



Blueprint for Action on Mental Health

NOVEMBER 2014

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Reform of mental health services cannot be achieved through a quick fix – it will require a sustained contribution of this magnitude from both the Commonwealth and the States and Territories to ensure long-term fundamental improvements in services for the mentally ill. Together, our investment in mental health will support reform of the system, and ensure that it remains sustainable into the future.

*Prime Minister John Howard
6 April 2006*

...mental health is probably the hidden epidemic in our community.

*Prime Minister Tony Abbott
17 October 2014*



Foreword

Mental health in Australia has not suffered for want of reviews.

Time and time again governments and reviewers have looked at mental health and have identified our ongoing failure to deliver care to people when they need it most. Broadly, these reviews have recognised that:

- We need to shift our investment towards programs and services that prevent people from needing expensive acute hospital care. When people do become ill we need to provide more services in the community rather than in hospital settings.
- We need to change financial incentives to achieve the outcomes we are seeking, rather than rewarding activity for its own sake.
- We need to ensure mental health services and programs are closely linked to other supports to help people live contributing lives, recognising that people are complex and that “clinical” needs cannot be dealt with in isolation from basic needs like having a home, a job, connecting with others and building independence.
- We need better governance arrangements between different tiers of government and with the non-government and private sectors to coordinate activity, monitor performance, build accountability and achieve shared goals.

To support the National Mental Health Commission’s Review of Mental Health Services and Programmes, Mental Health Australia has worked with its extensive membership of 132 organisations to identify key directions and priorities for mental health reform.

We have consulted deeply with representatives of consumer and carers, professional groups, community mental health providers, researchers and educators and many more.

This document brings those voices together into a *Blueprint for Action on Mental Health*.

While this *Blueprint* lays out some very clear directions for government, if we are to avoid the failings and disappointed hopes of previous reviews this must be just the beginning of a decade-long reform process.

We point to some critical first steps, but we need commitment by government to the whole journey.

Any review will layout directions, but real change requires goals, actions, timelines, resources and accountability.



Mental Health Australia and its membership stand ready to embrace reform, and to assist in the change required to achieve it.

Jennifer Westacott

A handwritten signature in black ink, appearing to read 'Jennifer Westacott', with a stylized flourish at the end.

Chair, Mental Health Australia



7 Point Plan for Action on Mental Health

1 Agree on what we want to achieve

A high-performing mental health system would maximise consumer and carer participation, prioritise mental health promotion, prevention and early intervention, be recovery-oriented, and facilitate timely and equitable access to the right services matched to individual needs. Achieving this vision means addressing the many factors which enable people to live contributing lives: social and economic participation, accommodation, physical health, safety, prejudice and discrimination, and experiences of care, support and treatment.

2 Be clear on who is responsible for what

Commonwealth and state/territory governments need to agree on their respective roles and how they will work together. Acute clinical services are necessary, but are only one part of the picture; roles need to be defined for other systems that people with mental illness encounter and which can help reduce the demand for expensive crisis services. By properly defining roles and responsibilities, including governments, non-government organisations and clinicians, we can ensure that there is 'no wrong door' regardless of how someone seeks help.

3 Increase consumer and carer participation and choice

Consumers and carers are the experts in what services work for them, and meaningful involvement of people with lived experience should be at the heart of service design, delivery and evaluation. Consumers and carers must be involved in decisions that affect them – from the services available locally to the development of national policy.



4 Match services to need

For the mental health system to respond with effective, timely and evidence-based interventions, we need to ensure service providers, clinicians and other professionals have the knowledge, skills and resources to connect people to the right help at the right time. We need to ensure that clinical services are linked with the right community services, psychosocial supports and opportunities for self-help, and that those services are available across the full spectrum of need.

5 Get the incentives right to drive better outcomes

The way governments fund service providers needs major reform. Services delivered in the community are far cheaper and often more effective than treating people in hospital. Our entire system of funding mental health services – from existing arrangements like Medicare, the PBS and block grants to innovative models like individualised funding – should reduce fragmentation rather than create it and should promote best practice service delivery and collaboration. Rewarding activity with no link to improved outcomes risks both jeopardising life outcomes for those who experience mental illness and the misallocation of scarce resources.

6 Invest at the right time to achieve the greatest benefit

Improving mental health outcomes will increase national productivity and participation, reaping major economic dividends. We need to invest in mental health promotion, prevention and early intervention to encourage help-seeking, challenge prejudice and discrimination, and avoid crisis wherever possible. Empowering consumers and carers to help themselves through new technology will yield high returns on investment and allow clinicians to help those with the highest needs.

7 Keep governments and services accountable

At the moment we don't have a complete picture of how much governments spend on services for people with mental illness or how effective that spending is. We need an independent mechanism to report on what governments are investing in and whether those investments are assisting consumers and carers to lead contributing lives.



Introduction

This document sets out Mental Health Australia's Blueprint for Action on Mental Health – the culmination of our work with the mental health sector to inform the National Mental Health Commission's Review of Mental Health Services and Programmes. The Blueprint is Mental Health Australia's fourth and final submission to the Review.

Current policy context

The National Mental Health Commission's Review has taken place alongside several major Commonwealth initiatives that will have a major bearing on mental health policy. These include:

- The McClure Review of Australia's Welfare System
- The Federation White Paper (with specific focus on health and housing issues)
- The implementation of the National Disability Insurance Scheme (NDIS) in trial sites in preparation for national rollout.

With each of these likely to have a substantial impact on the way services are delivered for people with mental illness, the Australian Government must be mindful of the possible unintended consequences of other policy changes for mental health. This is particularly the case where the landscape is still uncertain and likely to remain so for some time.

Mental Health Australia offers the assistance of its members to the Commonwealth Government as it navigates these complexities and as critical cross-portfolio and cross-jurisdictional matters are resolved. Some suggestions for action are provided below.

Risks of inaction

Mental health has significant economic dimensions. In addition to the costs of service provision and direct payments to individuals, the impact of poor mental health on national productivity and participation is enormous. By the same token, the economic benefits of improving mental health at a population level are profound.

Despite the economic consequences of poor policy and implementation, mental health continues to be seen largely as a health issue. Yet we should remember that there is no such thing in Australia as a mental health 'system' per se. Instead, what we call a 'system' is shorthand for the many services – in both the health sector and through other systems at both Commonwealth and state/territory levels – that mental health consumers and carers may encounter over a lifetime. For the most part, these services are poorly integrated, overseen by different parts of government, based on widely differing organising principles, and not working towards a common goal for improved mental health outcomes.

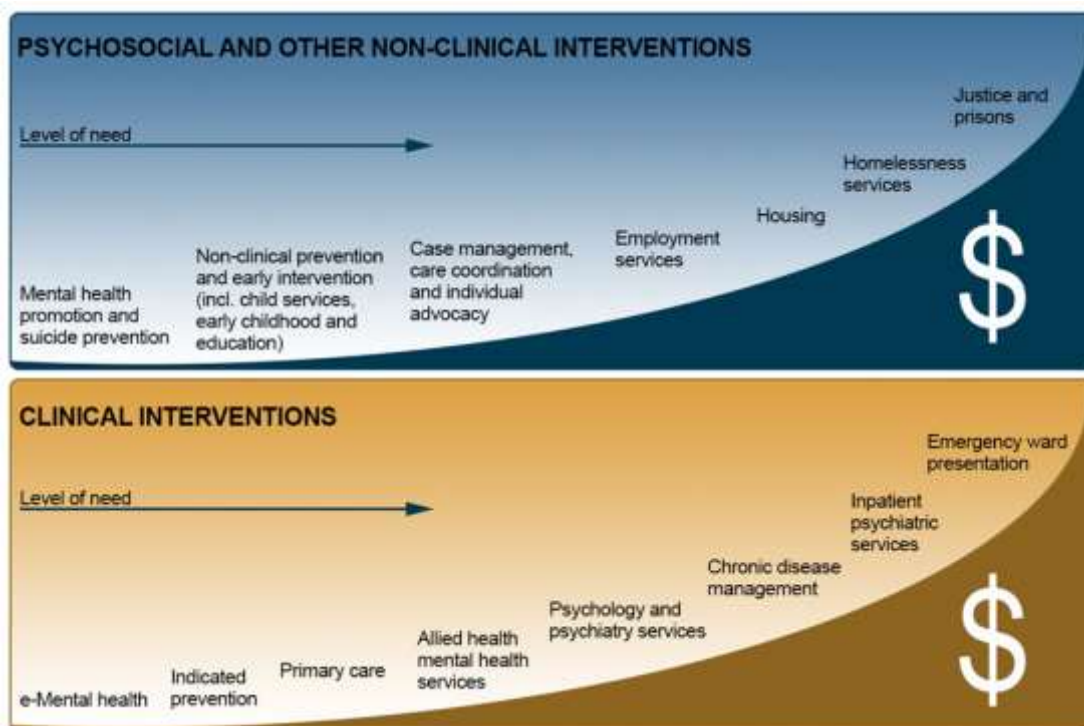


Responsibility for mental health needs to be shared across portfolios and jurisdictional boundaries. Major economic gains can be made by ensuring that the right governance conditions are in place, improving coordination within and across governments and service providers, and addressing gaps in services. An immediate step on this path is for governments to examine how the potential economic impacts of policy changes which may affect mental health outcomes are accounted for across portfolios. This may mean reconfiguring current Budget rules in order to better recognise the longer-term and cross-portfolio impacts of investments, such as by allowing ministers to account for 'down-stream' savings in mental health as a result of investment in housing or employment.

Without the right coordination within and across governments, current inefficiencies and avoidable costs will be retained. Contrary to conventional wisdom, the Commonwealth bears a substantial proportion of this risk. Poor mental health outcomes do not just result in additional demand on (state-funded) hospital systems; they also reduce labour force participation rates and increased reliance on welfare. Moreover, the lifelong costs of supporting someone with psychosocial disability through the National Disability Insurance Scheme will far exceed the costs of early intervention to prevent that disability emerging wherever possible.

Of course, poor mental health outcomes also present major financial risks for States and Territories, which (in addition to running hospitals) fund prison systems, homelessness services and other crisis interventions. These risks can also be mitigated by improving the way Commonwealth-funded systems, such as primary care and employment services, respond to the needs of people with mental illness.

One of the hallmarks of a high-performing mental health system is that a great deal of activity that would contribute to better outcomes actually takes place outside the clinical domain. It is imperative that as many people as possible receive the right help early, thereby reducing demand for services by people in crisis. Matching the right clinical interventions with the right psychosocial interventions will substantially reduce the long-term financial impact on governments – as illustrated below.



Government is by far the largest purchaser of services for people with mental illness, meaning that governments have collective responsibility for purchasing the right mix of services. In an environment where Commonwealth and state/territory responsibilities are unclear, programs and services are often funded on an ad hoc, fragmented basis, or in response to pressures which do not align with community needs.

Governments looking to improve efficiency or innovation often turn to market mechanisms to drive change. However, the contribution market mechanisms can make to improving mental health outcomes is potentially problematic, given overlapping responsibilities for funding, regulation and service delivery across governments. Governments should proceed with caution where we cannot be confident that the right tools and incentives are in place for markets to flourish.

For example, we need to think carefully about barriers to market entry and exit, regulation (including professional accreditation), quality safeguards, gaps in services due to market failure and – perhaps most importantly – informed choice on the part of consumers and carers. When considering how markets might operate in mental health, we should be mindful of multiple risks in human terms and for government finances.

Safeguarding good practice during transition

Mental Health Australia is convinced that the right set of targeted changes will, in time, generate net savings for governments. However, we also need to get better value for money from current spending on mental health. Governments should be mindful of the systems and practices we inherit that will continue to play a key role for the foreseeable future. In particular, we should safeguard the positive contribution that existing policies and programs make to improving mental health outcomes.

Despite systemic failings, thousands of professionals working in clinical and in community settings continue to provide people with help to recover from their mental illness and reduce its impact on their lives. We must acknowledge the huge amount of good work that already takes place; this includes the work of (largely non-government) organisations which help to build capacity by providing training, linking people together, coordinating services and finding ways to overcome policy and implementation barriers.

This good work must continue during any period of transition to new arrangements. While there is doubtless a need to reduce fragmentation across programs, there is also much current work that should be recognised and supported. Should greater clarity emerge about the respective roles of the Commonwealth and the States and Territories in mental health – either through the National Mental Health Commission's Review, or through the Federation White Paper process – the Australian Government should provide long-term funding certainty for organisations currently carrying out work of high value to mental health consumers and carers and/or to the mental health sector.

In considering any actions in response to the Review's findings, the Australian Government should be guided by the following principles:

- There should be no net reduction in investment in mental health
- Existing arrangements which make a positive contribution to mental health outcomes should be retained
- Existing arrangements which undermine mental health outcomes should be dismantled



- Where evidence is lacking about the contribution of existing arrangements to mental health outcomes, government should proceed with caution
- Where the Commonwealth intends to remove funding for existing programs, it should only do so after developing strategies to retain and use any infrastructure, human capital and intellectual property developed through those programs
- Regardless of whether funding continues for any particular program, government should provide certainty to community-managed organisations about their long-term future funding to assist with workforce planning and retention of existing staff
- Any service gaps likely to emerge through the discontinuation of services should be identified and communicated to those affected, including state/territory governments and service providers.

Building on these principles, there are several areas of transition where risk management strategies are needed immediately, and which are directly within the Commonwealth's sphere of influence.

National Disability Insurance Scheme

The risks of dismantling good practice are at their most pressing with regard to the NDIS. Governments have agreed that certain mental health programs are 'in scope' for the NDIS, yet these programs (such as the Commonwealth-funded Personal Helpers and Mentors Program) are currently accessed by many people who are unlikely to be eligible for an individualised package of support. With major aspects of scheme design yet to be resolved, there is a serious risk that mental health consumers will be left with less support than they have now. Indeed, the evidence shows people are already losing access to services in NDIS trial sites today – surely a perverse outcome in the context of a scheme intended to double the amount of support available for people with disability.

As a matter of urgency, it is imperative that all governments explain, and regularly report on, how the 'continuity of service' guarantee is working in practice for people with mental illness and psychosocial disability. In addition, block funding for mental health programs that are in scope for the NDIS should continue for providers currently delivering these services in trial sites, with this funding (including in-kind spending) quarantined, tracked and publicly reported.

Block funded services should continue until such time as the implications of transition (such as gaps in service provision) have been comprehensively scoped and are better understood. Where service gaps appear likely to emerge beyond the NDIS transition period – for instance where an in-scope service is no longer available to people who do not meet the NDIS access criteria – then governments should explain how they intend to address those gaps and with what resources.

Primary Health Networks

The Australian Government has announced its intention to fund Primary Health Networks (PHNs) from July 2015 to take over the work currently carried out by Medicare Locals. Much of the detail about this significant change is yet to be made public.

The success of Medicare Locals in the mental health arena has been highly variable. However, much good work has taken place, and PHNs must – at the very least – sustain that work by providing continuity for existing service arrangements (where effective) and/or by emulating the approaches of those regions with successful mental health strategies. The transition to



PHNs is likely to cause major disruption to the Partners in Recovery Program and Access to Allied Psychological Services (ATAPS) (in fact reports suggest these impacts are already occurring), a Commonwealth initiative designed to improve systems integration, and which is only now beginning to show evidence of real improvements in the lives of people with complex needs. PHNs therefore need to have the right governance arrangements in place so that mental health continues to figure prominently in local decision-making and coordination. This means proactively engaging community-based non-clinical services so that people receive the support they need, regardless of the system through which it is funded.

Using existing evidence more effectively

The National Mental Health Service Planning Framework (NMHSPF) is the most comprehensive planning tool currently available in relation to mental health, developed through substantial consultation with the mental health sector, including stakeholders from the public, private and community-managed sectors. Through careful use, the NMHSPF could drive efficiencies through investment in mental health promotion, prevention and early intervention, which over the long term should ease demand on acute and crisis-driven services – a goal that many stakeholders share but is difficult to achieve in practice.

The NMHSPF is already available as a major source of information for all governments in planning for the resources required to maximise the value of their investments in mental health and psychosocial disability. Despite being funded by the Commonwealth as a government commitment through the Fourth National Mental Health Plan, the NMHSPF now appears to be stalled in intergovernmental negotiations. If the NMHSPF is not released in the near future, there is a risk of undermining the substantial contribution that many stakeholders made to its development, as well as losing the critical information it contains. To maximise the value of the NMHSPF to the whole mental health sector, governments need to support its release, ongoing development and technical application.

Funding and accountability – classifying mental health services

The information infrastructure Australia needs to fund, deliver and report on mental health care is weakest where it should be strongest – in the community. Instead, current information collection arrangements are focused on hospital-provided care. The development of a new Mental Health Care Classification by the Independent Hospital Pricing Authority – an initiative under the 2011 National Health and Hospital Reform Agreement – presents an opportunity to address this critical information gap by including the full range of community-based services in the classification framework.

Due for implementation from 1 July 2016, the new Classification is intended to improve the way mental health care services are classified, counted and costed. For the first time, a framework will be available to describe mental health services consistently across settings, including inpatients, outpatients, emergency, sub-acute and – importantly – community mental health services. Although the Commonwealth has withdrawn its commitment to growth in health funding for states and territories, there remains a pressing need to develop robust classification and accurate costing of mental health services, both within and outside hospitals.

Accurate classification is in the interests of all governments. It will enable better planning, benchmarking, accountability and analysis of the resources required to deliver efficient and effective mental health care services. Without a comprehensive classification system, accurate data will not be available to inform jurisdictions' investments that help people avoid



expensive crisis-driven hospital care. Regardless of the future of Activity-Based Funding, the Classification must include community-based services, including those delivered in community-based settings.

If appropriately developed, the Classification will also deliver benefits well beyond state hospital systems. For example, the Classification could helpfully inform the work of the National Disability Insurance Agency (NDIA) as it seeks to identify and price the range of supports that people with a psychosocial disability might choose under the NDIS – a task that the NDIA has so far struggled to carry out.

Implementing the Blueprint

The transitional arrangements described above will help retain the positive aspects of existing mental health arrangements. But perpetuating the status quo must not be the ultimate goal; for too long mental health consumers and carers have gone without the support they need to live contributing lives.

Government commitment to reform is absolutely necessary, but as previous reviews have shown, this on its own will not be enough to drive sustainable improvements in mental health outcomes. Governments must also empower the non-government and private sectors as a key contributor to successful change – rather than developing policy solutions and service responses in isolation. Regardless of the government's mental health policy agenda, collaboration with the whole mental health sector is essential to success.

Mental Health Australia's Blueprint for Action on Mental Health outlines practical steps required to make the structural and systemic changes necessary to improve whole-of-life mental health outcomes. The Blueprint's vision is undoubtedly ambitious, yet it is very achievable if the political will exists to embark on the path to long-term reform.



1. Agree on what we want to achieve

A high-performing mental health system would maximise consumer and carer participation, prioritise mental health promotion, prevention and early intervention, be recovery-oriented, and facilitate timely and equitable access to the right services matched to individual needs. Achieving this vision means addressing the many factors which enable people to live contributing lives: social and economic participation, accommodation, physical health, safety, prejudice and discrimination, and experiences of care, support and treatment.

Adopt long-term targets for improving mental health outcomes

Recommendation 1:

Led by the Commonwealth, governments should adopt targets for improving mental health outcomes that reflect the aspirations of consumers and carers, backed up with indicators to demonstrate the pace of improvements.

Governments should seek support from non-government stakeholders, including consumers, carers, professionals, service providers and the broader community for targets and indicators most likely to drive sustainable change in mental health outcomes.

Of the 14 targets recommended by the Expert Reference Group to the COAG Working Group on Mental Health Reform¹, priority should be given to the following seven areas:

- Reducing rates of suicide and self-harm
- Increasing social and economic participation
- Reducing rates of mental illness and increasing service access among high risk groups
- Reducing the rate of people with mental illness who are homeless or in unstable housing, especially with reference to people with mental illness in hospital
- Increasing the size and distribution of the peer workforce
- Increasing consumer and carer satisfaction with services
- Improving the physical health of people with mental illness.

¹ <http://www.mentalhealthcommission.gov.au/media/80181/250913%20-%20ERG%20final%20report%20to%20WGMHR.pdf>



2. Be clear on who is responsible for what

Commonwealth and state/territory governments need to agree on their respective roles and how they will work together. Acute clinical services are necessary, but are only one part of the picture; roles need to be defined for other systems that people with mental illness encounter and which can help reduce the demand for expensive crisis services. By properly defining roles and responsibilities, including governments, non-government organisations and clinicians, we can ensure that there is 'no wrong door' regardless of how someone seeks help.

A new National Mental Health Agreement

Recommendation 2:

Led by the Commonwealth, all governments should develop and agree a National Mental Health Agreement which acknowledges cross-portfolio and inter-governmental linkages, boosts development of the community mental health sector, and defines optimal roles and responsibilities for Commonwealth, state and territory governments, as well as for community-managed and private sector organisations, in achieving more sustainable mental health outcomes.

Signatories to the National Agreement would commit to the long-term achievement of national mental health targets, and to reporting on indicators of progress towards these goals.

State and territory governments should be primarily responsible for the planning, delivery and management of government-run services (including hospital-based mental health services and referral systems), and for supporting national mental health policy priorities.

The Commonwealth should be primarily responsible for monitoring and public reporting, funding services provided under Medicare and the PBS, national promotion and prevention activities, national standards for information management and technology systems, online and helpline services and associated national infrastructure, accreditation, quality and safety standards, and identifying current and future gaps in services delivered by the states.

The Commonwealth should also be responsible for services designed to fill the gaps in the mental health service landscape during the period of transition to more clearly delineated



arrangements between Commonwealth and state/territory governments, particularly while the implications of the NDIS for the mental health sector remain unclear.

In relation to areas of overlap and boundary issues, the National Agreement should specify that each government is individually responsible for:

- prioritising policy and service delivery that make progress towards nationally agreed targets for mental health outcomes;
- reporting on high-priority activities and outcomes – including the development and timely provision of consistent data; and
- requiring minimum mandatory standards and consistency in contracting and procurement terms, national service and safety standards, and other relevant standards and regulations.

The National Agreement should also articulate the role of organisations and providers outside of government, including in the private and not-for-profit sectors, following consultation with private sector and community-managed stakeholders. It should include mechanisms to enable greater engagement between governments, community-managed organisations as well as mental health consumers and carers in the design, implementation and evaluation of programs of relevance to mental health.

The National Agreement should be supported by National Partnership Agreements and Implementation Plans, developed on a bilateral or multilateral basis, outlining specific policy commitments and supporting financial arrangements between relevant states/territories and the Commonwealth.

The National Agreement should also be supported by a select range of steering committees to design, progress and monitor key initiatives. These committees should include representation from mental health consumers and carers, non-government organisations and the community sector, professional groups and the private sector as well as cross-portfolio and cross-jurisdictional members.

Finalise and implement national classification of mental health services

Recommendation 3:

The Independent Hospital Pricing Authority should continue to develop a Mental Health Care Classification in order to provide a consistent framework for funding and monitoring mental health services in both hospital- and community-based settings. The Commonwealth, State and Territory Governments should all use the final classification as the basis of a nationally consistent approach to classifying mental health services, including (but not limited to):

- clinical mental health services
- community mental health services, regardless of how they are funded or which organisations deliver them
- community-based psychosocial supports funded through the NDIS.



3. Increase consumer and carer participation and choice

Consumers and carers are the experts in what services work for them, and meaningful involvement of people with lived experience should be at the heart of service design, delivery and evaluation. Consumers and carers must be involved in decisions that affect them – from the services available locally to the development of national policy.

Increase mental health consumer and carer representation and leadership

Recommendation 4:

All governments should provide funding for structures that strengthen and embed the voices of people with lived experience in national policy design and implementation. This includes Commonwealth funding for consumer and carer leadership and representation structures.

Develop the Mental Health Peer Workforce

Recommendation 5:

The Commonwealth should provide funding and support to develop a trained professional mental health peer workforce, as well as incentives to integrate peer workers into all mental health services, multi-disciplinary teams and accident, emergency and other first responder services. This includes developing and implementing a national mental health and psychosocial support peer workforce development framework, as recommended by Health Workforce Australia's Mental Health Peer Workforce Study, and supported by the National Mental Health Commission.

Develop and implement a supported decision-making framework

Recommendation 6:

The Commonwealth should develop and implement a supported decision-making framework for mental health and psychosocial disability support services, in line with its obligations under the United Nations Convention on the Rights of Persons with Disabilities.



4. Match services to need

For the mental health system to respond with effective, timely and evidence-based interventions, we need to ensure service providers, clinicians and other professionals have the knowledge, skills and resources to connect people to the right help at the right time. We need to ensure that clinical services are linked with the right community services, psychosocial supports and opportunities for self-help, and that those services are available across the full spectrum of need.

Release the National Mental Health Service Planning Framework

Recommendation 7:

As agreed by all governments in the 4th National Mental Health Plan, the Commonwealth should release the latest version of the National Mental Health Service Planning Framework and support its ongoing development and application. The Framework can then be refined and expanded over time as new information emerges, particularly in relation to population growth and mental health workforce challenges.

Support people with psychosocial disability through the NDIS

Recommendation 8:

Governments should respond to the policy challenges raised in Mental Health Australia's report assessing the needs of the mental health sector in transitioning to the NDIS, paying particular attention to issues likely to disadvantage mental health consumers and carers in the immediate term. In addition, the NDIA should respond to Mental Health Australia's recommendations to address implementation barriers, maintain sector capacity and develop communication channels between stakeholders.



Develop a clearer picture of community mental health services

Recommendation 9:

In collaboration with states, territories and the private and community-managed sectors, the Commonwealth should commission a project to:

- Describe in detail current and planned services for people with psychosocial disability within each jurisdiction, taking into account services that are agreed by governments to be in and out of scope for the NDIS and with reference to the National Mental Health Service Planning Framework
- Assess what in-scope services will and will not be available for people with psychosocial disability who are not eligible for an individualised support package under the NDIS, once the NDIS is at full operation
- After consultation with consumers and carers, identify major service gaps and any other policy issues arising from the findings of this project, and identify strategies to address these at both Commonwealth and state/territory levels from a cross-portfolio perspective.

Address gaps in the service landscape

Recommendation 10:

Over the period of any transition of mental health service responsibilities from the Commonwealth to state/territory governments, the Commonwealth should continue funding:

- programs that increase access to services for people with mild to moderate disorders, including programs funded through Medicare
- Programs that support people with more severe disorders or complex needs, including programs that are currently in scope for the NDIS.

Bulk purchasing arrangements should remain in place until the architecture of the NDIS Tier 2 system is agreed and implemented by all governments.

e-Mental Health – Support emerging systems, and develop awareness and capability

Recommendation 11:

Building on existing initiatives and infrastructure developed outside government, the Commonwealth should coordinate an e-Mental Health strategy that invests in models which are evidence-based, scalable and value for money.

This strategy would consolidate the implementation of any new activities with:

- targeted promotion to maximise the reach of e-Mental Health services across the population and via referral channels
- maintenance to update functionality as technology evolves and user patterns change



- investments in shared technological capability of the e-Mental Health system
- seed funding to encourage private-sector investment and community partnerships to advance e-Mental Health priorities.

Informed by an e-Mental Health Strategy, the Commonwealth should fund the community sector to implement, improve or expand:

- Online gateways to mental health services
- A national service directory with local granularity
- Consistent referral guidelines and protocols
- Low-cost and effective early intervention services
- Platforms to better integrate the online and offline service systems
- Awareness-raising in the community of e-Mental Health gateways.

e-Mental Health – Support online gateways and service directories

Recommendation 12:

As part of an e-Mental Health strategy, the Commonwealth should fund a limited number of existing e-Mental Health providers with broad population reach to act as online gateways to mental health information and services. These gateways should facilitate self-help and self-referrals by individuals, and would also be available to mental health professionals, including general practitioners, for information and in making referrals to local services. Gateway providers should be supported by compatible software platforms and consolidated service directory database, as proposed by the e-Mental Health Alliance.

e-Mental Health – Ongoing development and evaluation of low-cost early intervention services, including pathways to stepped care

Recommendation 13:

As part of an e-Mental Health strategy, the Commonwealth should fund ongoing development and evaluation of new and existing low-cost early intervention services, including online self-referred and self-help services. These services should be able to identify people requiring immediate or specialised intervention, and facilitate timely and appropriate pathways of care.

As part of this work, the Commonwealth should work with existing e-Mental Health providers to identify or trial any new technical infrastructure required to help identify people who require face-to-face or more specialised care, test the appropriateness and user-acceptability of online diagnoses and referrals, and identify opportunities emerging in the marketplace to apply new tools in Australia's e-Mental Health infrastructure.



e-Mental Health – Encourage awareness and referral to efficient and effective services

Recommendation 14:

To support an e-Mental Health strategy, the Commonwealth should fund ongoing targeted training and upskilling, reimbursements and common guidelines on ideal referral pathways through helplines and online gateways and into face-to-face services. These initiatives should be targeted towards key mental health practitioners, including general practitioners, psychiatrists, allied health professionals and community sector workers, to encourage awareness, access, and consistent and effective use of lower-cost services, including e-Mental Health and helpline services and resources.

The Commonwealth should establish and promote referral pathways from primary care into online services, such as by requiring clinicians referring consumers to face-to-face services to also refer them to online and/or self-help mental health support, where appropriate.

Information management – Improve electronic systems to improve communication, information sharing and capability in managing service-level data

Recommendation 15:

The Commonwealth should identify ICT systems currently used by services for people with mental illness, and invest in IT infrastructure solutions – such as a common electronic mental health information database, or translational software – to improve data consistency, system interoperability, and efficiency in electronic reporting and information sharing.

The strategy should be supported by appropriate privacy standards and requirements, as well as training and supports that give equal priority to building the data capacity within the private and community mental health sectors as for government-run services such as hospitals.

Consolidate, coordinate and better integrate mental health helpline funding and administration

Recommendation 16:

The Commonwealth should support a nationally-coordinated system of helplines for mental health support, crisis intervention and suicide prevention, by providing ongoing funding for administration and operations, national telephony infrastructure and targeted ongoing work to develop referral pathways and integration between helplines and other supports and services. Implementation of this proposal should be consumer- and carer-driven and led from within the community-sector, in partnership with private and public mental health stakeholders.



Enhance evidence-based pathways through regular reviews

Recommendation 17:

All governments should require – through mechanisms such as clinical guidelines or accreditation standards – that pathways in to and out of hospital, community and private service settings are informed by best-practice reassessment and review of consumers' progress towards recovery goals. Reviews should be carried out routinely, and review outcomes (rather than arbitrary caps on service offerings) should establish eligibility for ongoing or referred services.

Prioritise employment in all services

Recommendation 18:

All community services accessed by people with mental illness, including employment, housing and community mental health services, should be funded to employ specialist employment consultants with lower client loads to work more intensively with people facing multiple barriers to employment, including people with mental illness and/or to place those consultants in external agencies where appropriate.

Implement best-practice employment service models

Recommendation 19:

The Commonwealth should fund Disability Employment Services to develop and expand best practice models of employment services for people with mental illness and psychosocial disability based on a comprehensive review of what has been shown to achieve the best sustainable employment outcomes for different population groups in Australia and overseas.

The Commonwealth should also expand the use of effective models through the national employment services system that have been demonstrated to achieve sustainable job outcomes for people with mental illness. These models include Individual Placement and Support and other 'wrap around' support packages that address both vocational and non-vocational barriers to employment and social participation. Where possible, these services should also be embedded into community mental health services.

Review mental health housing

Recommendation 20:

The Commonwealth, with cooperation from states and territories, should conduct a national audit of all housing and accommodation for people with severe mental illness. The audit should examine public, community and permanent supportive housing allocated to people with mental illness, as well as supported accommodation, licensed boarding/rooming houses and specialist homelessness services.



The Commonwealth should use the audit findings to inform a new mental health housing strategy, with clear goals and targets to increase the supply of social and supported housing for people with mental illness and address identified gaps. The strategy should be developed in consultation with the mental health sector and address issues such as appropriate design and location of housing (to prevent local concentrations of disadvantage), affordability and access to support services for the duration of need (to minimise the risk of eviction and tenancy failure).

Support mental health in diverse populations

Recommendation 21:

All governments should ensure their mental health policies include and align with specific strategies to promote the social and emotional wellbeing of particular population groups, including Aboriginal and Torres Strait Islander peoples and other culturally and linguistically diverse populations. This includes:

- Implementation of the Framework for Mental Health in Multicultural Australia: Towards Culturally Inclusive Services
- Trauma-informed and culturally-responsive mental health practice, data development and collection
- Leadership in consumer and carer support and representation.

Implement the national recovery framework

Recommendation 22:

Following consultation with consumers and carers, all governments should implement and monitor the national framework for recovery-oriented mental health services, endorsed by the Australian Health Ministers Advisory Council.

Support mental health in forensic settings

Recommendation 23:

The Commonwealth, working with states and territories, should lead the development of a national forensic mental health strategy, to identify and guide national consistency in best practice approaches to mental health in criminal justice settings.



Improve income support access and adequacy for mental health consumers and carers

Recommendation 24:

People with mental illness, and their carers, must have access to income support payments that adequately meet the costs of living, including the costs of economic and social participation (including job search) and the costs of treatment and care as a result of having – or caring for someone who has – a mental illness which affects their ability to participate in employment. Access to income support should not be denied because someone's work capacity fluctuates over time because of the episodic nature of mental illness.



5. Get the incentives right to drive better outcomes

The way governments fund service providers needs major reform. Services delivered in the community are far cheaper and often more effective than treating people in hospital. Our entire system of funding mental health services – from existing arrangements like Medicare, the PBS and block grants to innovative models like individualised funding – should reduce fragmentation rather than create it and should promote best practice service delivery and collaboration. Rewarding activity with no link to improved outcomes risks both jeopardising life outcomes for those who experience mental illness and the misallocation of scarce resources.

Review the Medicare Benefits Schedule

Recommendation 25:

The Commonwealth should review and reform MBS arrangements with the objective of improving the way it supports the delivery of collaborative and recovery-oriented mental health care, with reference to programs and services funded through different mechanisms.

The terms of reference for a review of the MBS should include the following considerations:

- What changes to MBS arrangements regarding mental health are required in order to reflect contemporary understandings of the complex and whole-of-life needs of mental health consumers and their carers, and the services required for recovery?
- What additional MBS items might be needed to better support mental health?
- Are changes to current practices, such as improved strategies for coordinating care and addressing barriers to care, required to encourage take-up of existing MBS items?
- Specifically in relation to the Better Access Program:
 - » What is the current and likely future demand for Better Access in the context of broader changes to the mental health service landscape?
 - » What is the role of Better Access within the mix of services required to meet demands across the full spectrum of mental health needs?



- » What alternatives are there to referrals to Better Access (such as low-cost, online self-help services)? Are these other service types available and accessible, and if not, what changes to MBS and through other policy arrangements are needed to address this?
- » What is the overall effectiveness of Mental Health Treatment Plans? What opportunities are there for streamlining them based on appropriate comprehensive assessments?
- » To what extent does Better Access recognise and support the boundaries, overlaps and relative strengths of different professional scopes of practice, across the full range of professions potentially involved in delivering mental health interventions?
- What impact does the MBS have on service offerings, taking into account its interaction with, and the interactions between, private health insurance-funded services and state-funded services, including hospital-based services?

In undertaking this review, urgent attention should be given to:

- items for service coordination and team-based collaboration
- separating items for mental health assessment from mental health care planning
- the role of community-managed and other programs (such as GP Access) in facilitating more efficient, effective and recovery-oriented mental health care in primary health settings
- items for telehealth consultations, as well as for incentives to obtain the required training and infrastructure
- items for extended and additional consultations to deal with co-occurring mental and physical complaints, alcohol and drug dependence, and family issues
- items to encourage the provision of mental health services, including telehealth and online services, in rural and remote areas
- items for voluntary registration of mental health consumers with complex care requirements who may be eligible for programs such as Partners in Recovery
- items for regular reviews and reassessment of consumers' progress towards clinical and other recovery goals
- whether reimbursements provided by mental health items are adequate in light of their true costs (e.g. eligibility requirements for clinicians to claim against the item; resources required to provide the service).



Continue work to develop the mental health workforce

Recommendation 26:

The Commonwealth should continue existing work to develop the mental health workforce following the transition of Health Workforce Australia into the Australian Government Department of Health, as announced in the 2014-15 Budget. This should include:

- making more tertiary mental health training places available
- initiatives to encourage entry into tertiary mental health training
- expansion of online options for professional development
- continuing professional development training in e-Mental Health services and referral options
- implementation of the National Mental Health Core Capabilities.

Workforce development should reflect the full scope of services and supports accessed by people with mental illness, including in health and non-health sectors, services delivered in community settings and the peer workforce.

Remove red tape in contracts with community-managed organisations

Recommendation 27:

In partnership with the mental health sector, governments should develop a common set of best practice guidelines for contracts with community-managed organisations that reward better outcomes, innovation and partnership between providers and across systems, and provide flexibility by avoiding needless red tape and box ticking. These guidelines should then be used in government procurement of services for people with mental illness wherever possible.

Expand the scope of multidisciplinary teams and reimburse services for effective coordination

Recommendation 28:

Multidisciplinary teams should include all workers that provide care and support for people with mental illness, including health and non-health services, delivered in both hospital and community-based settings.

Coordination through multidisciplinary teams, and across professions and sectors, must be adequately funded in order to be effective. Services must be reimbursed for the time and specialised skills required for integrated service delivery, coordination, personally ensuring clients are connected into services (or 'warm' referrals), and participating in cross-sector or multi-agency partnerships.



All governments should therefore provide resources – such as through MBS items and specific funding in service provider contracts – to encourage and adequately support effective collaboration. This funding should be made available to all members of multidisciplinary teams, as well as through public sector services, including in employment and health and hospital services.

Use innovative procurement to put communities in control

Recommendation 29:

In partnership with private and community-managed sectors, all governments should identify and trial innovative procurement models to pool funding across portfolios and governments in implementing the new National Mental Health Agreement, while ensuring that access to existing services is not reduced.

Assess mental health impacts on a whole-of-government basis and recognise cross-portfolio return on investment

Recommendation 30:

Treasury and/or Finance Departments of all governments should use existing internal processes – such as new policy proposals and Regulation Impact Statements – to identify the potential impacts of policy changes on mental health outcomes, including impacts that may be significant across portfolios and jurisdictional boundaries.

Treasury and/or Finance Departments of all governments should also reconfigure their Budget rules in order to allow Ministers to account for savings in one portfolio as a result of investment in another portfolio, and to better recognise longer-term down-stream savings that stem from government investments in areas such as psychosocial services, employment supports and securing stable housing.

Reward local action towards national goals

Recommendation 31:

As part of a National Mental Health Agreement, the Commonwealth should provide reward payments for states/territories (and/or regional bodies) that reach specified milestones towards the achievement of national targets for whole-of-life mental health outcomes, as recommended by the Expert Reference Group to the COAG Working Group on Mental Health Reform.



Create balanced incentives to promote employment and participation

Recommendation 32:

Outcome payments for employment services providers should provide greater reward for the achievement of sustainable employment outcomes (for example, at the 26 and 52 weeks' stage), not short term job placements.

To facilitate this, compliance and reporting requirements should be simplified to free up more time for employment consultants to devote to meeting the needs of job-seekers and employers.

Encourage employers to employ people with mental illness

Recommendation 33:

The Commonwealth should fund wage subsidies and an awareness campaign to encourage employers to hire and support people with mental illness and psychosocial disability.

Improve participation through tailored approaches to mutual obligation

Recommendation 34:

People with mental illness on Newstart Allowance should be afforded greater choice and control over the types of mutual obligation activities they are expected to undertake, with a focus on meaningful activity to promote recovery and address barriers to social and economic participation. Centrelink should offer positive incentives to reward people for undertaking such activities, such as through a financial 'participation supplement' or bonus payment.

Mutual obligation arrangements must be based on assessed capacity to participate and be flexible to account for changing circumstances, including exemptions where appropriate.

Exemptions should be available through straightforward processes, and remain in place for as long as is determined necessary by a treating professional or designated practitioner. Punitive sanctions for alleged 'non-compliance' should not be applied to people with mental illness or psychosocial disability.



6. Invest at the right time to achieve the greatest benefit

Improving mental health outcomes will increase national productivity and participation, reaping major economic dividends. We need to invest in mental health promotion, prevention and early intervention to encourage help-seeking, challenge prejudice and discrimination, and avoid crisis wherever possible. Empowering consumers and carers to help themselves through new technology will yield high returns on investment and allow clinicians to help those with the highest needs.

Identify optimal expenditures required for mental health outcomes

Recommendation 35:

The Commonwealth should provide terms of reference to the Productivity Commission to quantify the optimal levels and associated benefits of investment that is required across portfolios (i.e. including in health, housing, education, criminal justice, and so on) and in the community sector in order to improve long-term mental health outcomes. This inquiry should be conducted with specific reference to the National Mental Health Service Planning Framework, and in the context of the Federation White Paper.

Quantify the economic benefits of early intervention for people at risk of developing long-term psychosocial disability

Recommendation 36:

The Commonwealth should commission a detailed analysis of the economic costs and benefits of early intervention services for people with, or at risk of, mental illness and psychosocial disability. This analysis should seek to identify, where possible, which investments in NDIS Tier 2 services (and other early intervention services out of scope for the NDIS) are most likely to reduce costs to the NDIS and other service systems in the future, consistent with insurance principles. It should also seek to quantify likely avoidable costs to jurisdictions resulting from any misallocations of Commonwealth and state/territory expenditure in the areas of mental health and psychosocial disability. Based on this analysis, the scope and intent of the NDIS Tier 2 system with respect to psychosocial disability should be clarified and communicated effectively to stakeholders.



Raise awareness to prevent mental illness and reduce discrimination

Recommendation 37:

The Commonwealth should develop and resource a nationally coordinated and evidence-based prevention, early intervention and anti-discrimination campaign, including community-wide education and tailored strategies for mental health services, emergency services, workplaces, schools, early childhood services and other key settings for promotion, prevention and early intervention.

Cross-sector capability – mental health training

Recommendation 38:

All governments should require workers in all services that support people with mental illness (including services both within and outside of the mental health sector – such as in housing, homelessness and employment) to undergo a minimum level of mental health training. Training could be incorporated into accreditation processes or delivered on-the-job, and should include:

- Mental health information and awareness
- Social and emotional wellbeing, recovery and trauma-informed practice
- Prejudice and discrimination
- Respectful attitudes and behaviours
- The role, availability and effectiveness of different supports and services
- Referral pathways
- Consumer and carer participation.

Implement a cross-sector mental health research agenda

Recommendation 39:

The Commonwealth should facilitate the development and implementation of a consumer and carer-informed mental health research strategy that responds to demonstrated policy and research needs in the community. The strategy should enable a balanced mix of academic and applied research and include specific measures to translate research into action through policy, implementation and evaluation.



7. Keep governments and services accountable

At the moment we don't have a complete picture of how much governments spend on services for people with mental illness or how effective that spending is. We need an independent mechanism to report on what governments are investing in and whether those investments are assisting consumers and carers to lead contributing lives.

A stronger national mental health watch-dog

Recommendation 40:

The Commonwealth should seek the support of states and territories in strengthening the role of the National Mental Health Commission as an independent vehicle for the regular evaluation and reporting of all government investments in mental health programs and services, the appropriateness of the investment mix, and the effectiveness of those investments in achieving improved mental health outcomes, including from the perspective of consumers and carers.

Collaboration to overcome implementation barriers

Recommendation 41:

As an element of ongoing improvement in policy design and implementation, the Commonwealth should continue to provide targeted funding for organisations within the mental health sector that assist government to navigate and overcome implementation challenges, including by building capacity, sector consultation and problem solving, as well as information dissemination, policy translation and ongoing advice to government on sector-specific issues.

Structural support for the community-managed mental health sector

Recommendation 42: The Commonwealth should improve the sustainability and capacity of the community-managed mental health sector by progressing broader not-for-profit sector reform and supporting diversification and distribution of professional skills, in light of broader shifts in the economy



towards casualised workforces. This work should be informed by and (where relevant) provide input to the Federation White Paper and Competition Policy Review processes.

Consumers and carers driving service design and improvement

Recommendation 43:

All governments should facilitate and resource the measurement and reporting of consumer and carer experiences of and participation in services – in all sectors (public, private and not-for-profit) and across all mental health professions.

Prudent planning for outcomes measurement

Recommendation 44:

The Commonwealth should commission a comprehensive program of work to examine the challenges of outcomes measurement at the service level, in order to identify the circumstances under which an outcomes-based approach to funding should be applied to mental health services. This work must engage key stakeholders to develop strategies for implementing outcomes measurement that align national priorities with the diversity of service offerings and provider types, and identify the financial and human resources to implement their collection.

Information management – re-build and realign data collections

Recommendation 45:

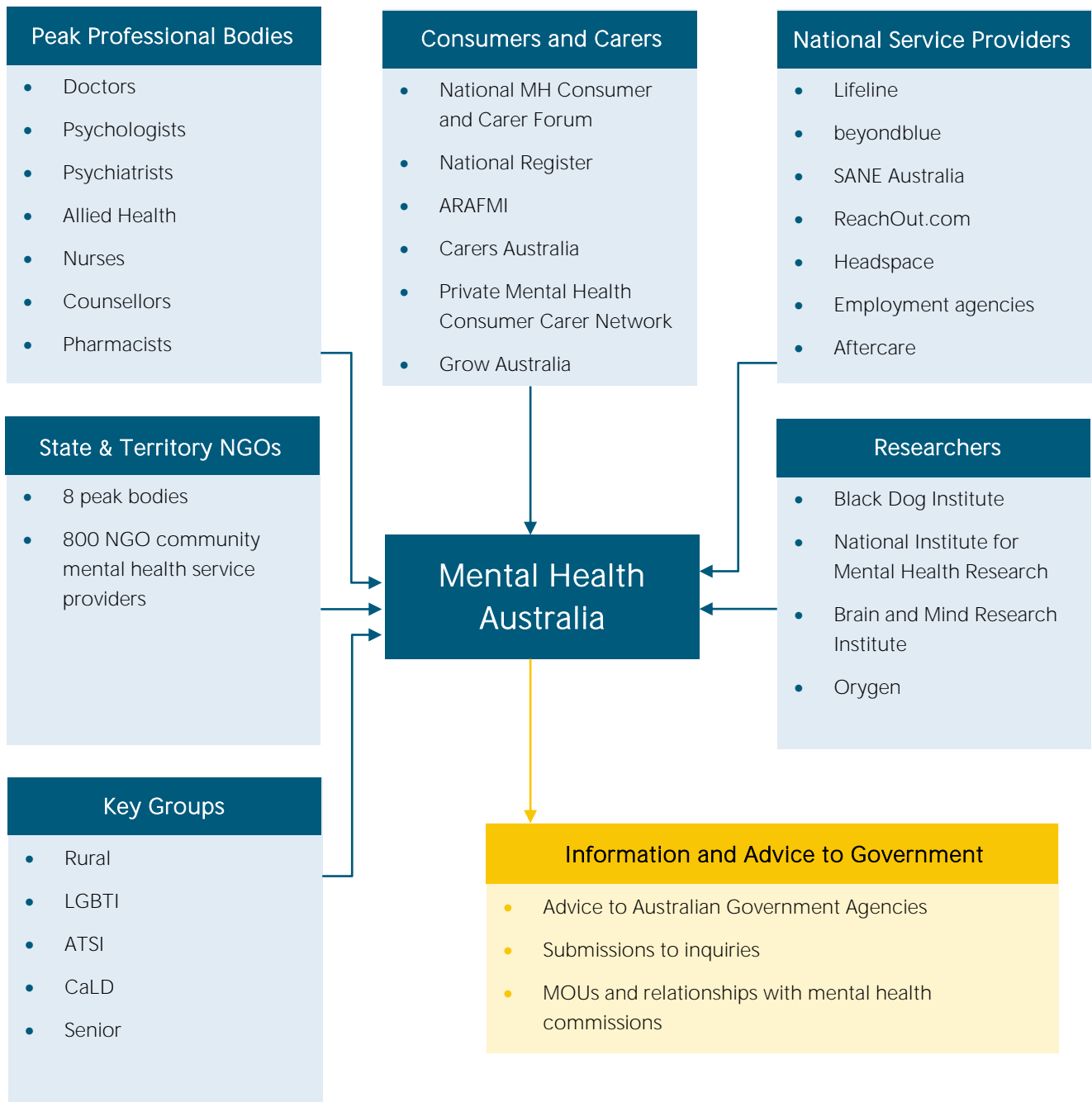
Led by the Commonwealth, and with close engagement with the community-managed sector, all governments should contribute to re-building data systems to ensure data definitions and collection efforts align with the strategic directions outlined in the National Mental Health Agreement. This work should be reflected in a new revision of the National Mental Health Information Priorities 2nd Edition, which has not been revised since 2005.

This work should involve close engagement with and input from the private mental health and community managed sectors with a view to minimising undue reporting burdens, enabling aligned collections across public, private and not-for-profit sectors, and ensuring regular reporting on key consumer and carer outcomes and other recovery-based indicators.

It should also enable appropriate data development to ensure adequate measurement regarding mental health amongst diverse populations, including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual and transsexual and inter-sex communities.



Appendix 1 – Mental Health Australia’s Span of Influence



Mental Health Australia



Mentally healthy people,
mentally healthy communities

Mental Health Australia is the peak independent, national representative body of the mental health sector in Australia.

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