7 February 2022

Mental Health Select Committee
Parliament House
George Street
BRISBANE QLD 4000

By email only: mhsc@parliament.qld.gov.au

Dear Committee,

Inquiry into the opportunities to improve mental health outcomes for Queenslanders

Cancer Council Queensland, Arthritis Queensland and Lung Foundation Australia welcome the opportunity to provide information to the Queensland Parliament's Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* (**Inquiry**).

This joint submission highlights the unique needs of people who experience comorbidity of chronic diseases, chronic pain and mental health. In particular, we recommend that the Inquiry:

- consider the specific mental health needs of **people with chronic conditions**;
- note the importance of **preventive health and reducing risks** in reducing chronic disease and the consequential impact on mental health and wellbeing;
- recognise the important role of **care coordination**;
- recommend funding and policy changes to recognise the importance of **tailored, person-centred approaches**;
- acknowledge the critical role of **family and informal caregivers**, and consider increasing/improving support services for these carers;
- investigate the capacity issues experienced by the **mental health workforce** and recommend improvements;
- recognise the need to improve access to care for **priority groups** and the need for tailored services and solutions; and
- recognise the **financial impacts** for people experiencing mental ill-health and their carers, and recommend further support to address their financial hardship.

People with chronic conditions and their mental health needs

People who experience chronic conditions, that is disease or disability that lasts more than six months, also commonly experience poor mental health. In 2017-18, almost one in two Australians (47%) reported they had one or more of the following chronic conditions: arthritis, asthma, back problems, cancer, COPD, diabetes, hay fever and allergic rhinitis, heart, stroke and vascular disease, hypertension, kidney disease, mental and behavioural conditions and osteoporosis. One in five people have two or more chronic conditions.[1]

Evidence shows clear links between poor mental health and comorbidity with other physical conditions. Table 1 below highlights higher rate of mental illness for all chronic conditions listed. Over 1 in 3 (36%) people aged 18 and over with multimorbidity experienced high or very high psychological distress.[2] In particular, people with chronic physical conditions are likely to experience anxiety and depression.[3] It is a vicious circle, with conditions such as anxiety and depression also impacting on other chronic conditions, such as heart health that can lead to increased risk of heart disease. As reported in the *Productivity Commission, Mental Health, Inquiry Report*[4] people with a mental illness are more likely to have respiratory disease; cardiovascular disease; type 2 diabetes; some cancers; chronic pain; osteoporosis and be overweight and obese, compared to people without mental illness.

Table1: Chronic conditions of persons with and without mental illness in 2017-18

Selected chronic condition	Persons with mental illness (%)	Persons without mental illness (%)
Arthritis	23.3	13
Asthma	18.2	9.5
Back problems	27.7	13.5
Cancer (malignant neoplasms)	2.6	1.6
Chronic obstructive pulmonary disease	5.2	1.8
Diabetes mellitus	6.7	4.4
Heart, stroke and vascular disease	7.1	4.2
Kidney disease	1.9	0.8
Osteoporosis	6.3	3.2

Source: ABS 2018. From: https://www.aihw.gov.au/reports/australias-health/physical-health-of-people-with-mental-illness

People with the coexistence of physical and mental conditions are more likely to be hospitalised and report higher rates of psychological distress compared to people without mental health conditions.[5] People with comorbid physical and mental illness and chronic pain are also vulnerable to suicide risk.[6]

People living with chronic physical pain struggle with mental wellbeing, as the following young person living with arthritis explains:

> *"…I get quite upset sometimes just because it feels like my body's kind of failed at being a body if that makes sense, and so I find that emotionally I struggle with that…to just get over the fact that my body is never going to work the way that everyone else's does, and that's had a massive effect on my wellbeing"* [7]

The impact of the COVID-19 pandemic on mental health has been well-documented including increased social isolation, reduced face-to-face support services, disruptions to regular treatment.[8] While there has been investment in mental health support services, this has been directed towards general mental health support and more needs to be done to ensure the mental health needs of people with complex medical conditions are met.

Like many chronic health conditions, lung disease and lung cancer are physically debilitating, especially as the condition or disease progresses. This physical debilitation has a direct impact on mental health as all aspects of people's lives can be affected – taking a toll physically socially and emotionally. Lung Foundation Australia commissioned research indicates that 2 in 3 people living with a lung condition report a negative impact on their work, more than 50% report a negative impact on their social life, and more than 50% report a negative impact on basic things like getting groceries. This directly impacts people's mental health.

> *"Everything that I enjoyed the most has been taken away from me, Travel, cooking, gardening, walking in nature etc. I've always used nature to help with mental stability as well. I worked, raised a family on my own and always handled everything. Now I feel frightened, disempowered and useless." - 72 year old Queenslander living with a chronic lung condition*

Evidence shows that people who have Chronic Obstructive Pulmonary Disease (COPD) have a prevalence of panic disorder 10 times the rate of the general population, and commonly experience panic attacks due to the inability to breathe properly.[9] Further, people with COPD are vulnerable to depression and anxiety.

When it comes to lung cancer, these people also suffer a high personal psychosocial burden. Research suggests that approximately half of the people living with lung cancer may have anxiety and/or depression. The prevalence of anxiety and depression in people living with lung cancer is also relatively high when compared with other major cancers – 49% of lung cancer patients, breast at 24%, colon at 20%, head and neck cancer at 18.5%.[10] This disproportionately high prevalence of poor mental health among lung cancer patients can be attributed to a number of factors including stigma, the lack of tailored health system support through their diagnosis and treatment, as well as the known high mortality rate, and highlights the need for appropriate consideration of the interrelationship between chronic conditions and mental health.

Recommendation: That the Inquiry consider the specific mental health needs of people with chronic conditions.

Addressing risk factors and focusing on prevention

People who live with mental illness are more commonly exposed to certain risk factors such as tobacco use, alcohol use and poor metabolic health (including overweight and obese, unhealthy diet and inadequate physical activity). These risk factors are also associated with other chronic conditions

like cardiovascular disease, respiratory disease and cancer.[11] For example, women with mental illness are 70% more likely to be smokers while men are 40% more likely.[12] Women with mental illness are 8% more likely and men are 11% more likely to have physical activity levels under the recommendations.

Modifying lifestyle risk factors has the dual outcome of addressing and improving physical and mental health outcomes. It has been shown that stopping smoking for longer than six weeks leads to lower feelings of stress, anxiety and depression.[13] In a similar way, physical activity and healthy eating has been linked to lower rates of depression[14] can prevent or improve certain chronic conditions such as secondary stroke, type 2 diabetes, cardiovascular health and certain cancers.[15]

Recommendation: That the Inquiry note the importance of preventive health and reducing risks in reducing chronic disease and the consequential impact on mental health and wellbeing.

Care Coordination for people with complex health needs

A person with chronic health conditions and complex health needs require access to multiple service providers, often located across siloed or fragmented health systems. Coordination of care across the health system is required. This can be achieved through:

- Helping the consumer navigate the health system
- Ensuring relevant information is shared across providers
- Data sharing for seamless transition between services
- Tailoring support to the consumer's needs and preferences (see below)

A care coordinator or case manager is one way to help navigate the system and ensure services are linked. As the following person with arthritis explains:

> *"… I think some kind of case manager is the thing that's missing because like I said, you have to instigate it yourself and then go to all these different appointments and then weigh up their opinions and get someone else's opinion, even someone to help you manage your medication because they all prescribed medication just off what you're saying but don't speak about what other people have prescribed."* [16]

A whole-person approach is required to treat people's physical and mental health. For people with chronic health conditions, treatment often focuses on the physical aspects of chronic disease management while mental health needs remain undiagnosed and untreated. Appropriate mental health screening and referral pathways are needed to ensure people are receiving the necessary care all aspects of their health needs.

> *Jan has cerebral palsy (CP) and chronic arthritis. She experiences ongoing pain with her arthritis, and has noticed a decline in her physical abilities. Jan says it took time for her to realise she needed support with her mental health. 'I think I've had depression for a long time and it's gone undiagnosed,' she says. 'I've had to come to the point where I've had to ask for help.* [17]

Recommendation: That the Inquiry recognise the important role of care coordination.

Tailored, person-centred approaches

As reported in the *Productivity Commission, Mental Health, Inquiry Report*[18] it is important for people with complex, chronic health conditions to have access to a broad range of services to meet their clinical, psychosocial and community needs. Treatment options may encompass a range of avenues, including lifestyle approaches that focus on exercise and healthy diet in conjunction with clinical treatments and psychological support.

It has been well-documented that one-size fits all approaches are not appropriate to address the complex health needs of people with chronic health conditions,[19] including mental health.[20] There are various entry points for people to access support and a stepped-approach can provide layers of support to suit the person's needs. Various delivery methods should be made available, including online, peer support and/or clinical consultations.

Peer support is a unique and evidence-based model by which people who are facing similar situations can engage together to share their lived experience. It is a specialised knowledge that cannot be taught or learned; it has to be lived. Peer support provides the opportunity for people to share their experiences with someone who 'gets it'. Many NGOs offer a peer-support program which aims to connect people, which is important now more than ever in a COVID-19 world. There is evidence that peer support can help people feel more knowledgeable, confident and happy and less isolated and alone. Peer support may also encourage people to take more care of their health which, in the longer term, could lead to better health outcomes such as less anxiety. General counselling services may not be appropriate to deal with the specific needs and challenges of people with complex health conditions. For example, it has been reported that people who experience chronic health conditions can experience grief for the loss of healthy lives once lived. Specific counselling for this type of grief and bereavement needs to be available to address these needs and understands complex chronic conditions[21]

> *"You do grieve and experience loss when someone is diagnosed with an illness. You find that your future is not as you planned and has changed dramatically." – Anonymous, living with a chronic lung condition*[22]

> *"I would have liked some emotional guidance at diagnosis. I felt very alone despite my caring husband. I was in a very 'dark place' for the first time in my life and quite frankly, I was scared" Anonymous, living with arthritis*[23]

Recommendation: That the Inquiry recommend funding and policy changes to recognise the importance of tailored, person-centred approaches.

Support for family and informal caregivers

Family members of people with mental health and chronic conditions often require emotional support themselves. Family members often provide informal care, including practical and emotional support to the person with chronic health conditions, and this can place emotional stress on the family member. Around 1 in 10 Australians are informal carers, the majority of which are unpaid, and the average age of informal carers is 50 years old.[24] Carers of people with chronic conditions reported: 52% had suffered financially because of their role, 24% had lost (or were losing) touch with existing friends and 39% had experienced a change in their physical or emotional wellbeing.[25]

Home-based care can place additional responsibilities and pressure on family carers who need to undertake tasks that a paid service would otherwise provide including helping someone with showering, eating or shopping, providing in-home supervision, provide transport, administering medications and understanding the person's symptoms.[26] As someone living with Chronic Obstructive Pulmonary Disease explains:

> *"Carers need support. They not only have to understand the disease their loved one has, but need to cope when their loved one has a good or a bad day. Because you are living with the disease, on a bad day, it can cause you to say some nasty things that may hurt your loved one, which you really don't mean to do." – Anonymous, living with Chronic Obstructive Pulmonary Disease.*[27]

This can put additional stress on children as well, as the following example illustrates:

> *"I helped Mum as best as I could—I did the shopping, looked after my brother, tried to keep the house clean and did the laundry as well […] I also worked part-time six days a week at a pizza place […] We were drowning in responsibilities as children." – Jesse Morgan's story* [28]

While there are emotional support services available for family carers, such as Counselling Services at Cancer Council Queensland and the national Carer Gateway, there needs to be greater awareness of available services. Financial burden experienced from changes to employment and health care costs can be another cause of emotional distress. As a husband caring for his wife with cancer explained, *"Financial, is the hardest thing . . . You have got to have that money flowing through to pay the bills, the bills don't stop because you get sick."* [29] To address this financial distress, greater awareness and easier access to available services is required, such as Centrelink's Carer Payment.

Recommendation: That the Inquiry acknowledge the critical role of family and informal caregivers, and consider increasing/improving support services for these carers.

Workforce capacity

The mental health workforce capacity is stretched with many people facing long wait times to see psychologists, especially for initial visits. There have been recent changes to MBS, such as increasing the number of subsidised mental health sessions in mental health plans (from 10 to 20 sessions). However, while this change has helped people who are already connected to a service, it has placed additional strain and stress on new referrals and workforce capacity to meet this demand.

There is also the issue of workforce capacity for people experiencing mental ill-health. This presents as presenteeism in the workplace when people are attending work rather than taking necessary time off to address their mental health and chronic conditions. On average, people with mental ill-health are absent from work 10-12 days a year; and reduced the amount of work they did on 14 to 18 days a year because of their psychological distress. The *Productivity Commission* estimated economic loss due to the effects of mental ill-health on work participation to be up to $39 billion.[30]

Recommendation: That the Inquiry investigate the capacity issues experienced by the mental health workforce and recommend improvements.

Improving access to care for priority groups

Prevalence of chronic conditions is highest in the most disadvantaged of the population. The prevalence of multimorbidity tended to increase with increasing socioeconomic disadvantage, ranging from 14% in the highest socioeconomic areas to 24% in the lowest socioeconomic areas in 2017-18. People with multimorbidity aged 18-64 years old were also less likely to be working than people with no chronic conditions.[31]

The *Health of Queenslanders report*[32] also identifies certain groups in Queensland who are most at risk of poor mental health and wellbeing, including:

- youth,
- unemployed and underemployed,
- rural and remote communities,
- LGBTIQ+ people,
- Aboriginal and Torres Strait Islander people,
- homeless,
- carers and
- people arriving in Queensland through humanitarian programs.

A systems approach is required that addresses the inequalities in access to healthcare for these priority groups. These groups often experience higher risk factors for numerous chronic conditions and mental ill-health, and this cannot be addressed without a comprehensive understanding of broader social factors surrounding a person, and tailoring person-centred approaches to address these factors.

Recommendation: That the Inquiry recognise the need to improve access to care for priority groups and the need for tailored services and solutions.

Financial impacts and support

People with comorbid physical and mental illness have higher ongoing treatment costs which leads to greater financial burden. One study found that people with chronic conditions in Australia are likely to forgo care due to costs. For example, people with depression, anxiety or another mental health condition were 7.65 times more likely to skip healthcare and people with asthma, emphysema and chronic obstructive pulmonary disease had a 6.16 times chance of skipping healthcare. This was more commonly reported in Australia than in other OECD countries, such as Canada, UK, Germany and France.[33]

Financial impacts are not only experienced by the person receiving healthcare, but also the family and caregivers can have financial constraints. Patients or caregivers may have to exit the workforce or reduce their work hours. Having to leave the workforce also has associated mental health impacts.

> *"So that can be, like, you know financially very stressful – I guess financially it is very stressful for everyone, but when you are having a health issue and you're not sure if you'll be capable of working in the future, that's like a long term issue for me. I don't know whether I'll be able to afford to do a lot of things." - person living with arthritis*[34]

While some services are available to assist with financial impacts, these are not well known. There needs to be improved awareness and access to financial support services for people with mental health conditions.

Recommendation: That the Inquiry recognise the financial impacts for people experiencing chronic health conditions and mental ill-health, along with their carers, and recommend further support to address their financial hardship.

We would welcome the opportunity to provide further information to the Committee, including the opportunity to give evidence. Please contact Dr Lorraine Bell, senior policy adviser at Cancer Council Queensland on [redacted] or [redacted] for further information.

Yours sincerely,

Chris McMillan
CEO
Cancer Council Queensland

Emma Thompson
CEO
Arthritis Queensland

Mark Brooke
CEO
Lung Foundation Australia

References

[1] Australian Bureau of Statistics, *National health survey: first results, 2017-18* (Cat. no. 4364.0.55.001, 12 December 2018).

[2] Australian Institute of Health and Welfare (**AIHW**), *Chronic condition multimorbidity* (Cat. no: PHE 286, 13 May 2021).

[3] Robert Stanton et al, 'Prevalence of Chronic Health Conditions in Australian Adults with Depression and/or Anxiety' (2019) 40(2) *Issues in Mental Health Nursing* 1.

[4] Productivity Commission, *Mental Health* (Report no. 95, 30 June 2020)

[5] AIHW, *Comorbidity of mental disorders and physical conditions 2007*. (Cat. no: PHE 155, 10 February 2012).

[6] Kyu Young Oh et al, 'Effects of chronic physical disease and systemic inflammation on suicide risk in patients with depression: A hospital-based case–control study' (2020) 50(1) *Psychological Medicine* 29; Nermin Gürhan et al, 'Suicide Risk and Depression in Individuals with Chronic Illness' (2019) 55(5) *Community Mental Health Journal* 840.

[7] Helen Slater et al, *Young people's experiences of living with persistent pain, their interactions with health services and their needs and preferences for pain management including digital technologies* (Report, Arthritis and Osteoporosis Victoria and Arthritis and Osteoporosis Western Australia, 2016).

[8] AIHW, *Mental health services in Australia* (Report, 1 February 2022)

[9] Nicole Livermore, Louise Sharpe and David McKenzie, 'Panic attacks and panic disorder in chronic obstructive pulmonary disease: a cognitive behavioral perspective' (2010) 104(9) *Respiratory Medicine* 1246.

[10] David W Kissane et al, 'Psychiatric disorder in women with early stage and advanced breast cancer: a comparative analysis' (2004) 38(5) *Australian New Zealand Journal of Psychiatry* 320. David W Kissane et al, 'Psychiatric disorder in women with early stage and advanced breast cancer: a comparative analysis' (2004) 38(5) *Australian New Zealand Journal of Psychiatry* 320. Seema M Thekdi et al, 'Posttraumatic Stress and Depressive Symptoms in Renal Cell Carcinoma: Association with Quality of Life and Utility of Single Item Distress Screening' (2015) 24(11) *Psycho-oncology* 1477.

[11] David Lawrence, Kirsten Hancock and Stephen Kisely, 'The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers' (2013) 346 *British Medical Journal* 1.

[12] Ben Harris et al, *Australia's Mental and Physical Health Tracker: Background Paper* (Australian Health Policy Collaboration issues paper no. 2018-02, August 2018).

[13] Gemma MJ Taylor et al, 'Smoking cessation for improving mental health' (2021) 3 *Cochrane Database of Systemic Reviews* CD013522.

[14] Felice N Jacka and Michael Berk, 'Depression, diet and exercise' (2013) 199(6) *Medical Journal of Australia* S21.

[15] World Health Organization, *Global action plan on physical activity 2018–2030: more active people for a healthier world* (2018)

[16] Slater et al (n 7)

[17] Queensland Health, *Jan's story* (Web Page, 2 September 2021) https://www.qld.gov.au/community/support-for-carers/support-young-carers/jan

[18] Productivity Commission (n 4).

[19] Katherine J Corcoran, Tanisha Jowsey and Stephen R Leeder, 'One size does not fit all: the different experiences of those with chronic heart failure, type 2 diabetes and chronic obstructive pulmonary disease' (2013) 37(1) *Australian Health Review* 19.

[20] David A Jobes and Samantha A Chalker, 'One Size Does Not Fit All: A Comprehensive Clinical Approach to Reducing Suicidal Ideation, Attempts, and Deaths' (2019) 16(19) *International Journal of Environmental Research and Public Health* 3606.

[21] Kate Jackson, 'Grieving chronic illness and injury – infinite losses' (2014) 14(4) *Social Work Today* 18.

[22] Lung Foundation, *Big Feelings: mind matters* (Web Page, 2022) https://lungfoundation.com.au/patients-carers/after-your-diagnosis-title/mental-health/big-feelings/.

[23] Shona Bates et al, *Arthritis and disability* (Social Policy Research Centre Report, October 2014).

[24] AIHW, *Informal carers* (Report, 16 September 2021).

[25] AIHW, *Australia's welfare 2017* (Cat. no: AUS 214, 19 October 2017).

[26] Ibid.

[27] Lung Foundation, *Caring for a loved one: mind matters* (Web Page, 2022) https://lungfoundation.com.au/patients-carers/after-your-diagnosis-title/mental-health/caring-for-a-loved-one/.

[28] Royal Commission into Victoria's Mental Health System. *Jesse Morgan's Story* (Case study, November 2019) https://finalreport.rcvmhs.vic.gov.au/personal-stories-and-case-studies/jesse-morgan-and-his-mother/.

[29] Lorraine Bell et al, '"We Have to Be Strong Ourselves": Exploring the Support Needs of Informal Carers of Aboriginal and Torres Strait Islander People with Cancer' (2021) 18(14) *International Journal of Environmental Research and Public Health* 7281.

[30] Productivity Commission (n 4)

[31] AIHW (n 2).

[32] Queensland Health, *The health of Queenslanders 2020: Report of the Chief Health Officer Queensland* (2020).

[33] Emily J Callander, Lisa Corscadden and Jean-Frederic Levesque 'Out-of-pocket healthcare expenditure and chronic disease – do Australians forgo care because of the cost?' (2017) 23(1) *Australian Journal of Primary Health* 15.

[33] Slater et al (n 7)

[34] Ibid.