PREVENTION UNITED

Joining forces to prevent mental health conditions

Flattening the curve of mental ill-health in the wake of COVID19

Professor Tony Jorm

Overview of Webinar

- The potential mental health impacts of the pandemic.
- Ways to deal with these: treatment services and prevention.
- What Australia is doing about treatment and why this is unlikely to have a major impact.
- What Australia is doing about prevention and why this is more likely to help.
- What else could be done?
- Discussion

A Caveat

- The current situation is unprecedented in recent times.
- Therefore, we are in a state of data uncertainty.



Coronavirus mental health toll: Australians up to five times more depressed, stressed or anxious

The silent COVID-19 death toll: Far more Australians will kill themselves because of coronavirus lockdown than those who die of the virus, experts say

- New research predicts suicides could double across Australia due to COVID-19
- Modelling shows suicide rates could be four times higher than corona deaths
- Experts are concerned there could be a generational mental health crisis
- Here's how to help people impacted by Covid-19

By LOUISE AYLING FOR DAILY MAIL AUSTRALIA

PUBLISHED: 02:26 AEST, 7 May 2020 | UPDATED: 02:56 AEST, 7 May 2020

There are fears suicide rates could rise by 50 per cent across Australia because of the impacts of coronavirus restrictions.

New research predicts an extra 1,500 suicide deaths across the country over the next five years as a result of the economic fallout of the coronavirus.

The modelling from the Sydney University's Brain and Mind Centre found the rate of deaths linked to suicide would be more than four times the number of deaths directly caused by coronavirus, The **Australian**.

JOINT STATEMENT - COVID-19 IMPACT LIKELY TO LEAD TO INCREASED RATES OF SUICIDE AND MEN AL ILLNESS









07 May 2020

JOINT STATEMENT

Dr Tony Bartone, Australian Medical Association (AMA) President, and GP

Professor Ian Hickie AM, Co-Director, Health and Policy, The University of Sydney Central Clinical School, Brain and Mind Centre

Professor Patrick McGorry AO. Executive Director, Orygen, Centre for Youth Mental Health, University of Melbourne

COVID-19 IMPACT LIKELY TO LEAD TO INCREASED RATES OF SUICIDE AND MENTAL ILLNESS

Australia will likely see increases in youth suicide and a surge in demand for specialist mental health services as the full and lasting impact of the COVID-19 pandemic is experienced across the community.

We are calling for:

- Urgent consideration of the modelling data by the Australian Health Protection Principal Committee, so that best health, economic, educational, and social policy options can be considered by the National Cabinet.
- Adding a Mental Health Deputy Chief Medical Officer (CMO) to assist CMO Professor Brendan Murphy's team. The
 national response to COVID-19 necessitates a clinically qualified recognised expert in mental health being at the fore
 of mental health communications, media, and advice.
- Direct support by psychiatrists, psychologists, and mental health nurses, supported by new Commonwealth funding,
 for general practitioner-based delivery of team-based mental health assessments and support.
- Immediate direct commissioning by the States and Territories, supported by Commonwealth funding, of new clinically based mobile crisis assessment services.
- Rapid deployment of new technology-assisted solutions and digital health services, including expanding Telehealth services and the related infrastructure, particularly in rural and regional areas and to disadvantaged communities.
 Digital Mental Health platforms should be supported for all young people to complement face to face care and telehealth.
- Specific expansion of youth mental health services, with particular focus on urgent assessment and support for engagement and participation in education and employment.
- Expansion of specialised clinical aftercare services for those who have attempted suicide.



Measuring the impacts of COVID-19

Latest data and analysis for Australia

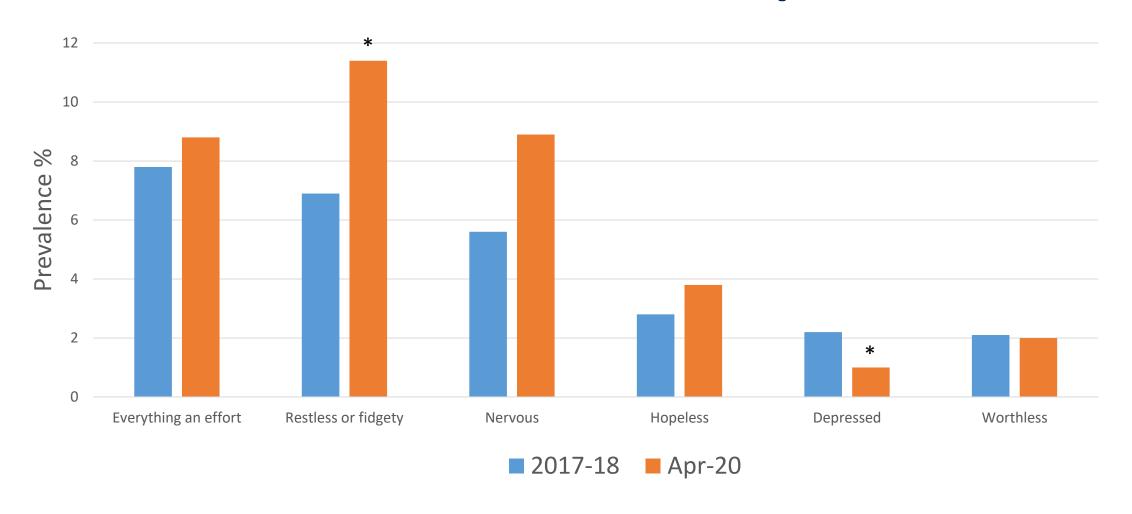
The implications of COVID-19 are highly uncertain. During this time, there are sizeable benefits for the community and governments to have access to timely social and economic information. The ABS is responding by producing a range of new statistics to help us all understand the impacts of this worldwide event.

K10 Screening Test for Psychological Distress

In the past 4 weeks, about how often did you feel:

- tired out for no good reason?
- nervous?
- so nervous that nothing could calm you down?
- hopeless?
- restless or fidgety?
- so restless you could not sit still?
- depressed?
- that everything was an effort?
- so sad that nothing could cheer you up?
- worthless?

Symptoms of Psychological Distress in Australian Adults: 2017-18 vs April 2020



Effects of Unemployment Due to Pandemic on Suicide: US Modelling by McIntyre & Lee (2020)

Scenario	Unemployment in 2020	Unemployment in 2021	Increase in suicide
No change	3.6%	3.7%	0%
Moderate increase	5.8%	9.3%	3.3%
Extreme increase	24%	18%	8.4%

If this modelling were applied to Australia, the moderate scenario would predict approximately 100 extra suicide deaths per year and the extreme scenario approximately 250 extra deaths per year.



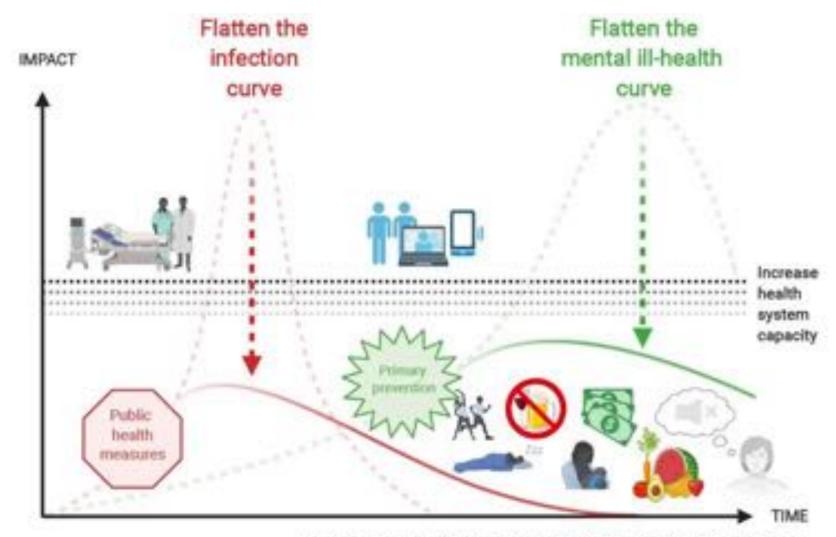


The battle against the mental health consequences of the coronavirus pandemic is just beginning. Governments and executions are mapping how best to prevent the predicted rise in mental health issues we face in coming months and beyond.

This involves not only preventing a wave of mental disorders from starting but also preventing increased difficulties in people already living with poor mental health.



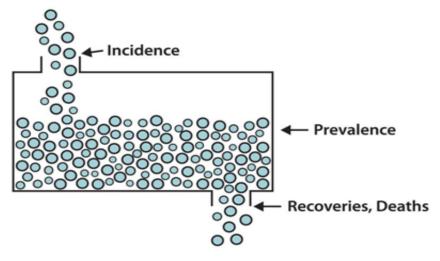




Adapted by Dr Lachian Kent from Twitter post by Dr Victor Tseng (@VectorSting Mar 31)

Two Ways to Reduce Mental Health Conditions

 Number of cases (prevalence) is a function of rate of new cases (incidence) and how long the conditions last (duration).



- Treatment is primarily aimed at reducing duration.
- Prevention is aimed at decreasing incidence.

What the Government Has Done to Increase Treatment

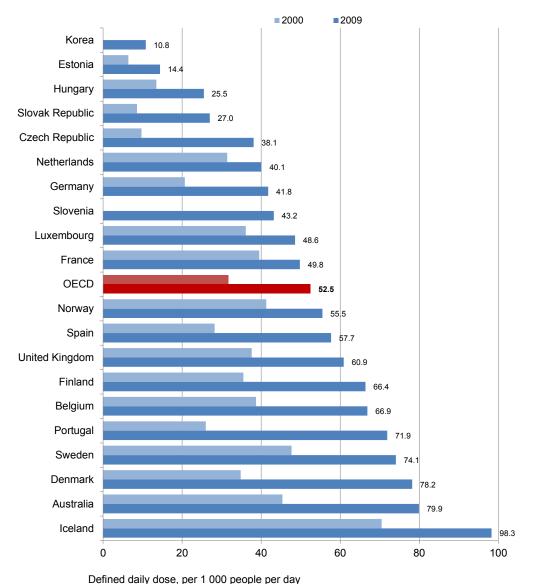


Australians will not incur any out-of-pocket costs for consults done over the phone or on video with health professionals like GPs, psychologists and psychiatrists, as part of a \$1.1 billion funding boost designed to protect against the widespread impact of the coronavirus pandemic.

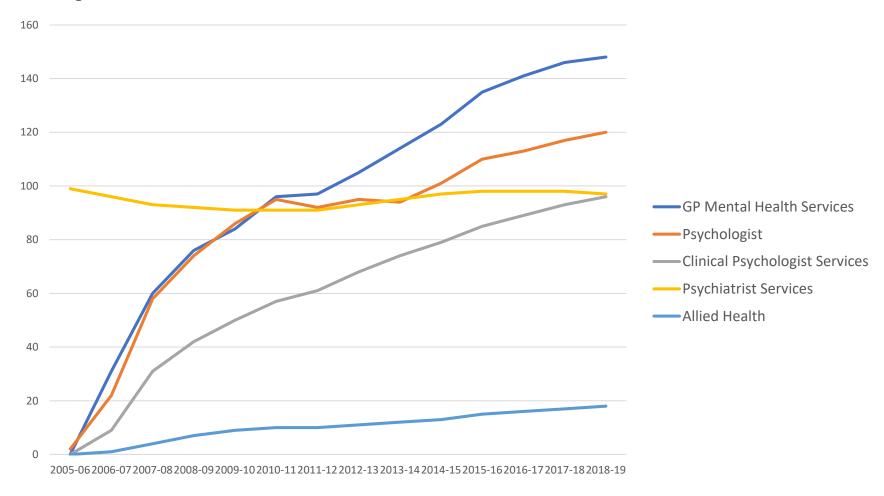
Will Increasing Mental Health Treatment Help?

- Randomized controlled trials show that treatments work.
- However, getting more people into treatment has not improved population mental health in the past.
- Quality of services has not been sufficient to make a difference.

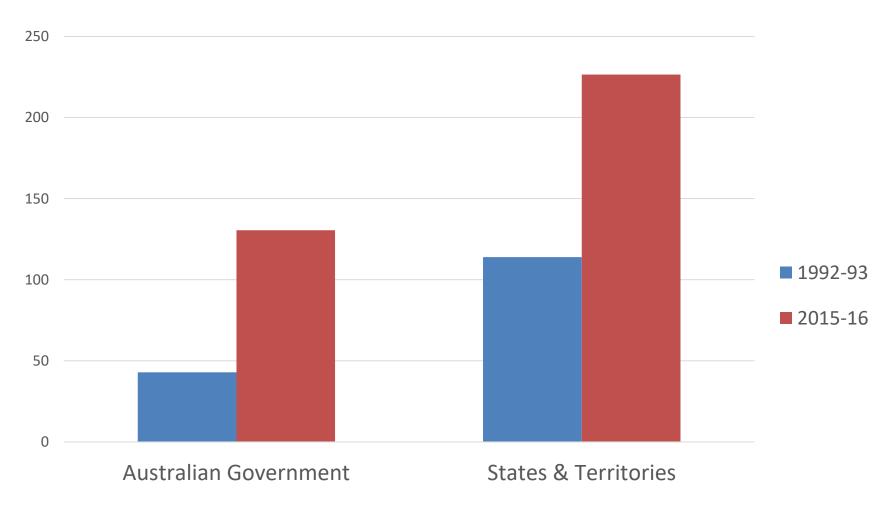
Antidepressant Consumption 2000 and 2009



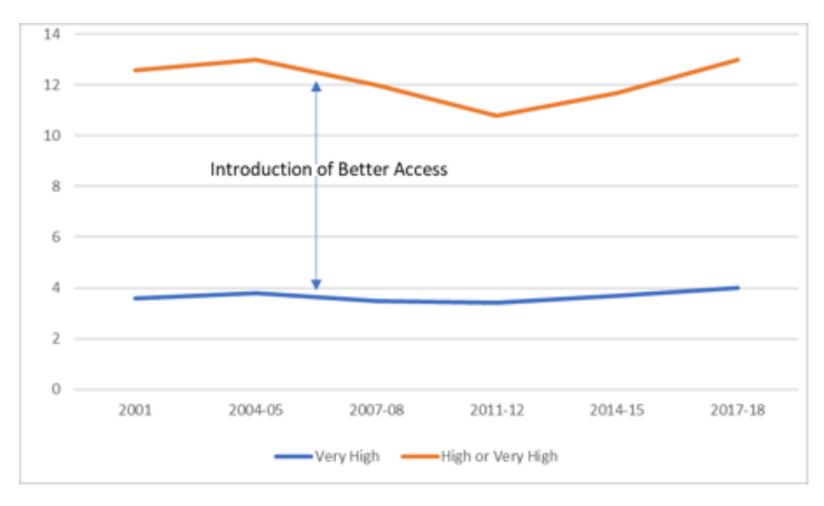
Medicare Mental Health Services (per 1,000 persons) 2006-2015



Per Capita Expenditure on Mental Health Services (Constant Prices)



Prevalence (%) of Psychological Distress (K10) From 2001 to 2017-18



The quality gap in mental health treatment in Australia

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Australia's first National Survey of Mental Health and Wellbeing carried out in 1997 showed that mental disorders were common in Australian adults, but that many people affected did not receive treatment. Similar findings were reported during the 1990s for many other countries, leading to global concern about the 'treatment gap' in mental health care.

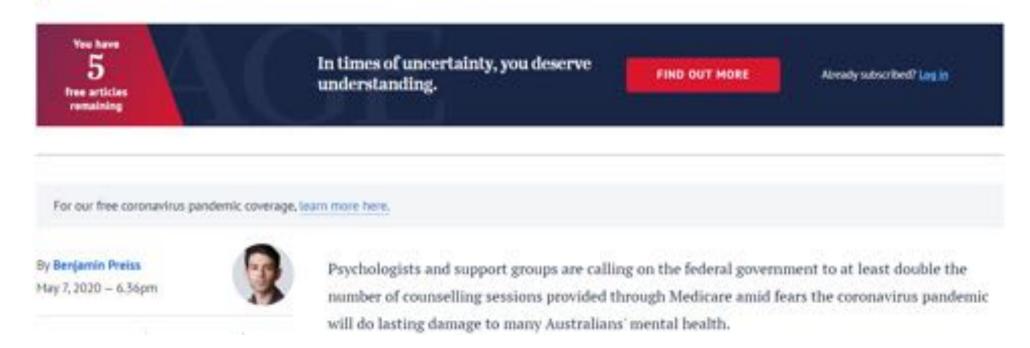
Since the mid-1990s, there have been considerable efforts to reduce the treatment gap in Australia. There has been a substantial increase in expenditure on mental health services, and both pharmacological and psychological treatments have had large increases in uptake (Jorm, 2014). However, despite this increase, the prevalence of mental health problems has not reduced as would have been expected. The one population mental health gain that we have had is a reduction in the male suicide rate since the late 1990s, which roughly corresponded with the introduction of the National Suicide Prevention Strategy in 1999.

Australian & New Zealand Journal of Psychiatry, 49(10)

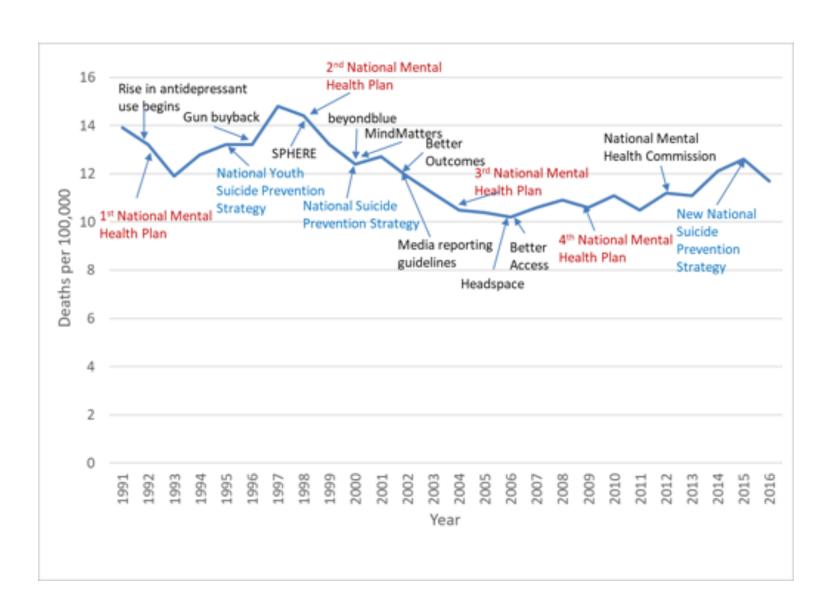
The Quality Gap

- Treatments that work under trial conditions may not work as well in practice, due to poor targeting or poor implementation.
- Antidepressants are not being used with the right people.
- Psychological services are often of poor quality.

Call to expand Medicare-funded counselling as pandemic hits mental health



Historical Changes in Suicide in Australia





Lack of impact of past efforts to prevent suicide in Australia: A proposed explanation

Australian & New Zealand Journal of Psychiatry I-2 DOI: 10.1177/0004867420924104

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Anthony F Jorm

Suicide is influenced by social factors that are outside the domain of mental health services Treatments may have limited impact on suicide deaths

Mental health professionals may not be present when suicide risk is highest

What the Government is Doing for Prevention of Mental III-Health



JobSeeker payments start, bringing relief — and questions as to why it took the coronavirus pandemic to get a welfare boost

Factors Associated with Psychological Distress in Australia

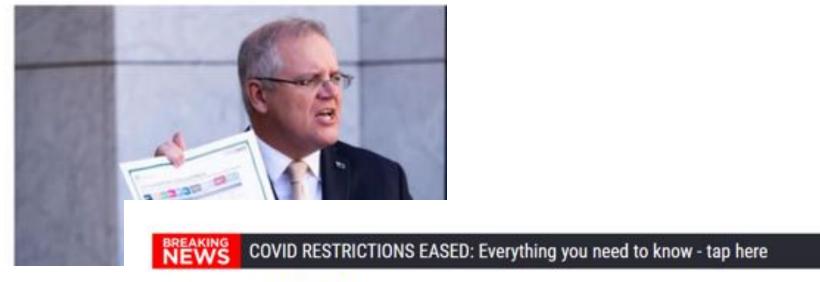
The following are associated with K10 scores:

- Unemployment
- Low income
- Low social connectedness and social support
- Workplace characteristics
- Poor quality diet
- Limitations on physical functioning
- Physical diseases

These Social Welfare Protections Will Need to Continue if We Are to Flatten the Mental III-Health Curve

No guarantee JobKeeper, JobSeeker will last 6 months: PM





BUSINESS > FINANCE

Centrelink JobSeeker payment should remain post-coronavirus, say most Australians

Table 1: Results of interventions ranked by ROI with total costs and total savings

ROI	Intervention	Target population	Length of costs and benefits	Total costs of intervention	Total savings
3.06	e-Health interventions for the prevention of anxiety disorders in young people	School students aged 11–17 years	10 years	\$6.2M	SIEEM
2.87	Educational interventions to reduce older persons' loneliness	Women aged 55 years and above residing in the community	5 years	525.2M	\$72.4M
2.54	Exercise programs for the prevention of post-natal depression	Women at least 4 weeks post birth	5 years	\$5.5M	\$14.0M
2.40	Parenting interventions for the prevention of anxiety disorders in children	Preschool children aged 4–5 years	3 years	\$3.7M	\$8.3M
2.14	e-Health interventions to reduce older persons' loneliness	Lonely older adults aged 65 and above enrolled into the Community Visitors Scheme	Syears	\$2.2M	\$4.7M
1.63	Psychological interventions for the prevention of post-natal depression	Pregnant women	Syears	\$14.6M	\$23.3M
1.56	School based interventions for bullying prevention	School students aged 8-11 years	10 years	\$66.8M	\$103.9M
1.19	School based psychological interventions to prevent depression in young people	School students aged 11-17 years	10 years	\$31.1M	\$37.1M
1.05	e-Health workplace intervention for the prevention of depression	Employees aged over 18 years	11 years	\$6.2M	\$6.5M
0.28	Face to face psychological workplace interventions for depression prevention	Employees aged over 18 years	11 years	\$166.6M	\$45.8M

Prevention Approaches Based on Risk Factor Modification

Viewpoint



Prevention of mental disorders requires action on adverse childhood experiences

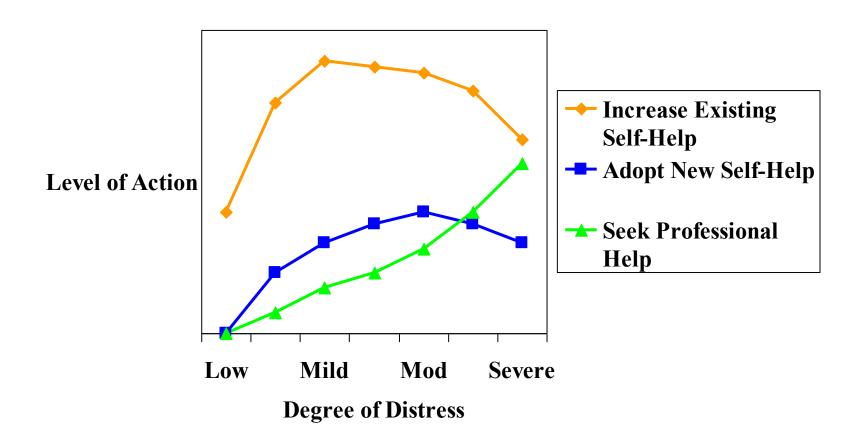
Anthony F Jorm 1 and Roger T Mulder2

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'Overlapping Waves of Action' Model



BJPsych

The British Journal of Psychiatry (2012) 200, 412-418. doi: 10.1192/bjp.bp.111.101394

Email-based promotion of self-help for subthreshold depression: Mood Memos randomised controlled trial

Amy J. Morgan, Anthony F. Jorm and Andrew J. Mackinnon

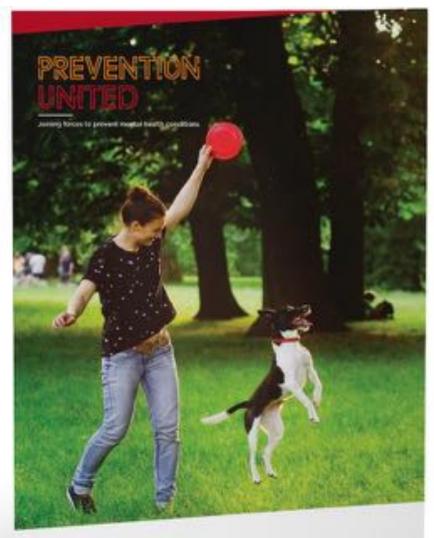
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STAYING AHEAD

Your guide to preventing depression and anxiety.

Conclusions

- We have limited data to base predictions on, but it seems likely that the pandemic and lockdown could increase mental ill-health and suicide.
- There are two broad ways to deal with these: treatment services and prevention.
- Australia has acted quickly to increase provision of mental health services, but previous increases have not had a detectable impact. There is a 'quality gap' in services.
- Australia has acted quickly to support employment and reduce poverty and this is likely to flatten the curve of mental ill-health. However, it needs to be sustained.
- There are other mental ill-health prevention programs that work and have a positive return on investment. However, any implementation of these must ensure there is not a 'quality gap'.

Time for Discussion