DAY —  **5 OF WHOM ARE MEN**



MENTAL DISORDERS - Work-related mental disorders are a national priority

6% of all workers comp claims are for mental disorders

27%

Anxiety disorder

43%

Reaction to stressors

11%

Post-traumatic stress disorder

14%

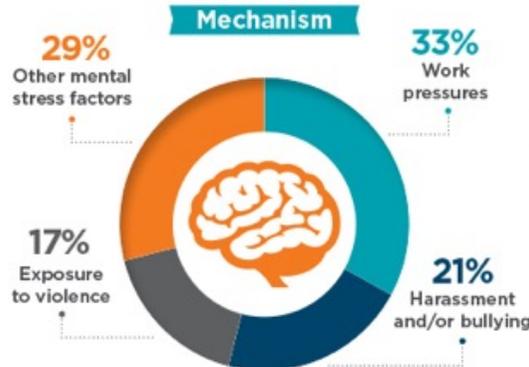
Anxiety/depression mixed

5%

Short-term shock + other mental disorders

Types of mental disorders

Work-related stressors



Work-related mental stress is caused by prolonged and/or repeated exposure to work related stressors.

Typical business and personal cost

Physical injury claims

\$8,000
typical claim payment

5 weeks
typical time off work



Mental disorder claims

\$22,200
typical claim payment

13.3 weeks
typical time off work

\$10.9 billion



Cost of lost productivity per year

Most at risk occupations



1st Responders
police services,
paramedics and fire fighters



Welfare and
community
workers



Prison
officers



Bus drivers and
rail drivers

Prevention

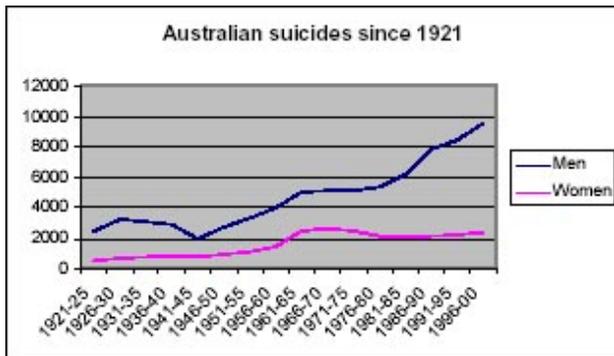
You can change these statistics!

[Principles of Good Work Design](#)
[A work health and safety handbook](#)

[Preventing Psychological Injury under the Work Health and Safety Laws](#)

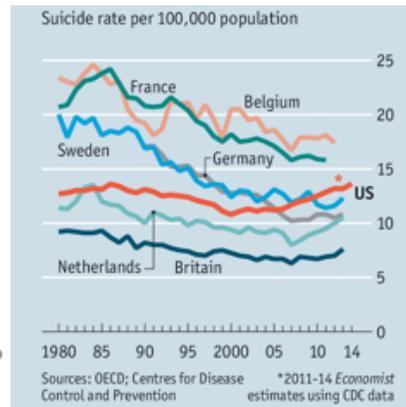
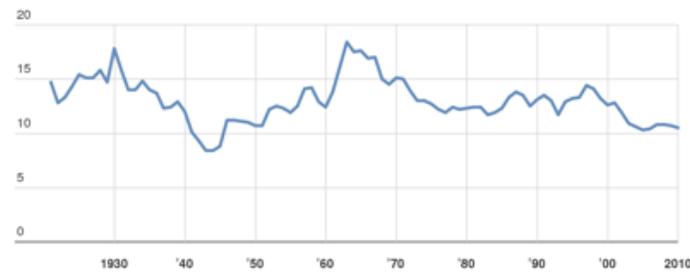
For prevention, better management and return to work advice see your local work health and safety regulator or workers' compensation authority.

Rising suicide



Historical rate of death by suicide per 100,000 people, 1921 - 2010

Source: Australian Institute of Health and Welfare



Sources: OECD; Centres for Disease Control and Prevention *2011-14 Economist estimates using CDC data

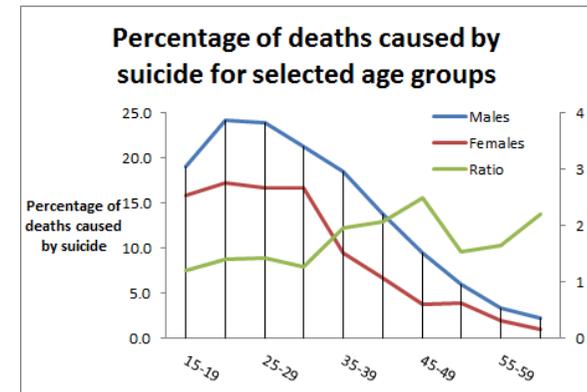
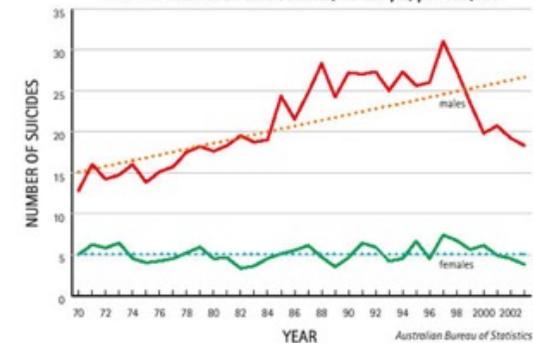
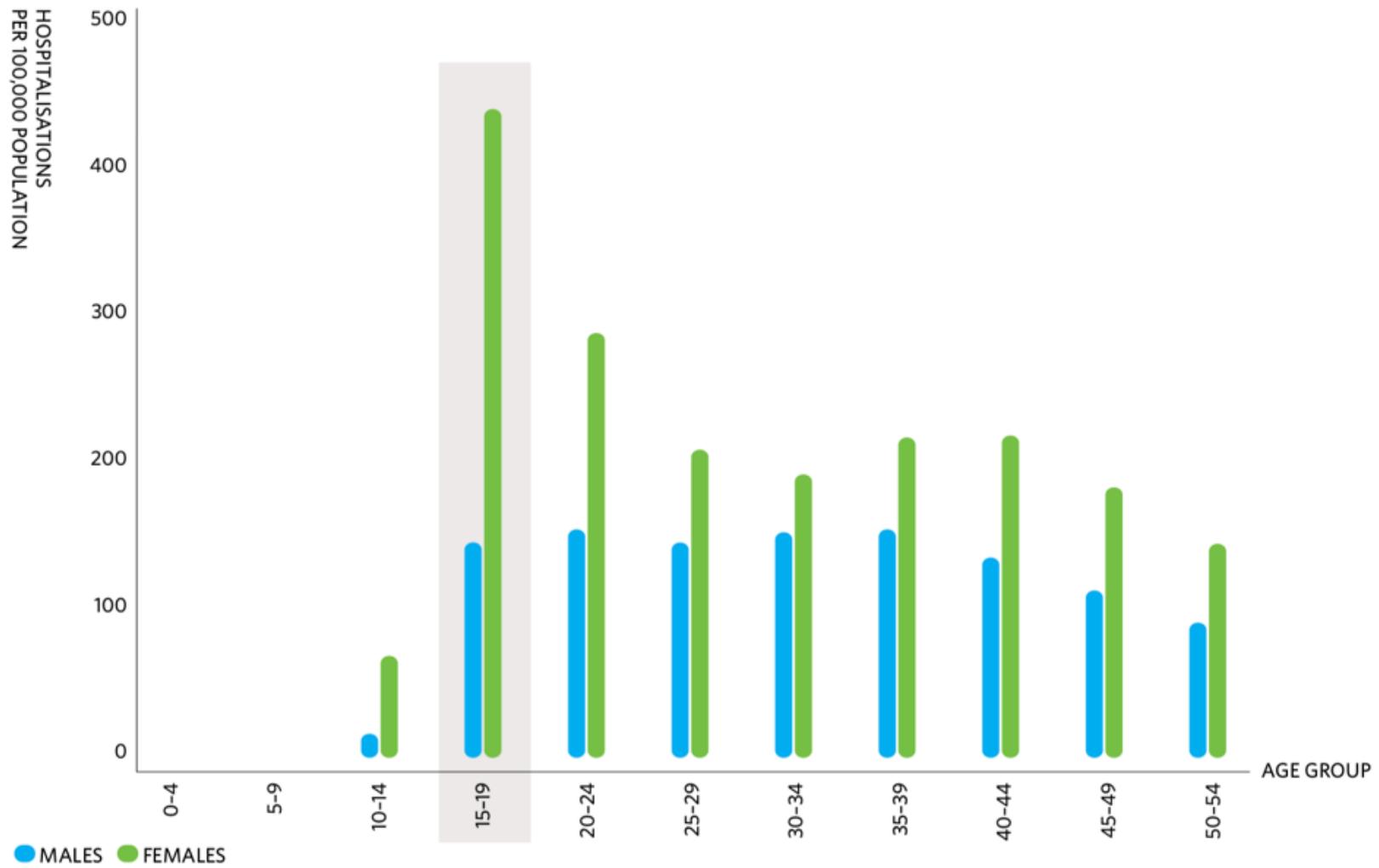
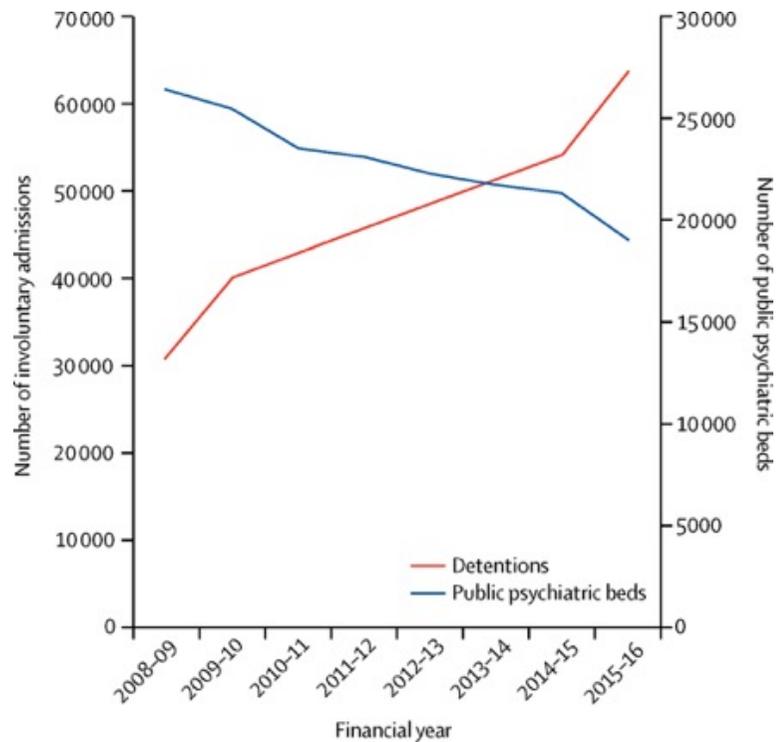


FIGURE 2 Australian suicide rates, 15-24 yrs, per 100,000



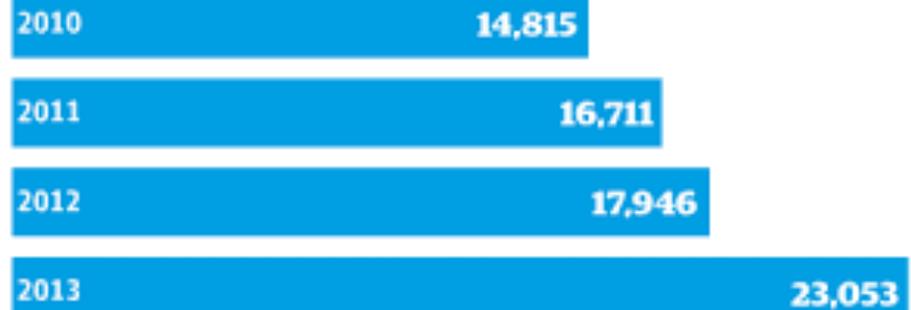


Increasing Acuity



Self-harm and suicide attempts

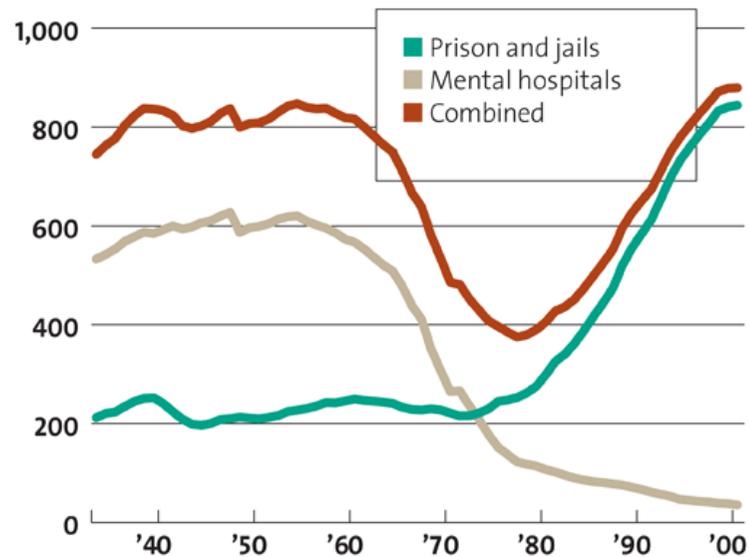
Incidents of self-harm and suicide attempts among patients in mental health units in England



DATA BASED ON RESPONSES FROM 29 MENTAL HEALTH TRUSTS TO FOI REQUESTS SUBMITTED BY LABOUR

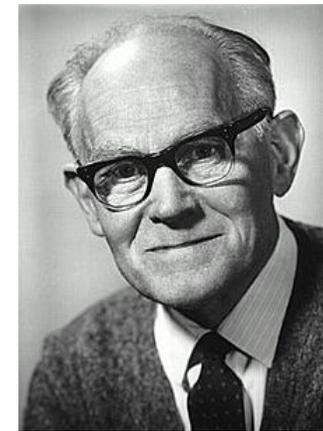
The Penrose Hypothesis

Locked Up. But Where?
Rates of institutionalization, per 100,000 adults



Lionel Penrose

- 18 European Countries
- Higher rates of remand psychosis

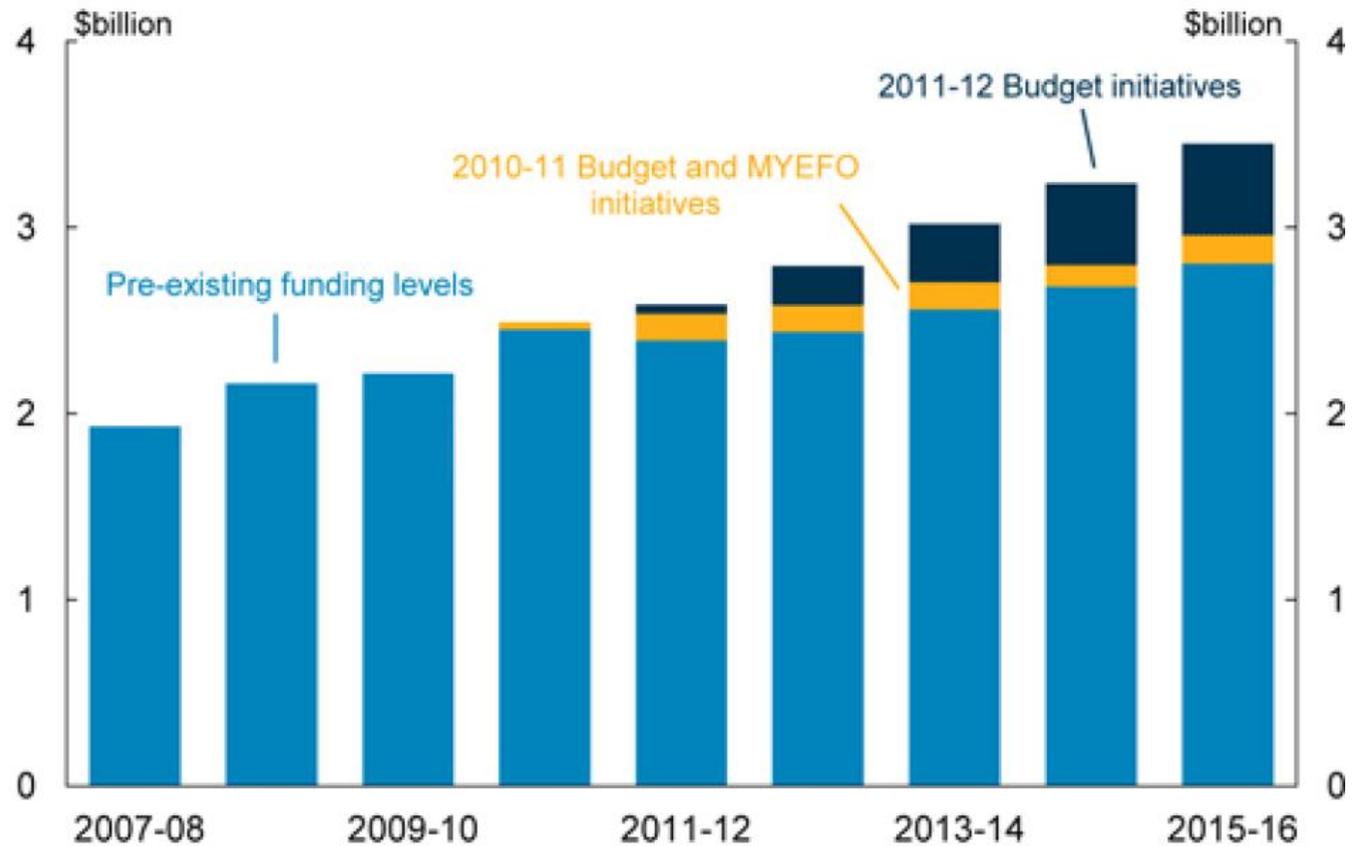


Rising Budget

\$1.5bn more

Australia's mental health spend has increased over recent years

budget.gov.au



It's Not Working

It's Expensive

**It's The Wrong
Model**

**It's Missing A
Trick**



Small Groups – 10 minutes

Is the mental health system broken?

Why?

What would you do differently?

How would you fund your plans?



Mental Health Taskforce UK 2016

More than 20,000 people have given their views on the top priorities for reshaping mental health services as part of a drive to develop a five year national NHS strategy for people of all ages.

<https://www.england.nhs.uk/mental-health/taskforce/>



What is better?

MORE SERVICES?

\$6.3 billion

direct costs

\$28.6 billion

whole-system costs

[2% of GDP]

MORE PREVENTION?

\$2 billion

For all of health (\$89)

1.34%

Less than UK and NZ

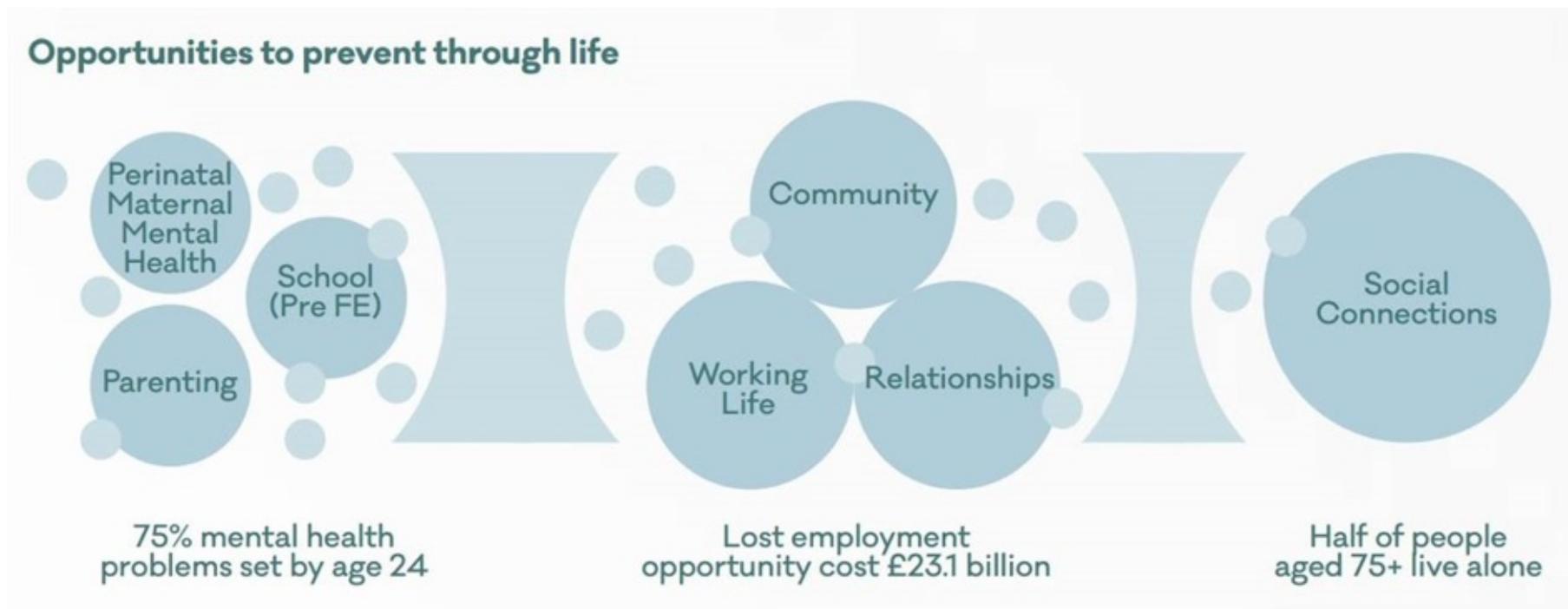
[0.14% of GDP]



Prevention

Closing the stable door before the horse has bolted...

Many opportunities



Preventive strategies for mental health

Celso Arango, Covadonga M Díaz-Caneja, Patrick D McGorry, Judith Rapoport, Iris E Sommer, Jacob A Vorstman, David McDaid, Oscar Marín, Elena Serrano-Drozdzowskyj, Robert Freedman, William Carpenter

Available treatment methods have shown little effect on the burden associated with mental health disorders. We review promising universal, selective, and indicated preventive mental health strategies that might reduce the incidence of mental health disorders, or shift expected trajectories to less debilitating outcomes. Some of these interventions also seem to be cost-effective. In the transition to mental illness, the cumulative lifetime effect of multiple small effect size risk factors progressively increases vulnerability to mental health disorders. This process might inform different levels and stages of tailored interventions to lessen risk, or increase protective factors and resilience, especially during sensitive developmental periods. Gaps between knowledge, policy, and practice need to be bridged. Future steps should emphasise mental health promotion, and improvement of early detection and interventions in clinical settings, schools, and the community, with essential support from society and policy makers.



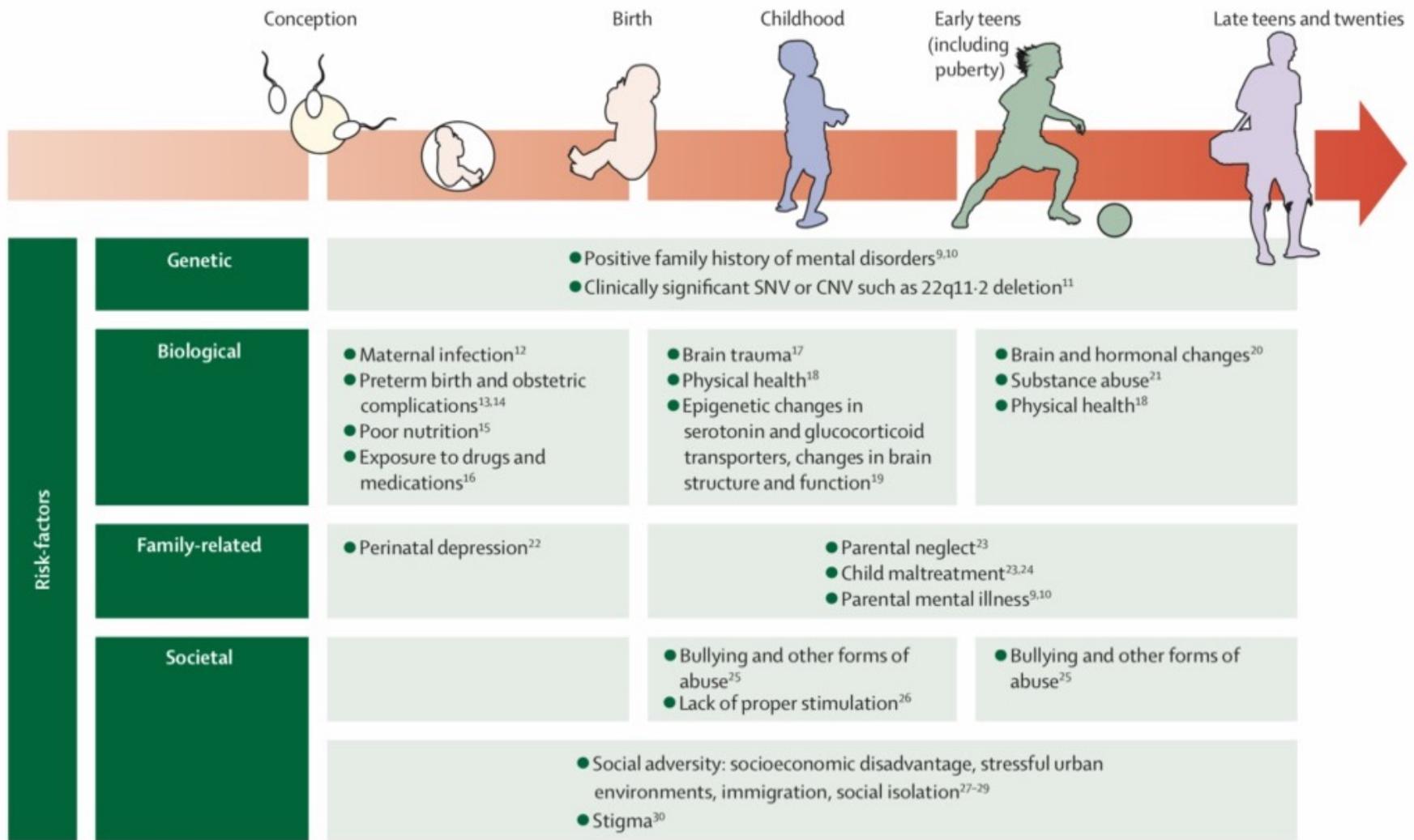
Lancet Psychiatry 2018

Published Online

May 14, 2018

<http://dx.doi.org/10.1016/>

[S2215-0366\(18\)30057-9](https://doi.org/10.1016/S2215-0366(18)30057-9)



Evidence Based Prevention

Level	Aim	Example
MH Promotion	Promote wellbeing for whole populations	School-based programs to foster healthy eating or positive coping skills
Universal Primary	Reduce general risk factors for one or more conditions	School-based programs to prevent bullying
Targeted Primary	Reduce specific risk factors	Interventions in the offspring of patients with severe mental disorders
Indicated Primary	Treat subclinical manifestations to prevent full-blown disorder	Interventions in people at clinical high risk for psychosis (i.e., showing attenuated psychotic symptoms and a recent decline in functioning)
Secondary	Early intervention	Early detection, improved access
Tertiary	Treat established illness	Improve comorbid risk factors [physical health, suicide]

Lancet Psychiatry 2018. Published Online May 14, 2018 [http://dx.doi.org/10.1016/S2215-0366\(18\)30057-9](http://dx.doi.org/10.1016/S2215-0366(18)30057-9)

What prevents prevention?

Those at highest risk present the least

We are not good at measuring prevention, only illness

Hard to do ethical research – lots of false positives

Long-term benefits only – not attractive to funders or politicians

No money – remove from intervention budget [down-streaming]

- Yet to convincingly prove that it pays for itself eventually

Stigma – needing help is weak, not as 'visible' as cardiac risk

Small Groups – 10 minutes

Give some examples of mental health promotion

What prevention do chaplains mainly do?

- Primary – before any illness
- Secondary – early stages
- Tertiary – established illness

How could you do more?

How would you prove it worked?



A photograph of a man with dark hair and a beard, wearing a red and white plaid shirt and blue jeans, sitting on the ground in a grassy field. He is looking down at a small brown and white dog sitting next to him. The background is a lush green field with a wooden fence on the right. The image is partially obscured by a dark purple curved shape on the left side.

Prevention First Framework

A Prevention & Promotion Framework
for Mental Health
everymind.org.au



Comparisons with Cardiology

Tips to **reduce your risk** for heart disease.



Maintain a
Healthy Weight



Make Healthy
Food Choices



Stay
Active



Stop
Smoking



Know Your Diabetes ABCs Talk to your health care team about how to manage your A1C, blood pressure, and cholesterol. This will help lower your chances of having a heart attack, a stroke, or other diabetes problems.

Name five things you can do to stay mentally healthy?



Resilience

How we cope with the setbacks of life

Responding to the rise in mental distress

Is it real and what should we do?

Dr Rob Waller @robwaller