

painaustralia

VICTORIAN GOVERNMENT'S ROYAL
COMMISSION INTO MENTAL HEALTH

JANUARY 2019

Introduction

Painaustralia is pleased to provide a submission to the Victorian Government's Royal Commission into Mental Health.

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

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 behaviour.

The Commission provides an opportunity to address the comorbidity between mental health and chronic pain for thousands of Victorians and is one we are glad to be able to contribute to.

Recommendations:

- That design and service delivery addressing key access issues consider 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 Victorian mental health policies make reference to and adapt resources for addressing both chronic pain and mental health comorbidities.
- That 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.
- 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.

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.² High rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse are often present for people living with chronic pain.³

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.⁴

Suicidal behaviour is also two to three times higher in people with chronic pain than the general population. 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.⁵

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.⁶

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.

Key Issues

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.

While there is a higher incidence of mental health conditions for people living in rural and remote areas and the impact is much greater,⁷ people living outside major metropolitan areas are also more likely to experience chronic pain and may be more susceptible to mental health conditions.

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.⁸ 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.

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 consider 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.⁹

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.¹⁰

The biopsychosocial approach is a key feature of Australia's National Pain Strategy, developed in 2010 by over 200 delegates 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.

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.¹¹ 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.

Recommendation:

That Victorian 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 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.

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.

Painaustralia's recent Real Relief campaign¹² 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.

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.

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.

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 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, Australia also has the chance to the world's first, fully funded government response to comprehensively addressing the burden of pain.

The Royal Commission provides the Victorian Government 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

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- 6 Beyond Blue. Chronic physical illness, anxiety and depression. Access online <http://resources.beyondblue.org.au/prism/file?token=BL/0124>
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Mailing address: PO Box 9406 DEAKIN ACT 2600

Phone: 02 6232 5588

Email: admin@pinaustralia.org.au

Website: www.pinaustralia.org.au