

The times they are a-changin': The compatibility of universal health care and mental illness in Australia and Canada?

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What is universal health care?

The underlying principle of universal health care is to provide 'medically necessary' care based on need rather than ability to pay.

Therefore:

- When you are sick whatever makes you well is medically necessary; and
- If you are well, whatever keeps you well is medically necessary.¹

¹ Romanow, R. (2002), Medically necessary: What is it and who decides?, *Commission on the Future of Health Care in Canada* Ottawa pg. 3

What is mental illness?

- “Mental illness is characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning.”² (e.g. anxiety disorders, depression, schizophrenia, and drug and alcohol abuse).

Table 3.11: Burden (YLD, YLL and DALYs) by broad cause group, Australia, 2003

Cause	YLD	Per cent of total	YLL	Per cent of total	DALYs	Per cent of total
Cancers	87,463	6.5	411,953	32.2	499,416	19.0
Cardiovascular disease	104,429	7.7	369,365	28.9	473,794	18.0
Mental disorders	327,391	24.2	23,154	1.8	350,545	13.3
Neurological & sense disorders	258,638	19.1	54,127	4.2	312,766	11.9
Chronic respiratory diseases	115,398	8.5	71,339	5.6	186,737	7.1
Diabetes mellitus	111,536	8.2	32,295	2.5	143,831	5.5
Unintentional injuries	41,263	3.0	84,599	6.6	125,862	4.8
Musculoskeletal diseases	98,481	7.3	7,027	0.5	105,508	4.0

² Health Canada (2002), A report on mental illnesses in Canada, Ottawa: Health Canada pg. 7

Why Australia and Canada?

- Although very similar in many ways, they are two good examples of how differing ideology can lead to very different policy paths.



Methods

- Comparative analysis
- Looked at total health expenditures to see:
 - where the money was being spent;
 - was it spent via public or private means; and
 - what ‘medically necessary’ means.
- Analysis focused on what this meant for treatment for people with a mental illness – both acute episodes and management.

Key findings

- Public vs. private share of expenditures are the same (approx. 70% public vs. 30% private).
- Australia provides less coverage for a wider range of services whereas Canada provides more comprehensive coverage for a smaller set of services.

Key findings

- Most acute care treatment is covered but not allied mental health services used for management.

SERVICE PROVIDER	CANADA (ONTARIO)	AUSTRALIA
General Practitioner (GP)	All	Services are free if the GP bulk bills. Otherwise the patient will be required to pay the 15% gap.
Psychiatrist		
In-hospital	Yes – in all cases.	Yes – if the patient is admitted to a public hospital.
Out-of-hospital	Most psychiatry services are covered.	No. Most psychiatrists (80%) are in private practise however a select few may bulk bill to low-income or ageing patients.
Clinical Psychologist	Not covered.	Partially under the Better Access Program.

Conclusion

Universal health care is *not* universal particularly for the management of mental illness.

Questions/Comments

Please email any additional questions and/or comments to
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