painaustralia
working to prevent and manage pain

Painaustralia Submission to the Fifth National Mental Health Plan December 2016

Painaustralia is a national advocacy body formed in 2011 to work with government, healthcare professional and consumer stakeholders to facilitate implementation of the National Pain Strategy.

We are pleased to provide this submission to the Fifth National Mental Health Plan on behalf of the one in five Australians living with chronic pain—including adolescents and children—and one in three aged over 65.[1]

We have addressed two priority areas:

- Priority Area 3: Suicide prevention
- Priority Area 5: Physical health of people living with mental health issues

We believe there is a generational opportunity to recognise and adequately address the importance of chronic pain as a risk factor in relation to suicide and mental health issues, in particular to help prevent suicide and improve the mental wellbeing of Australians.

We would be interested in working with the Department of Health to provide further information, resources and support should the opportunity arise to do this.

Priority Area 3: Suicide prevention

A study conducted by the Commonwealth of Australia in 2006 identified that 21 percent of people who died by suicide experienced physical health problems that may have contributed to their death.[2] In an international review of suicides, the estimated prevalence of physical illness was 30 to 40 percent.[3]

Chronic pain is a disabling condition that affects every part of people's lives—including self-care, ability to work, personal relationships, families and mental and emotional wellbeing. As a result, there are high levels of suicide ideation, plans and attempts in people with chronic pain. Relative to non-pain controls, risk of death by suicide may be two to three times greater in people who have chronic pain.[4]

This is consistent with the World Health Organisation 2014 Report on Preventing Suicide which states that chronic pain is an important risk factor for suicidal behavior.[5]

In a large population-based study conducted in Canada, the association between chronic pain and suicide ideation and attempts was evident regardless of the presence of a co-morbid mental disorder. Another study showed an association between chronic pain and suicidality in young people, even when controlling for depression.[6]

There is anecdotal evidence that many people who contact Lifeline Australia call because of severe and chronic pain.[7] Painaustralia is often contacted by individuals who are on the brink of suicide, as well as people who have lost a loved one to suicide, as a result of being unable to cope with chronic pain.

While chronic pain is difficult to treat and may be a lifelong chronic condition, evidence shows that multidisciplinary pain programs such as the ADAPT program at the Pain Management and Research

Centre at Royal North Shore Hospital in Sydney, can be helpful in managing or minimising the impact of pain, significantly improving quality of life and enabling participation in work or other productive activities.

People who receive education and treatment in specialist multidisciplinary pain clinics, and then have appropriate supports to manage their pain in the community, using a combination of strategies and reduced reliance on medication, tend to have greatly reduced disability and improved levels of personal wellbeing.[8]

However the lack of access to these programs is a major barrier for most people, with long wait times at most public hospitals. In a 2010 report, the Australian Pain Society revealed patients frequently wait more than a year to access multidisciplinary pain services in public hospitals—resulting in deterioration in quality of life and reduction in ability to return to work.[9]

While access to services has improved in some jurisdictions, there is still a severe shortage of pain specialists and pain services, more so in some localities than others. In many cases, this results in over-reliance on medication which can have unwanted side-effects and lead to addiction, severely impacting mental health.

Data released by the Australian Commission on Safety and Quality in Health Care (ACSQHC) in the 2015 Atlas of Health Care Variation reveals that rates of opioid prescribing are more than 10 times higher in the area with the highest rate compared with the lowest.[10] The ASQHC noted that lack of access to pain services was a factor in areas where opioid consumption is highest, and made the following recommendations:

5 b. State and Territory health departments work with primary health networks to address the barriers in access to non-pharmacological treatments for people with chronic pain who are socio-economically disadvantaged and those who live in rural and regional settings.

5 c. State and Territory health departments support Telehealth to enhance rural and remote consultations for assessment and management of chronic pain.

Consistent with these recommendations, there is an urgent need for national leadership by the Federal Government, to implement the recommendations of the National Pain Strategy[11]—Australia's blueprint for best-practice treatment and management of pain, developed by more than 150 healthcare professional and consumer bodies and agreed by consensus at the 2010 National Pain Summit.

The National Pain Strategy recommends tertiary services can play a valuable role supporting GPs and allied health in their local communities with education and training, enabling them to provide early intervention and treatment for the vast majority of patients. With this model, more people receive timely treatment and only those patients with more complex conditions are referred into the specialist public pain clinics.

Greater collaboration between pain specialists and mental health professionals and shared education programs would be a positive step in helping to address the co-existence of mental health and chronic pain.

Priority Area 5: Physical health of people living with mental health issues

There is strong evidence that physical health is intricately linked with mental health and that chronic pain plays a significant role in mental health issues. Painaustralia believes better mental health can be achieved with the provision of better services and support for people with chronic pain.

According to the latest Australian Bureau of Statistics data on bodily pain, almost one third (31 percent) of adults with severe or very severe pain experienced high or very high levels of psychological distress. This was almost twice the rate of adults with moderate pain, three times the rate of those with mild or very mild pain, and around six times the rate of those with no pain.[12]

A study published in the *Medical Journal of Australia* states that in patients with chronic pain, depressive symptoms are correlated more strongly with cognitive variables than pain severity and pain distress, while physical disability is correlated more strongly with cognitive, behavioural and pain variables than depressive symptoms, *which points to differences in the experience of depression in patients with chronic pain compared to those presenting with mental disorders*.[13]

Untreated chronic pain severely reduces quality of life, impacts ability to work and personal relationships, and can have profound emotional and psychological ramifications. For many people, issues such as uncertainty about the future and the possibility of worsening pain as well as feelings of anxiety, sadness, grief and anger, can create a burden that is difficult to manage and may lead to the emergence of a mental disorder.[14,]

Major depression is the most common mental illness associated with chronic pain, with rates of 30 to 40 percent, and there are also high rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse.[15]

Provision of timely treatment for chronic pain

Timely treatment is a priority, yet the most recent figures quoted in the National Pain Strategy suggest up to 80 percent of people with chronic pain are missing out. Wait times for treatment in public pain clinics are almost four times those in private clinics.[16] Delayed access to treatment leads to escalating pain and depression and decreased quality of life,[17] as well as increased reliance on health services and extended absence from work.[18] This adds significantly to the burden of chronic pain not only on individuals, but also on the government, employers and the community.

In fact, “worklessness”—defined as the involuntary exclusion from the labour market—affects the majority of people who pass through the pain services of our public hospitals, and is considered one of the greatest risks to health in our society.[19]

New South Wales leads the way nationally in improving access to pain services with the NSW Statewide Pain Plan. Here, public hospital pain clinics are allocated dedicated funding to enable them to provide education and training for primary care teams in their area.[20] As a result, the effective intervention and triaging of patients in primary care has helped ensure more people receive timely treatment, and only those who need more intensive care are referred to clinics in public hospitals.

Education and training of mental health workers

We believe there is a strong case for mental health workers to undertake education and training in chronic pain management, as part of their formal training and in the form of ongoing professional development.

Suitable education and training programs are available for general practitioners, medical specialists and allied health professionals through:

- The Pain Management Research Institute (PMRI), University of Sydney (PMRI). The PMRI is a leader in pain education and training for health professionals. The Director of Education is Clinical Psychologist and Pain Specialist, Professor Michael Nicholas.

- The Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists. The Faculty provides accredited online education programs, suitable for CPD.

Consumer education

Evidence shows that people with chronic pain who are actively involved in managing their pain on a daily basis have less disability than those who are engaged in passive therapies, such as taking medications or surgery. People should be encouraged to take an active role in their pain management.[21]

Painaustralia has developed educational resources for people wanting to know more about chronic pain and how it can be effectively managed. Our website also provides a gateway to helpful resources for consumers and health care professionals.

Integrated care and referral pathways

There is a key role for Primary Health Networks in coordinating services for people with chronic pain and mental health disorders. The vast majority of people should be treated in primary care, provided there is access to appropriate team-based care, with only more complex cases being referred to tertiary pain programs.

The current lack of appropriate Medicare and private health funding for chronic pain management is a major barrier to effective care, and Painaustralia is advocating for improved chronic pain care plans, which embrace mental health support.

Painaustralia Contact Details

This submission has been made by Painaustralia, with input from members, representing the wider pain community in Australia.

Should you wish to discuss any of the matters arising from this submission, please contact Painaustralia CEO Lesley Brydon on 0413 990 991.

Lesley Brydon
Chief Executive Officer
0413 990 991
lesley.brydon@painaustralia.org.au
www.painaustralia.org.au

References

[1] Blyth FM et al. 2001, Chronic pain in Australia: a prevalence study. *Pain.* 89(2-3), 127-34
[2] Commonwealth of Australia 2006, *National Activities in Suicide Bereavement Project*, Department of Health and Ageing
[3] Hughes D & Kleespies P, 2001, Suicide in the medically ill, *Suicide and Life Threatening Behaviour,* Vol. 31, pps48–s59
[4] Tang N & Crane C, 2006, Suicidality in chronic pain: a review of the prevalence, risk factors and psychological links, *Psychological Medicine,* Vol. 36, pp575-586
[5] file:///C:/Users/emccauley/Downloads/WHO_Report_Preventing_Suicide.pdf
[6] Radcliffe G et al. 2008, Chronic pain conditions and suicidal ideation and suicide attempts: An epidemiologic perspective, *Clinical Journal of Pain*, Vol. 24, No. 3, pp204–210
[7] Personal communication
[8] Blyth FM et al. 2005, Self-management of chronic pain: a population-based study *Pain* 113: 285–292
[9] Australian Pain Society 2010 *Waiting in Pain.* Report
[10] https://www.safetyandquality.gov.au/atlas/chapter-5-opioid-medicines/
[11] National Pain Strategy 2010
[12] ABS 2011, 4841.0 Facts at your fingertips: Health: Characteristics of bodily pain in Australia
[13] Nicholas MK et al. 2009, Depressive symptoms in patients with chronic pain, *Med J Aust* 190 (7): 66
[14] Holmes A, Christelis N & Arnold C, 2012, Depression and chronic pain, *MJA Open* 2012: 1 Suppl 4:17-20
[15] Demyttenaere K et al. 2007, Mental disorders among persons with chronic back or neck pain: results from the World Mental Health Surveys. *Pain* 129:332-342
[16] Hogg M et al. 2012, Waiting in pain: as systematic investigation into the provision of persistent pain services in Australia. *MJA* 196(6):386-390
[17] http://spineandsportsctr.com/material/newsnarticles/systreviewofwaitingwithpain.pdf
[18] Nicholas MK 2002, Reducing disability in injured workers: the importance of collaborative management. In Linton SJ (ed). *New Avenues for the Prevention of Chronic Musculoskeletal Pain and Disability, Pain Research and Clinical Management*, Vol 12. Elsevier Science BV (pp. 33-46)
[19] http://dx.doi.org/10.1016/j.jphys.2016.07.009
[20] http://www.health.nsw.gov.au/PainManagement/Publications/government-response-taskforce-report.pdf
[21] Cousins MJ & Gallagher RM, 2011, Fast Facts: Chronic and Cancer Pain