

ESSA:

EXERCISE & SPORTS SCIENCE AUSTRALIA



**EXERCISE & SPORTS
SCIENCE AUSTRALIA**

**PRE-BUDGET
SUBMISSION
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Founded in 1991, Exercise & Sports Science Australia (ESSA) is the peak professional body and accrediting authority for over 7,000 university qualified and Accredited Exercise Physiologists, Exercise Scientists, Sports Scientists, and High Performance Managers.

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Recommendations

ESSA calls on the Federal Government to:

- commit to reducing the burden of care through increasing access to mental health specific lifestyle programs as part of a consumer-centered model of care.
 - A strong priority should be given to disadvantaged mental health consumers, including those who are living in rural and remote areas, of low socio-economic status or unable to work due to mental health complications (the budget request below outlines a request for a specific program to assist disadvantaged consumers living in rural and remote areas to improve their mental health outcomes).
- better utilise tertiary qualified professionals trained in exercise such as Accredited Exercise Physiologists and Accredited Exercise Scientists to deliver mental health services and programs to improve consumer health outcomes.
- note the evidence for the efficacy of mental health-informed exercise/lifestyle programs as an effective method of providing community-based care to mental health consumers.

- prioritise increasing physical inactivity in youth (13-17 year old) populations to reduce the burden of disease from obesity related comorbidities (the budget request below outlines a request for a specific program for youth).
- increase awareness and access to age appropriate healthy lifestyle programs for youth (13-17 year old) populations.
- utilise secondary school infrastructure and existing healthy lifestyle programs as a cost-effective approach to improving health literacy and physical activity uptake in youth (13-17 year old) populations.
- prioritise youth (13-17 year old) populations who live in rural and remote areas of Australia to improve physical activity participation rates.

Introduction

Exercise & Sports Science Australia (ESSA) maintains a strong commitment to inspiring all Australians to be healthier and more active. In this 2019-2020 Pre-Budget Submission, ESSA advocates for increased access to physical activity opportunities for Australians with mental health conditions and young Australians aged between 13 and 17 years.

This submission has been prepared to support the Government's focus on mental health and preventative health, key elements of the Government's proposed Long-Term National Health Plan outlined in the 2017-2018 budget¹.

In Prime Minister Morrison's first address to the nation after his election in August 2018, he outlined a new emphasis on health policy stating he was "distressed by the challenge of chronic illness in this country and those who suffer from it"².

Additional funding via the Mid-Year Economic and Fiscal Outlook (MYEFO) was provided for preventative, primary and chronic disease management³.

The recommendations and budget requests outlined in this submission provide practical solutions to help support Australians with mental health conditions and young Australians improve their health and well-being through exercise.

The budget requests align with community-based education and motivational programs designed to reduce physical inactivity, one of the World Health Organisation's 16 'best buys', interventions considered to be the most cost-effective and feasible for implementation (with an average cost-effective ration of \leq Int\$100/disability-adjusted life year [DALY] in low- and lower-middle income countries)⁴.

ESSA will be developing its broader health and physical activity election priorities in a separate document which will be released in the coming months.

Movement for Minds – Improved Access to Exercise for People with Mental Illness

The Issue - Why this Matters

At present, mental illness is a large burden on our communities with 20% of the Australian population experiencing a mental illness in any given year⁵. Furthermore, nearly half of all Australians (45.5%) experiences a mental illness at some point in their lifetimes⁶. As a result, the annual cost of mental illness services has been estimated to be \$8.5 billion⁷. Common mental illnesses include diagnosed depression, anxiety, substance use disorders and post-traumatic stress disorder (PTSD)⁸.

People with these common mental illnesses typically experience poorer physical health outcomes due to a sedentary lifestyle. As such, people who experience mental illness have a higher risk of developing preventable chronic diseases such as cardiovascular disease and diabetes.

- The relative risk of death is estimated to be 2.2 times higher in people with mental conditions compared to the general population and this is largely due to chronic physical health problems rather than the mental health issues⁹.

- Physical inactivity is the cause of approximately 9% of premature mortality worldwide¹⁰, with people experiencing a mental illness particularly susceptible to premature mortality.

Furthermore, the mental health needs are greater for Australians living in rural and remote areas compared with those living in major cities. Poorer comparative health outcomes in rural and remote areas may reflect a lack of access to services, stigma, fear, and discrimination of mental illness in small communities¹¹.

- 30% of Australians live in rural and remote locations yet this group is unable to access equitable funding or services for mental health¹².
- Rural and remote Australians experience higher incident rates of risk factor behaviours such as tobacco smoking and alcohol misuse contributing to poorer health¹³.
- Farmers who live remotely reported worse mental health and well-being than remote non-farm workers regardless of financial hardship, rural specific factors e.g. drought worry, or recent adverse events¹⁴.

Importantly, exercise can make a significant improvement in the mental health and well-being of people^{15,16,17}. Specifically, exercise can improve cognitive functioning and reduce the symptoms related to common mental illnesses¹⁸.

- Exercise can improve the symptoms of depression, anxiety and PTSD¹⁹.
- Exercise can also prevent a significant number of cases of incident depression²⁰.
- For every case of depression that is averted through exercise, society saves \$10,062 per year²¹. The direct savings to the consumer are approximately \$6,025 per year²².

Research from Rosenbaum et al. demonstrates there is clear evidence for the inclusion of structured and supervised exercise interventions compared to non-structured, unsupervised exercise in populations living with mental illness²³. Greater improvements in mental health outcomes and related reduction in withdrawal rates are associated with higher level qualifications of exercise staff. As such, the budget requests utilise only tertiary qualified allied health professionals to deliver mental health exercise services.

Current funding models do not support wide-spread access to lifestyle interventions, such as exercise, as an integrated component of routine care in the prevention and management of physical health conditions in the general population. More importantly, limited dedicated funding exists to supports Australians to exercise when they are experiencing a mental illness.

Recommendations

ESSA calls on the Federal Government to:

- commit to reducing the burden of care through increasing access to mental health specific lifestyle programs as part of a consumer-centered model of care.
 - A strong priority should be given to disadvantaged mental health consumers, including those who are living in rural and remote areas, of low socio-economic status or unable to work due to mental health complications (the budget request below outlines a request for a specific program to assist disadvantaged consumers living in rural and remote areas to improve their mental health outcomes).
- better utilise tertiary qualified professionals trained in exercise such as Accredited Exercise Physiologists and Accredited Exercise Scientists to deliver mental health services and programs to improve consumer health outcomes.
- note the evidence for the efficacy of mental health-informed exercise/lifestyle programs as an effective method of providing community-based care to mental health consumers.

Budget Request 1

ESSA in partnership with South Western Sydney Primary Health Network is licensed to provide *Healthy Eating Activity and Lifestyle™ (HEAL)* programs consisting of an 8-week group exercise and education session program.

The HEAL™ program has demonstrated significant improvements in measures of physical activity, body composition and healthy eating behaviours²⁴. The HEAL™ program includes an initial, individual consultation conducted pre-and post-program, as well as 5- and 12-month follow ups. The 8 weeks consist of 1-hour of exercise led by a tertiary qualified allied health practitioner and 1-hour of education in improving lifestyle behaviours. More detail on this program is available [here](#).

ESSA recommends expanding the scope of the HEAL™ program by creating a mental health version called 'Movement for Minds' to

- increase physical activity levels,
- decrease sitting time and sedentary behaviour,
- increase healthy eating behaviours,
- provide coping mechanisms, and
- improve long-term mental health outcomes.

ESSA requests the Federal Government fund a mental health HEAL™ program to be delivered over the next two years with a strong focus in rural and remote service delivery. Further funding information can be found in the Table 1 below.

Table 1: Budget Request 1 - Movement for Minds

Budget Request	2019/20	2020/21
Movement for Minds – Administration Support ESSA Project Officer (1.0 FTE) ESSA Admin Support Officer (0.5 FTE) <i>Support for the development, implementation and evaluation of the Movement for Minds program.</i>	\$80 000 \$26 000	\$80 000 \$26 000
Movement for Minds - Mental Health Program Resources <i>A nominal payment to support the development of all materials used for the Movement for Minds program. Further in-kind support to be provided by Exercise & Sports Science Australia.</i>	\$150 000	\$0
Movement for Minds - Program Induction, Training and Resources <i>A payment to support the training, upskilling, licensing and resourcing of each Movement for Minds provider in preparation for providing services. It is anticipated that up to 120 providers would be included across 24 locations in rural and remote locations.</i>	\$132 000	\$0
Delivery of Movement for Minds programs <i>Free to consumer Movement for Minds programs delivered across 24 locations (with a minimum of 4 x 8-week programs to be delivered annually per location @ \$4,500 per program)</i>	\$432 000	\$432 000
Total	<u>\$820 000</u>	<u>\$538 000</u>

Teen HEAL™ – Improved Access to Exercise for Young Australians

The Issue - Why this Matters

The current obesity crisis has been well documented^{xxv,xxvi,xxvii}. This is particularly prevalent in Australian children aged 5-17 years with just 19% meeting the national physical activity guidelines of 60-minutes of moderate to vigorous activity per day^{xxviii}. In addition, Australian children had a high volume of sedentary behaviours with an average of 2 to 3 hours spent on screens.

- Adolescent boys and girls spend less time on physical activity compared to children aged 5-12^{xxix}.
- 27.6% of children (aged 5-17 years) were overweight or obese^{xxx}.
- The highest prevalence (8%) of overweight or obesity was in boys aged 16-17 years.

Research indicates lifestyle interventions are an effective approach in youth under 18 years and that these interventions can lead to improvements in weight and cardio-metabolic outcomes^{xxxi}.

Moreover, physical activity interventions have been found to be effective when applied in a school-based setting^{xxxii}. As such, consideration should be given to lifestyle programs being conducted in school settings as a cost-effective approach to addressing childhood obesity.

Recommendations

ESSA calls on the Federal Government to:

- prioritise increasing physical inactivity in youth (13-17 year old) populations to reduce the burden of disease from obesity related comorbidities (the budget request below outlines a request for a specific program for youth).
- increase awareness and access to age appropriate healthy lifestyle programs for youth (13-17 year old) populations.
- utilise secondary school infrastructure and existing healthy lifestyle programs as a cost-effective approach to improving health literacy and physical activity uptake in youth (13-17 year old) populations.
- prioritise youth (13-17 year old) populations who live in rural and remote areas of Australia to improve physical activity participation rates.

Budget Request 2

ESSA is licensed through SWSPHN to provide *Teen Healthy Eating Activity & Lifestyle™ (HEAL)* programs nationally.

Teen HEAL™ is an age appropriate version of the HEAL™ program with 8 x 2-hour sessions involving 1-hour of healthy lifestyle education combined with 1-hour of games-based physical activity.

Topics for the healthy lifestyle education session include:

- Energy balance and factors impacting on health
- Physical activity and impact of technology
- Health eating (portion sizes, fibre, carbohydrates and sugar)
- Low fat eating and food preparation
- Healthier takeaway choices and nutritious meal ideas
- Food label reading
- Goal setting and motivation
- Food myths and non-hungry eating

Internal preliminary data obtained from previous Teen HEAL™ programs indicate significant improvements in vegetable intake and reductions in daily sitting time (a measure of physical inactivity).

ESSA requests the Federal Government fund the expansion of a youth specific Teen HEAL™ program to be delivered over the next two years in school settings across rural and remote areas with the full budget information listed below in Table 2.

Table 2: Budget Request 2 - Teen HEAL™

Budget Request	2019/20	2020/2021
ESSA HEAL™ Project Officer (0.5 FTE) <i>Support for the implementation and evaluation of the Teen HEAL™ programs in rural and remote areas. Further in-kind support to be provided by Exercise & Sports Science Australia.</i>	\$40 000	\$40 000
Marketing Teen HEAL™ <i>A contribution to provide secondary schools with resources to increase awareness of the importance of physical activity to 13-17 year old consumers.</i>	\$30 000	\$30 000
Subsidised Teen HEAL™ programs <i>40 x free to consumer Teen HEAL™ programs delivered predominately in secondary schools across rural and remote areas (to be delivered annually @ \$4,500 per program).</i>	\$180 000	\$180 000
Total	<u>\$250 000</u>	<u>\$250 000</u>

¹<http://www.health.gov.au/internet/ministers/publishing.nsf/content/budget2017-mediarel-hunt001.htm>

² <https://www.theaustralian.com.au/national-affairs/drought-relief-power-bills-top-morrison-agenda/news-story/d6782a3d4482316097f0fef36c02cc63>

³ https://www.budget.gov.au/2018-19/content/myefo/download/MYEFO_2018-19.pdf

⁴ World Health Organization. (2017). Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. World Health Organization. <http://www.who.int/iris/handle/10665/259232>

⁵ Australian Bureau of Statistics, National Survey of Mental Health and Wellbeing: Summary of Results (2007), Accessed 20 Jan 2019,

[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/\\$File/National%20Survey%20of%20Mental%20Health%20and%20Wellbeing%20Summary%20of%20Results.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/$File/National%20Survey%20of%20Mental%20Health%20and%20Wellbeing%20Summary%20of%20Results.pdf)

⁶ Slade, T., et al., The mental health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. 2009, Department of Health and Ageing: Canberra

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⁹ Walker, E. R., McGee, R. E., & Druss, B. G. (2015). Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. *JAMA Psychiatry*, 72(4), 334-41.

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²¹ Deloitte Access Economics, Value of Accredited Exercise Physiologists in Australia: Exercise & Sports Science Australia, 2015, page 57, Accessed 20 Jan, 2019, https://www.essa.org.au/Public/Advocacy/industry_Reports/Public/Advocacy/Industry_Reports.aspx?hkey=e74923d2-9802-4d0f-b9a4-fbc578c418ac

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^{xxix} Australian Institute of Health and Welfare 2018. Physical activity across the life stages. Cat. no. PHE 225. Canberra: AIHW, Accessed 20 Jan, 2019,

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^{xxx} Australian Institute of Health and Welfare 2017. A picture of overweight and obesity in Australia 2017. Cat. no. PHE 216. Canberra: AIHW.

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