Addressing inequity in mental health care

Inequity and Mental Health

Australians in disadvantaged areas face nearly three times higher mental distress than those in wealthier regions, with severe distress levels seven times higher (Figure 1). Suicide rates also follow a socioeconomic gradient. Despite investments, disparities persist, often due to inequitable access to mental and physical health care.

In order to truly understand the inequity, we need to consider the level of need for care. If we are not measuring correctly then we cannot provide good solutions.

Measuring Inequity

Access inequity lacks standard indicators, complicating its assessment. Traditional service comparisons don’t account for varying needs. Our recent work developed an ‘equity indicator’ to address this gap, comparing service access for those most in need across different socioeconomic areas.

The number of people with the most need for those services is estimated by people with “very high” mental distress on the K10. As this is a proxy for relative levels of more severe mental health problems / disorders requiring services.

Equity indicator – mapping inequity

The ‘equity indicator’ allows us to compare apples with apples, focusing on a key group – those most in need of mental health services. Essentially, we can take an area with wealthy residents and another area with a poorer population and compare them to see how those most in need are accessing services.

Equity Indicator Findings

Analysing Medicare mental health services under the Better Access initiative and approximated usage by those with the greatest needs, we found significant inequity: in 2019, people in poorer areas received **SIX** times fewer services than those in wealthier areas. When including public and community services (not funded by Medicare), this gap narrowed to **THREE** times fewer services.

Causes of Inequity

A two-tiered system leaves disadvantaged populations more reliant on public services while wealthier individuals access Medicare. Barriers include rising out-of-pocket costs and service shortages in outer metropolitan, regional and rural areas. Public services, which treat severe cases, can't fully offset Medicare's inequities.

Recommendations: Increase funding for community mental health services where Medicare access is lacking.

Address financial barriers through bulk billing incentives for psychiatrists and psychologists.

Coordinate federal and state services based on the equity indicator.

Fund research to better understand service access and inequities.

Summary

Using the equity indicator can guide equitable investment in mental health services, improving outcomes and reducing disparities in health and social domains.

Resources and Contacts:

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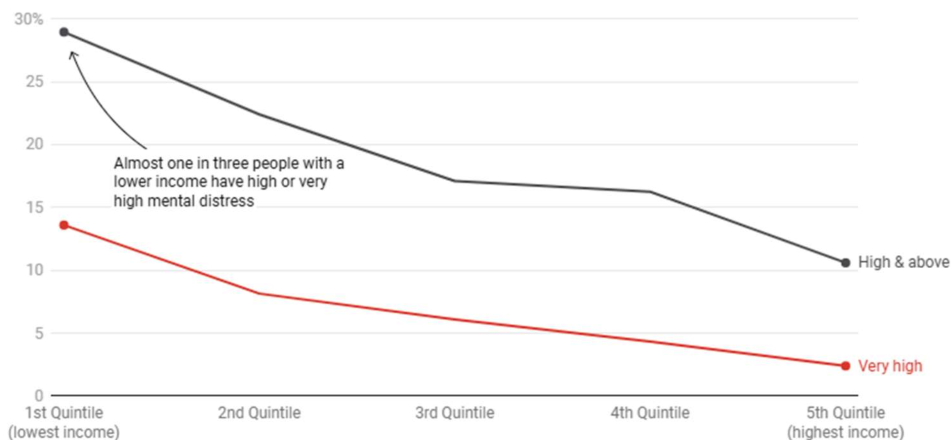
Figure 1. **Prevalence of mental distress by household income**

Weighted prevalence of '*very high*' and '*high & above*' mental distress K10 test scores by household income



Quintile 1 represents the one-fifth of Australian households with the lowest incomes; Quintile 5 represents the one-fifth of households with the highest incomes; Lines are an average of male and female data

Figure 2. Link to interactive map of Australia to view the inequity across SA3 areas (click on map to take you to The Conversation article)

Related reading:

Enticott, J., Meadows, G., Rosenberg, S. For richer, but not for poorer: how Australia's mental health system fails those most in need (December 2, 2024) The Conversation, https://theconversation.com/for-richer-but-not-for-poorer-how-australias-mental-health-system-fails-those-most-in-need-243370

Dawadi, S., Shawyer, F., Callander, E., Patten, S., Johnson, B., Rosenberg, S., Lakra, V., Lin, E., Teede, H., Meadows, G., Enticott, J. (2024). An equity indicator for assessing mental healthcare access: a national population case study. Epidemiology and Psychiatric Sciences, 33, e70. doi:10.1017/S2045796024000738