

painaustralia

PRODUCTIVITY COMMISSION INQUIRY INTO THE
ROLE OF IMPROVING MENTAL HEALTH TO SUPPORT
ECONOMIC PARTICIPATION AND ENHANCING
PRODUCTIVITY AND ECONOMIC GROWTH

APRIL 2019

Introduction

Painaustralia is pleased to provide a submission to the Productivity Commission (the Commission) Inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth.

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our extensive network to inform practical and strategic solutions to address this complex and widespread issue.

The issue of mental health is an important one for us and our members, as the comorbidity between mental and physical health problems is well documented, especially when illness becomes chronic. Nowhere do psychiatric and medical pathologies intertwine more prominently than in pain conditions.¹ Painaustralia ran a national survey to inform our response to the Inquiry and received an overwhelming response with 550 participants, highlighting the widespread concern about both issues.

It's impossible not to feel a certain level of depression, anxiety, fear and hopelessness when you deal with persistent pain. Addressing these issues would go a long way to helping people live with persistent pain.

- Respondent, Survey on Chronic Pain's Impact on Mental Health

People with chronic pain (pain that is persistent and present for longer than three months) often live with depression, anxiety and/or other mood disorders. Chronic pain is also a significant risk factor for suicidal behavior and people living with chronic pain are two to three times more likely to experience suicidal behaviour compared with the general population.

The Commission's Inquiry provides an opportunity to address the comorbidity between mental health and chronic pain for millions of Australians and is one we are pleased to be able to contribute to.

Recommendation:

- That design and service delivery addressing key access issues take into account the nexus between mental health and pain conditions to ensure early intervention and improve long term outcomes.
- That a biopsychosocial model using best practice pain management is adapted to capture the overlap in the treatment pathways of those with mental health and chronic pain conditions.
- That Federal mental health policies make reference to, and adapt resources for, addressing both chronic pain and mental health comorbidities.
- That national mental health policies specifically reference the National Pain Strategy.
- The adoption of the new Strategic Action Plan for Pain Management should be a priority for consideration by the Council of Australian Government's and the Australian Health Minister's Advisory Council and be considered by the National Mental Health Commission.
- The development of consumer and health professional awareness programs that highlight the inter-relationship between mental health and chronic pain.

Background

Comorbidity of chronic pain and mental health issues

Chronic pain is not just uncomfortable or inconvenient. It deeply affects the capacity to work, mental health and wellbeing as well as relationships. Distressingly, it can also end in suicide.

There are several ways that pain and major depression may be associated:²

- the psychological and physical distress of persistent pain may precipitate an episode of major depression for an individual;
- depression may be a precursor to, and contribute to, an individual's experience of pain by lowering their level of pain tolerance; and/or
- chronic pain and major depression may both be associated with a common underlying process, such as a neurological illness or fibromyalgia.

Painaustralia's new report on the Cost of Pain in Australia, prepared by Deloitte Access Economics, finds that the reported comorbidity for chronic pain and depression or anxiety is estimated at 44.6% of patients, which is within the range of estimated values from the international literature.³

Rates of mental health and suicide are higher amongst people living with pain. Major depression is the most common mental health condition associated with chronic pain, with among 30-40% of people with a diagnosed mental health condition also presenting for treatment for chronic pain.⁴ High rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse are often present for people living with chronic pain.⁵

Almost a third of Australian adults with severe or very severe pain experience high levels of psychological distress; around three times the rate of those with mild pain and six times the rate of those with no pain. One in five Australian adults with severe or very severe pain suffer depression or other mood disorders.⁶

Suicidal behaviour is also two to three times higher in people with chronic pain than the general population.⁷

While these figures are dramatic, chronic pain has not received the same priority in policy and public awareness as mental health and remains misunderstood and neglected, despite its significant prevalence among people with mental health conditions.

The experience and expression of chronic pain varies between individuals, reflecting changing interactions between physical, psychological and environmental processes. The diagnosis of major depression in patients with chronic pain requires differentiation between the symptoms of pain and symptoms of physical illness, so specific clinical knowledge is helpful.⁸

Increasing understanding that chronic pain is a disease of the person, and that a traditional biomedical approach cannot adequately address all pain-related problems is critical.

CHRONIC PAIN AND MENTAL HEALTH



The impact on personal life is greatest in young adults, with **four in five** people with chronic pain aged 20-24 reporting interference in daily life



almost **one in three** Australian adults with severe or very severe pain have high or very high levels of psychological distress



Up to **two-thirds** of people with arthritis say their condition has affected them emotionally

4x
Rates of depression are four times higher among people with chronic pain than people without pain



Research indicates there are strong links between anxiety, depression and chronic physical illness.

painaustralia

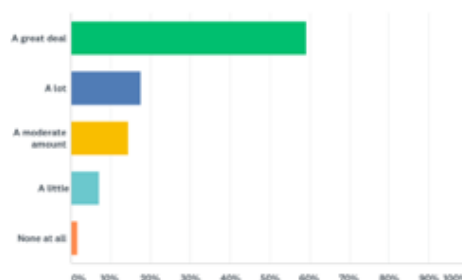
Key Issues

Huge cost to economic participation

We know that over 3.2 million Australians live with painful conditions, from arthritis to low back pain, to endometriosis and fibromyalgia. Significantly, those living with pain are more likely to be female and of working age and their pain is restricting the activities they can undertake and the work they can do.

Nearly 60 percent of the respondents to Painaustralia's survey (Attachment A) said that the co-morbidity of pain and mental health conditions has had a significant impact on their ability to work.

Q4 Has your pain and mental health conditions impacted your ability to work?



Chronic pain now costs Australia \$73.2 billion each year including \$48.3 billion in lost productivity; and even larger is the impact on quality of life – costing our society an estimated \$66.1 billion each and every year and bringing the total cost to \$139.3 billion.

WITH THE TRUE COST OF PAIN IN AUSTRALIA EXPOSED, **ACTION IS URGENT**

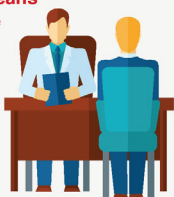
painaustralia

Millions of Aussies in chronic pain are overlooked as they fall through the gaps of our health system, and struggle day-to-day, while costing the nation billions.

A lack of specialists & well equipped GPs means most don't receive the multidisciplinary care they should.

Around one-fifth of all GP presentations in Australia involve chronic pain.

1/100 Will receive multidisciplinary care



"It is my sincerest hope that this revealing and important evidence base will compel national action in how we respond to pain. In a country like Australia, we must do better for the millions of people in pain. Anything less is unacceptable..."

Carol Bennett, Chief Executive Officer, Painaustralia

>15%

Referrals to pain specialists occur in less than 15% of GP consultations where pain is managed



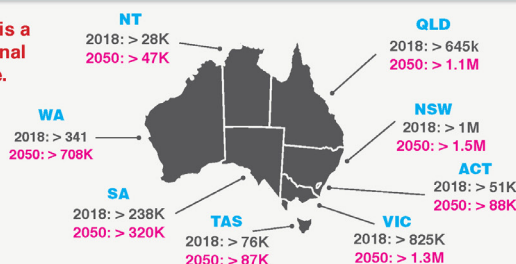
70%

Medications are used in close to 70% of GP consultations for chronic pain management

Best-practice **does not support** long term use of medication for chronic pain management



Pain is a national issue.



"While the cost of pain is enormous and looks insurmountable, there are realistic pathways that are strongly supported by evidence and once they are implemented, they will reap significant rewards across the board – from the everyday Australian to the federal budget to the bottom line of the nation's economy..."

Carol Bennett, Chief Executive Officer, Painaustralia

The issue is not insurmountable, there are pathways to alleviate pressure at the coalface of care.

The roll out of a pain specialist-designed and led national GP training program:

This would cost \$45 million but save \$209 million in overdose related costs.



Doubling access to multidisciplinary care:

This would cost \$70 million a year but save the nation approximately \$271 million (made up of health system costs, absenteeism, and improved wellbeing).



Importantly, productivity costs make up the largest share of total financial costs (66.0%) while deadweight losses – the costs associated with the act of taxation, which creates distortions and inefficiencies in the economy – account for 10.3%. Chronic pain was associated with 340,384 disability adjusted life years (DALYs) in Australia in 2018, which, using the value of a statistical life year (VSLY) to enumerate DALYs in dollar terms, represents a cost of \$66.1 billion.

Importantly, productivity costs make up the largest share of total financial costs (66.0%) while deadweight losses – the costs associated with the act of taxation, which creates distortions and inefficiencies in the economy – account for 10.3%. Chronic pain was associated with 340,384 disability adjusted life years (DALYs) in Australia in 2018, which, using the value of a statistical life year (VSLY) to enumerate DALYs in dollar terms, represents a cost of \$66.1 billion.

I hate that I have to work full time to cover my medical costs. I feel that I am in a Catch22 situation. Working 0.8FTE would be so beneficial to my pain and mental health but cutting the hours and pay would make affording my medical and general life costs much more stressful.

- Respondent, Survey on Chronic Pain's Impact on Mental Health

The stakes are clearly very high. If our policy framework to treat pain doesn't change, then the annual cost of pain in Australia will rise from \$139.3 billion in 2018 to an estimated \$215.6 billion by 2050. We will also continue to see a rising toll of opioid misuse, harm and related deaths.

Similar access barriers

Most people with chronic pain do not have access to best practice pain services, which includes mental health care. This is typically due to location and/or cost, with a lack of services in rural and remote areas. Stigma about chronic pain and mental health conditions also prevent people from seeking and receiving treatment.

Chronic health issues effect every aspect of your life and your loved one's. Depression and anxiety are extremely debilitating. Just to leave my house for doctor's appointments etc, I have to take valium on top of the medication's that I already take for my depression and anxiety. People do not realise what anxiety does to you. Some days my anxiety and depression are worse than my illnesses.

- Respondent, Survey on Chronic Pain's Impact on Mental Health

While there is a higher incidence of mental health conditions for people living in rural and remote areas and the impact is much greater,¹⁰ people living outside major metropolitan areas are also more likely to experience chronic pain and may be more susceptible to mental health conditions.

Medical waiting lists take way too long as I am still waiting for a semi-urgent referral as I have already waited 2 years! This really does not help my anxiety and mental health!

- Respondent, Survey on Chronic Pain's Impact on Mental Health

People who live outside urban areas are 23% more likely to experience back pain, with higher percentages in the 55 to 64 age group, and 30% more likely to have a long-term health condition due to an injury.¹⁰ This may be due to the location of physically demanding jobs in industries such as agriculture, fisheries, forestry and mining in rural and remote areas.

As I live rural and there is no public transport it is hard to get out and about as I can't drive due to the accident. And this has impacted on my mental health.

- Respondent, Survey on Chronic Pain's Impact on Mental Health

Similarly, early intervention and support plays a significant role across the management of both chronic pain and mental health conditions and can reduce negative long term outcomes.

Recommendation:

That design and service delivery addressing key access issues take into account the nexus between mental health and pain conditions to ensure early intervention and improve long term outcomes.

Overlap in treatment pathways

Expert consensus and a growing body of research in Australia and worldwide says best-practice pain management that most effectively improves function and mood requires coordinated interdisciplinary assessment and management involving assessing, at a minimum, physical, psychological, and environmental risk factors in each patient.¹¹

It is known as a biopsychosocial approach because it aims to address all of the factors that influence the pain experience, namely the biology of the person, their psychological state and their social setting.¹²

The biopsychosocial approach is a key feature of Australia's National Pain Strategy, developed in 2010 by over 200 delegates of the National Pain Summit, including pain specialists, health practitioners, researchers and consumers. The Strategy provides a blueprint for the treatment and management of acute, chronic and cancer pain and identifies key priorities to support greater access to pain services.



More help for people, regardless of if they work, is needed. Mental health is severely underfunded as it is let alone having chronic pain with that as well. Why don't we have support groups? Why don't we have pharmacy reviews regardless of how many meds we are on and why is the whole approach not ever looked at. Prednisone can eat away at parts of the brain just like chronic stress does. The meds I've been put on have destroyed my teeth, my weight, my bones, my hair, my eyes, and to top it off now I have to be checked over constantly for cervical cancer because no one makes sure people on immune suppression are protected against HPV BEFORE beginning the meds. Chronic pain is like a never-ending battle and it's terrifying and traumatic.

- Respondent, Survey on Chronic Pain's Impact on Mental Health

Where available, best practice treatment embraces a combination of medical, physical and psychological therapies and can be provided under one roof or separately, but the integration of treatments is key to achieving health outcomes. Prioritisation of chronic pain in health policy and access to pain management through a range of levers are critical to reducing the burden of mental health conditions.

Recommendation:

That a biopsychosocial model of best practice is adapted to capture the overlap in the treatment pathways of those with mental health and chronic pain conditions.

Finding synergies

Commitments have been made by various jurisdictions to improve the understanding of pain in the community and health sector and address gaps in access to pain services. However, a firm commitment from all levels of government is urgently required, one that draws on existing programs and leverages investments. The implementation of a national approach through the Council of Australian Governments (COAG) would recognise that all governments have a role to play in reducing the pain burden and bring forward strategies that focus on prevention, early intervention, treatment and research.

Given the high prevalence of mental health conditions amongst people living with chronic pain, it is disappointing that the Fifth National Mental Health Plan does not include a reference to chronic pain.¹³ Recognition of the relationship between the related conditions and inclusion of specific measures in the mental health policy would be an important first step in addressing this burden of disease.

Chronic pain and mental health makes you feel extremely alone, and because there aren't many people out there who understand and are sympathetic to your situation it really gets to you, struggling in debilitating chronic pain and having extremely debilitating mental illnesses and the massive list of symptoms chronic pain and mental health bring your literally at war with your body and mind everyday. And chronic pain and mental health effect everything in your life I can't think of one thing in my life that it hasn't affected, like romantic relationships, friendships, family, work, social life, doing fun things , missing out on everything never being invited to anything, feeling like a burden, just being able to live a "normal" life, I think everything suffering with these things miss going to work and going out on weekends and being able to clean, and look after yourself with no help, and have freedom and happiness!

- Respondent, Survey on Chronic Pain's Impact on Mental Health

Recommendation:

That Federal mental health policies make reference to, and adapt resources, for addressing both chronic pain and mental health comorbidities.

There are also key synergies between the National Pain Strategy and National Mental Health Plan. Collaborative and cooperative policies and programs at a national, state and local level to meet shared goals should be explored.

Recommendation:

That national mental health policies specifically reference the National Pain Strategy.

Recommendation:

The adoption of the new Strategic Action Plan for Pain Management should be a priority for consideration by the Council of Australian Government's and the Australian Health Minister's Advisory Council and be considered by the National Mental Health Commission.

Empowering consumers: attitudes toward pain and mental health

Pain and pain management remains misunderstood in the wider community.

Patient and community beliefs about chronic pain including stigma, a perceived lack of credibility or empathy and not being believed leaves people with chronic pain feeling isolated, unable to seek or access good quality pain management – which includes mental health services. Many are reliant on medications as a result, often with harmful effects. Many people are simply not aware of what treatments are available.

Q6 Are you using any programs to help you manage your pain and mental health? For example, return to work, Headspace services etc.

try medication psychiatrist Macquarie University pain specialist Calm
chronic pain in see attend time currently work past help see psychiatrist
Pain management psychology therapy clinical psychologist
physio health Headspace CBT pain Mental plan
psychologist course program plan GP
Pain management clinic Counselling specialist mental health
return
Brain changer meditation start work app Private rehab
pain clinic also mindfulness regularly USE Pain management course
see psychologist apps Hospital yoga health care

I think that people need to understand that we don't WANT to be in pain. Our whole lives have been changed, we need understanding, compassion and help, not to be humiliated.

- Respondent, Survey on Chronic Pain's Impact on Mental Health

Painaustralia's recent Real Relief campaign¹⁴ launched in the lead up to the up-scheduling of codeine in February 2018 was accessed by more than 3.3 million Australians. It raised awareness of why new access arrangements for codeine are necessary and the alternative ways to manage pain.

Despite a survey of consumers showing over half supported the decision to up-schedule the medication, many conveyed their strong reliance on codeine and a lack of knowledge about its risks and alternative pain treatment options.

More education for GP's on chronic pain and depression. A guide for relatives would be fantastic as a lot of stress comes from family expecting you to get better like with an acute injury. Constantly suggesting things that you may have tried or are just unhelpful, getting annoyed when you're late (from pain causing shower, dry and dress taking much longer) or anger and frustration when needing to cancel. Having unrealistic expectations of what we can achieve or how long we can participate in things.

- Respondent, Survey on Chronic Pain's Impact on Mental Health

Timely, accurate and accessible information and community awareness approaches are critical to transform the way consumers seek and receive best practice pain treatment and support. Awareness can also enable consumers to take the first steps towards adopting self-management strategies to reduce pain, improve activity and reduce disability. Community education programs that incorporate self-management strategies have been shown to reduce demand for other services like surgery and hospital pain services.

Participants in our survey note that there are existing support programs that have proven to be beneficial, predominantly Headspace and psychological counselling services.

While we have seen an expansion of awareness campaigns around mental health, the same level of support has not been extended to understanding chronic pain and its psychosocial impact.

We need more psychologists specialising in chronic pain management and management of comorbid pain and mental illnesses. Currently I have had a tough time finding one and have to settle for a clinical psychologist who is trained more in the management of mental illness rather than comorbid pain-mental health presentations. I also find that because Medicare does not cover phone-in sessions, it's hard to see a therapist (unaffordable) when I need it the most (bed-bound for long periods, low mood, suicidal).

- Respondent, Survey on Chronic Pain's Impact on Mental Health

Recommendation:

The development of consumer and health professional awareness programs that highlight the inter-relationship between mental health and chronic pain.

Conclusion

Prioritising pain and pain management together with mental health policy would significantly reduce the burden of mental health conditions, especially in rural and remote areas.

The relationship between mental health and pain is overwhelming and tackling both health challenges is required to improve the quality of life for many Australians impacted by these conditions particularly those living outside the major cities.

Australia is well placed to take the next steps as it is the first country in the world to develop a National Pain Strategy. With the recent development of the National Strategic Action Plan for pain management, Australia also has the chance to have the world's first, fully funded government response to comprehensively addressing the burden of pain.

The Commission's Inquiry provides us with a unique opportunity to address crucial public health challenges presented by chronic pain and mental health. We look forward to the Commission's findings in addressing this challenge.

References

- 1 Gatchel. R 2009. Comorbidity of chronic pain and mental health disorders: the biopsychosocial perspective. *Am Psych* 2009.
- 2 Holmes, A., Christelis, N., & Arnold, C. (2013). Depression and chronic pain. *The Medical Journal of Australia*, 199(6), 17-20.
- 3 Deloitte Access Economics 2019. Cost of Pain in Australia. Painaustralia. Canberra.
- 4 Alex Holmes, Nicholas Christelis and Carolyn Arnold 2013. Depression and chronic pain. *Med J Aust* 2013; 199 (6 Suppl): S17-S20. || doi: 10.5694/mja12.10589
- 5 [Tang NK](#), [Crane C](#). Suicidality in chronic pain: a review of the prevalence, risk factors and psychological links. [Psychol Med](#). 2006 May;36(5):575-86. Epub 2006 Jan 18.
- 6 [Blyth FM](#) et al. Chronic pain in Australia: a prevalence study. [Pain](#). 2001 Jan;89(2-3):127-34.
- 7 [Tang NK](#), [Crane C](#). Suicidality in chronic pain: a review of the prevalence, risk factors and psychological links. [Psychol Med](#). 2006 May;36(5):575-86. Epub 2006 Jan 18.
- 8 Beyond Blue. Chronic physical illness, anxiety and depression. Access online <http://resources.beyondblue.org.au/prism/file?token=BL/0124>
- 9 Council of Australian Governments Fifth National Mental Health and Suicide Prevention Plan. Access online here.
- 10 Australian Bureau of Statistics 2011. Australian Social trends March 2011. Access online here:
- 11 [Gatchel RJ](#) 2007. The biopsychosocial approach to chronic pain: scientific advances and future directions. [Psychol Bull](#). 2007 Jul;133(4):581-624.
- 12 Painaustralia 2018. Getting the right help. Access online [here](#).
- 13 Council of Australian Governments Fifth National Mental Health and Suicide Prevention Plan. Access online [here](#).
- 14 Painaustralia 2018. Real Relief. Access online here.

painaustralia

Mailing address: PO Box 9406 DEAKIN ACT 2600

Phone: 02 6232 5588

Email: admin@painaustalia.org.au

Website: www.painaustalia.org.au