



Mental Health Australia

2022 - 23 Budget Analysis

22 April 2022

Mentally healthy people,
mentally healthy communities

Introduction

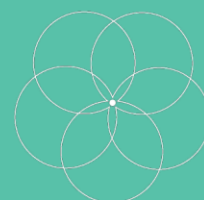
This Analysis is provided to Mental Health Australia members to assist in clarifying the meaning of mental health related investments made through the Australian Government's 2022-23 Budget. This is an election budget targeting immediate voter cost of living concerns at the expense of delivering on the major reforms, including those recommended by the Productivity Commission Inquiry into Mental Health, and the advice provided by the mental health sector on where investments are critically needed.

The Minister for Health and Aged Care announced an investment of \$648.6 million for 'Stage 2 of the Government's Mental Health and Suicide Prevention Reform Plan'.¹ Mental Health Australia welcomes the Australian Government's investment in mental health and suicide prevention measures through the 2022-23 Budget. However, as is often the case with Budget announcements – particularly those conducted within an election year – there is a lack of clarity around the core components that come together to make up this total. In addition, the quantum of this investment falls far short from maintaining the momentum established in the 2021-22 Budget (an investment of \$2.3 billion²) in implementing the priority reforms outlined by the Productivity Commission Inquiry into Mental Health.

This Analysis outlines the strategic context for the 2022-23 Budget and provides a summary of Mental Health Australia's analysis of both the 2022-23 Budget measures, which are mental health related, and what's missing.

1 "Record investment in the future of Australia's health system," Ministers, Department of Health, accessed April 22, 2022, <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/record-investment-in-the-future-of-australias-health-system>

2 "Historic \$2.3 billion National Mental Health and Suicide Prevention Plan," Ministers, Department of Health, accessed April 22, 2022, <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/historic-23-billion-national-mental-health-and-suicide-prevention-plan>



2022-23 Mental Health & Suicide Prevention Budget in Context

The Federal Budget for 2022-23 is both an election Budget and the second Budget after the Government received the final report of the Productivity Commission Inquiry into Mental Health and the National Suicide Prevention Adviser's Final Advice. The Productivity Commission recommended Australian Governments invest \$2.4 billion per year to achieve its priority reforms.³ Through this budget, the Australian Minister for Health and Aged Care announced an investment of \$648.6 million, presumably over the forward estimates, to implement Stage 2 of the Government's Mental Health and Suicide Prevention Reform Plan⁴ – although there is some lack of clarity around this total, which is discussed below. What is clear is that this is not enough funding to implement the Productivity Commission Inquiry into Mental Health's priority reforms.

The Government's National Mental Health and Suicide Prevention Plan, to which the Australian Government continues to pin investments, was developed without consultation; a process consistent in the development of the recently released National Mental Health and Suicide Prevention Agreement. The plan's initial appearance was to announce the Government's 2021-22 budgetary response to the Productivity Commission Inquiry into Mental Health Final Report and the National Suicide Prevention Adviser's Final Advice. It had the look and feel of a media release with Five Pillars of funding into which investments were summarily located to provide some sense of cohesion rather than a strategic long term plan. This year's continuation of the use of the Plan to announce the 2022-23 Budget investments for mental health has contributed to the overall sense that there is a lack of a broader strategic vision to deliver a more integrated and accessible mental health service system that is informed by lived experience. This is in spite of the work done by the National Mental Health Commission over a number of years in the development of Vision 2030 and the considerable amount of time contributed by the sector in its development.

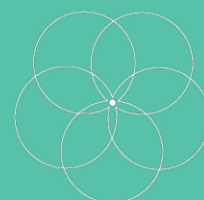
In [Mental Health Australia's previous 2021-22 Budget Analysis](#) we said that "setting a clear long-term direction (evidence-informed, guided by expert advice including from lived experience) is as important as the funding amounts and individual initiatives. The articulation of this longer-term vision for how mental health should work in, say, 2035 is perhaps the Budget's most glaring omission. It is critical the sector has an opportunity to shape this vision, and support integrated implementation."

While there are some valuable investments that will contribute to improving mental health service delivery, the 2022-23 Budget lacks the level of investment and connection to a strategic plan needed to deliver on the mental health reforms identified by the Productivity Commission and mental health sector.

To provide some further context around the level of investment required in mental health in Australia, nationally, Australia spends about \$11 billion on mental health per year, with roughly 60%

³ Australian Government Productivity Commission, *Mental Health, Volume 2* (Canberra: 2020), 172, <https://www.pc.gov.au/inquiries/completed/mental-health/report>

⁴ "Record investment in the future of Australia's health system," Ministers, Department of Health, accessed April 22, 2022, <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/record-investment-in-the-future-of-australias-health-system>



coming from state and territory governments, 35% from the Australian Government and 5% from private health insurance funds and other third party insurers.⁵ Since 2014-15 (and up until 2019-20 when figures were last reported) spending on mental health as a percentage of overall health remained relatively stable ranging between 7.4% and 7.8%,⁶ despite mental health and substance use disorders representing 12% of the total burden of disease in Australia.⁷ So, not only is it clear that the 2022-23 Budget will not address the Productivity Commission's recommendations, nor does it provide a strategic national vision for mental health, it is also clear that it is not enough to shift mental health's percentage share of the health budget.

In fact, investment in mental health via the Australian Government appears to be developing a bad habit of sporadic large investments followed by years of underinvestment, which deteriorate the sector to the point where another large investment is required. At least, that is the picture painted by a decade or so of budget announcements.⁸

The lack of transparency in the 2022-23 Budget papers is no different to previous years. For example, it is unclear which measures are included in the Minister's announcement of \$648.6 million and whether this is all new spending or includes some funding already allocated. In addition, the flagship budget measure 'prioritising mental health' itself notes that, "Partial funding for this measure has already been provided for by the Government"⁹ but does not identify which elements of the measure is new funding. It is also unclear what proportion of the budget is being spent to continue existing necessary services and which funding is a genuine new investment either into new services or expanding existing services into new locations.

This is indeed an Election Budget, far from maintaining momentum on implementing the Productivity Commission Inquiry into Mental Health recommendations, the broader Budget is targeted at relieving immediate voter cost of living concerns. This has occurred at the expense of systemic and national reform, including in mental health. However, even in this context, there were some very welcome investments made through the budget, outlined in the following section.

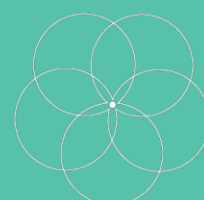
⁵ "Expenditure on mental health related services," Mental health services in Australia, Australian Institute of Health and Welfare, accessed April 22, 2022, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

⁶ "Expenditure on mental health related services," Mental health services in Australia, Australian Institute of Health and Welfare, accessed April 22, 2022, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

⁷ "Burden of disease," Australian Institute of Health and Welfare, accessed April 22, 2022, [Burden of disease - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/burden-of-disease/burden-of-disease-australian-institute-of-health-and-welfare)

⁸ See Mental Health Australia 2021-22 Budget Analysis, <https://mhaustralia.org/general/2021-federal-budget-summary>, p.5

⁹ Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 111, <https://budget.gov.au/2022-23/content/bp2/index.htm>



What's in the Budget?

As mentioned above, Budget 2022-23 publicity and other documentation do not provide the level of granular transparency to accurately determine what is new funding allocated through the 2022-23 Budget. Nor does the documentation clearly articulate which budget measures simply continue essential services and which either fund expansion of existing services or expansion of services into new locations. Mental Health Australia has summarised here the key mental health related measures from the budget and provided some commentary despite this lack of transparency.

National Agreement on Mental Health and Suicide Prevention

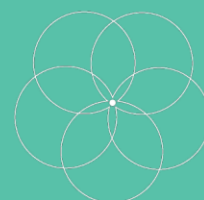
Before Budget 2022-23, the Australian Government published the [National Mental Health and Suicide Prevention Agreement](#), designed to set out the “shared intention of the Commonwealth, state and territory governments to work in partnership to improve the mental health of all Australians, reduce the rate of suicide toward zero and insure sustainability and enhance the services of the Australian mental health and suicide prevention system”.¹⁰ At the time of writing, all bilateral agreements between the Commonwealth and States and Territories had been published, excepting Western Australia and Tasmania.

The 2022-23 Budget outlined a Commonwealth contribution of \$50.1 million towards the bilateral agreements with states and territories with some important caveats.¹¹ This figure was based on state allocations decided as at 18 March 2022 and also included some unallocated funding at that time. This figure also did not represent the total funding available under the bilateral schedules, which had not been published at the time. In addition, the Government noted that this figure was only part of its contribution through these agreements. It also planned to contribute payments through the Department of Health and Primary Health Networks. It remains unclear whether the funding to be directed through the Department of Health and Primary Health Networks is existing or additional.

A clearer picture is provided under each [state and territory's Bilateral agreement](#), each of which separate out; Commonwealth payments to states and territories, Other Commonwealth payments, State payments to the Commonwealth, State and Territory financial commitments and recognised existing state and territory investment. Mental Health Australia welcomes the commitment by the Commonwealth to provide funding to states and territories for implementation of mental health and suicide prevention initiatives, where the States and Territories have the expertise in their implementation. This is a welcome sign of a genuine commitment to improving integration across the mental health and suicide prevention system.

¹⁰ “The National Mental Health and Suicide Prevention Agreement”, Federal Financial Relations, accessed April 22, 2022, <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>

¹¹ Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 3*, 26, <https://budget.gov.au/2022-23/content/documents.htm>



It appears, however that the mental health sector will need to wait for the publication of the remaining Bilateral Agreements to get a truly national picture of the scale of investment the Commonwealth is planning to contribute to the States and Territories and through the Department of Health and Primary Health Networks.

Prioritising mental health and suicide prevention

The Australian Government's landmark mental health investment through the 2022-23 Budget is its 'prioritising mental health' Budget Measure. Through this measure, the Government has committed to provide \$547.0 million over 5 years from 2021-22 to provide "Stage 2 reforms through the 5 pillars of the National Mental Health and Suicide Prevention Plan."¹² However, only \$303.2 million (over five years from 2021-22) of this \$547.0 million investment appears to be new funding through the 2022-23 Budget, with the Budget Papers admitting "Partial funding for this measure has already been provided for by the Government".¹³

Another lens through which to view this measure is the proportion of measures which are providing funding for new initiatives and the proportion which appear to be continuing existing programs. Although information about this measure is not provided with the granular transparency that would enable this analysis, Mental Health Australia estimates that roughly between 17% and 55% of this measure is for continuation of existing necessary services. Mental Health Australia has approached the Department of Health for further clarification but has not received any advice on this matter.

Continuing existing programs, while welcome and necessary, is not sufficient to instigate reform of the national mental health system nor does it represent the expansion of services required to meet need. Rather, it is a reflection of the continuation of short term funding approaches, which plague the community and psychosocial mental health sector in particular. To be clear Mental Health Australia welcomes these funding commitments but as always urges the Government to consider more sustainable funding options into the future, which would render Budget Measures, which simply provide for short term continuation of programs unnecessary.

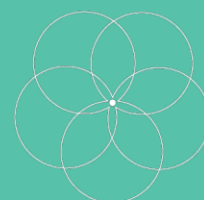
As mentioned above, this Budget Measure groups individual initiatives under the five pillars of the National Mental Health and Suicide Prevention Plan: Prevention and Early Intervention, Suicide Prevention, Treatment, Supporting Vulnerable Australians and Workforce and Governance.

Pillar 1, which is focussed on **Prevention and Early Intervention** provides welcome investments in digital mental health (including Lifeline), mental health and suicide prevention research, continuation of a mental health literacy app for parents, continuation of youth mental health services in Mornington Peninsula and a response to Productivity Commission Inquiry into Mental Health recommendations to improve wellbeing in schools.¹⁴ What is missing is a systematic and strategic approach to prevention and early intervention. The Government made great headway on this in Budget 2021-22 with investment expanding perinatal mental health services, committing to deliver universal perinatal mental health screening and funding 15 new Head to Health Kids mental

¹² Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 108

¹³ Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 111

¹⁴ Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 108



health and wellbeing centres,¹⁵ but the 2022-23 Budget is silent on expansion of this network and its implementation progress remains largely unclear to the public. What's missing is a comprehensive response to the National Mental Health Commission's National Children's Mental Health and Wellbeing Strategy.

Pillar 2, on **suicide prevention** provides funding to extend targeted regional suicide prevention initiatives and invest in suicide prevention research,¹⁶ but only over 2 years and with limited reach and comprehensive investment in the factors known to influence suicide prevention. Mental Health Australia cautiously welcomes these investments, which build on other recent investments in response to the National Suicide Prevention Adviser's Final Advice. However, Mental Health Australia also recognises further investment is required, for example, investment through priority populations including men, LGBTIQ+ and Aboriginal and Torres Strait Islander communities, and further investment in lived experience engagement in system design and a comprehensive suicide prevention workforce strategy.¹⁷

Pillar 3, on **mental health treatment** includes welcome investment to continue several important services including the Early Psychosis Youth Program, several headspace programs, COVID-19 related services such as the Victorian head-to-help, NSW pop-up clinics and COVID-19 specific digital mental health support.¹⁸ As noted above, continuation of existing services is vital to ensure people with mental ill-health continue to receive support. But it is not sufficient to meet the existing need, let alone achieve the type of reform outlined in the Productivity Commission Inquiry into Mental Health as necessary.

Pillar 3 also includes a welcome investment for a pilot program to address the needs of people experiencing eating disorders and a new Medicare Benefits Schedule (MBS) case conferencing item.¹⁹ This MBS Case Conferencing item is a start to the type of systemic infrastructure required to improve integration and enable better coordinated care in what multiple reviews and broad feedback from people with lived experience have highlighted is a highly fragmented system.

Pillar 4 is focussed on **supporting vulnerable Australians** and includes funding for the Program of Assistance for Survivors of Torture and Trauma, the establishment of the National Closing the Gap Policy Partnership on Social and Emotional Wellbeing, extension of culturally appropriate programs in the Northern Territory, the establishment of a National Post Traumatic Stress Disorder Centre, extensions of MBS items for Australians impacted by the 2019-20 bushfires and specific mental health support to the Devonport community in Tasmania.²⁰ These are all welcome initiatives. However there is also a significant missed opportunity. While Mental Health Australia acknowledges the Australian Government's ongoing investment in the MinOUT and QLife programs there is a need

15 Australian Government Department of Health, *Budget 2021-22: Prioritising Mental Health and Suicide Prevention (Pillar 3) – Treatment*, accessed April 22, 2022, <https://www.health.gov.au/resources/collections/prioritising-mental-health-preventive-health-and-sport>

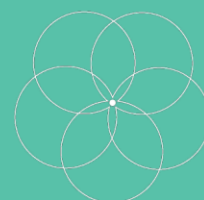
16 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 109

17 "Budget 2022 misses key priorities for suicide prevention," Suicide Prevention Australia, accessed April 22, 2022, [Budget 2022 misses key priorities for suicide prevention - Suicide Prevention Australia](#)

18 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 109

19 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 109

20 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 109-10



to comprehensively address the National LGBTIQ+ Mental Health and Suicide Prevention Strategy, including through providing additional funding where necessary.

Pillar 5 focusses on **workforce and governance**. Mental Health Australia welcomes funding provided under this initiative to implement the first stages of a 10 year mental health workforce strategy. These include important investments in psychiatry, nursing, allied health, psychology and GPs alongside building workforce skills in responding to substance use, supporting workers own mental health and reducing stigma of mental health as a career choice. In addition the Budget provided funding to support employment of GPs within headspace, and the Australian Public Service has committed to continue operation of a mental health program for its own staff.²¹ The Budget also provided funding to establish a mental health workforce strategic coordination and distribution mechanism and to enhance workforce data,²² but the detail on these measures is as yet unclear. What's missing from this pillar is a commitment to supporting the community and psychosocial mental health workforce and peer workforce in particular alongside supporting enhancement of skills of multidisciplinary work. This is discussed in more detail under the below section titled 'what's missing'.

Other mental health related measures

As outlined in Mental Health Australia's Budget summary Budget 2022-23 also provided a range of other welcome measures targeted at addressing mental health, including:

- \$1.0 million over 2 years to improve emergency department facilities for vulnerable patients and those with mental health issues, and help children with high medical needs and their families to spend less time in hospital.²³
- \$165.0 million over 4 years to support veterans and improve wellbeing support services for veterans and their families.²⁴
- \$31.2 million over 2 years "to meet the increased demand and support for the mental health of residents in flood affected areas"²⁵
- \$10.0 million over 4 years "to support the mental health of school-aged children in the Northern Rivers region affected by the recent flood event"²⁶
- \$10.0 million over 2 years for a national program to provide psychological support, wellbeing activities and training in maintaining mental health for first responders involved in natural disaster settings.²⁷
- \$5.1 million over 4 years to establish a new grant program for stillbirth and miscarriage support services including bereavement support.²⁸

21 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 110-11

22 "Budget 2022-23: Mental health – Workforce and Governance (Pillar 5)," Australian Government Department of Health, accessed April 22, 2022, <https://www.health.gov.au/resources/collections/budget-2022-23-prioritising-mental-health-preventive-health-and-sport>

23 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 3*, 23

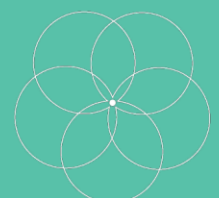
24 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 176

25 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 61

26 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 62

27 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 159

28 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 115



- \$4.2 million over 4 years for the continuation of the Hospital to Home program providing targeted support to assist grieving families.²⁹
- \$22.9 million over three years to NSW, VIC, QLD, WA, SA and ACT for a program which will deliver intensive, specialised care for people with very severe behavioural and psychological symptoms of dementia³⁰
- \$67.2 million over four years to pilot multidisciplinary care teams in six existing locations delivering trauma-informed mental health therapies designed to meet the needs of family, domestic and sexual violence victim-survivors³¹
- \$20 million over four years to the Illawarra Women’s Centre to support the establishment of a women’s trauma recovery centre.³²

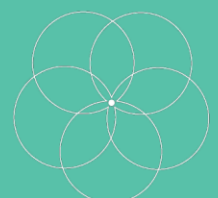
While each of these measures is welcome in their own right, it appears they provide funding for a disparate array of discrete issues in the absence of a national strategic vision for mental health and all are short term and crisis focussed.

29 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 2*, 115

30 Australian Government, *Budget 2022-23: Budget Measures: Budget Paper No. 3*, 28

31 “Budget 2022-23: Mental health – Treatment (Pillar 3),” Australian Government Department of Health, accessed April 22, 2022, <https://www.health.gov.au/resources/collections/budget-2022-23-prioritising-mental-health-preventive-health-and-sport>

32 “Budget 2022-23: Mental health – Treatment (Pillar 3),” Australian Government Department of Health, accessed April 22, 2022, <https://www.health.gov.au/resources/collections/budget-2022-23-prioritising-mental-health-preventive-health-and-sport>



What's missing?

The 2022-23 Budget is lacking the large scale and long term investment needed in mental health, and provides pragmatic investment in discrete initiatives rather than comprehensive systemic reform. While the Australian Government writes that this Budget represents Stage 2 reforms under the [National Mental Health and Suicide Prevention Plan](#), the level of investment is nowhere near what the Productivity Commission Inquiry into Mental Health recommended, particular once the headline amounts are whittled away through analysis of what is new funding and what has already been committed and what is simply continuing existing programs. Outlined here are some omissions, which if addressed could support genuine systemic reform.

Lived Experience leadership

The Productivity Commission Inquiry into Mental Health Final Report recommended the Australian Government fund the development, establishment and ongoing functions of “peak bodies that are able to represent the separate views of mental health consumers, and of carers and families, at the national level.”³³

In the 2021-22 Budget the Australian Government committed to “work with mental health stakeholders to investigate and co-design future national peak body arrangements to ensure a greater role for lived experience.”³⁴ The 2022-23 Budget did not yield the results from this work. As a result, the Australian Government has entered an election period without any commitment on lived experience leadership and engagement in mental health.

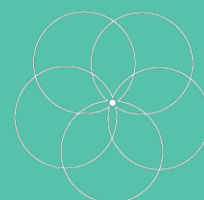
Implementation of a community focussed mental health system

Mental Health Australia welcomed investments made through the 2021-22 Budget designed to address service gaps and work towards effective models of community-focussed mental health care such as investment in child and adult mental health hubs, and an expansion of youth services through headspace. However, Budget 2022-23 has not built on these structures nor has it shed light on how they might integrate with the existing community and psychosocial mental health system. One off investments into an already fragmented system will not result in a comprehensive system of integrated care.

The Productivity Commission Inquiry into Mental Health identified the need for a co-designed, overarching integrated system of community-focussed mental health treatment and support services that is inclusive of all public, private and non-government organisations, clinical and non-clinical treatment and support provided in community settings. Such a system will need to address current fragmentation of care across the eco-system and strengthen coordination between services providers and other supports in the delivery of integrated multidisciplinary care. The absence of a commitment to do so creates a significant risk of exacerbating the existing high levels of fragmentation caused by layering rather than integrating new initiatives as part of overall community based mental health reform.

³³ Australian Government Productivity Commission, *Mental Health, Volume 3* (Canberra: 2020), 1113, <https://www.pc.gov.au/inquiries/completed/mental-health/report>

³⁴ Australian Government. *Prevention Compassion Care: National Mental Health and Suicide Prevention Plan* (2021), 29



One important gap in relation to community mental health services is ongoing uncertainty around specific funding for psychosocial supports. The Productivity Commission Inquiry into Mental Health recommended that Governments ensure all people who have psychosocial needs receive adequate psychosocial support, however under current policy settings an estimated 154,000 people would not be able to access the psychosocial support services they require.³⁵ It is recommended that “the shortfall in the provision of psychosocial supports outside of the National Disability Insurance Scheme (NDIS) should be estimated and published at both State and Territory and regional levels”³⁶ and that “state and territory governments, with support from the Australian Government, should increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall.”³⁷

Budget 2022-23 failed to provide any funding certainty for psychosocial services outside the NDIS. Although the National Mental Health and Suicide Prevention Agreement acknowledges psychosocial support as “an important part of a well-equipped mental health service system”³⁸, it also falls short of providing any funding certainty, instead committing to agree upon a common definition for psychosocial support and estimate demand for these services.³⁹ The Agreement does however commit the Commonwealth and States to maintaining current investments in psychosocial support services, while this work is undertaken.⁴⁰

Budget 2022-23 also failed to address the lack of a national community and psychosocial mental health dataset. An accurate understanding of the current community mental health system is a prerequisite to working towards the effective, integrated system of community-focussed mental health treatment and support of the future.

Australia already has a community mental health care national minimum dataset. However it excludes services provided by non-government organisations.⁴¹ The Productivity Commission Inquiry into Mental Health Final Report recommended the “Australian, State and Territory Governments should ensure a nationally consistent dataset is established in all States and Territories of non-government organisations that deliver mental health services”.⁴² The Australian Government has indicated its support “in part”⁴³ for the overarching recommendation but has not committed to any specific action to address it. Although Budget 2022-23 did provide \$0.8 million for more effective workforce planning by enhancing workforce data and tools,⁴⁴ the scope of this work, and whether it will include addressing concerns around the community mental health dataset is as yet unclear.

35 Australian Government Productivity Commission, *Mental Health, Volume 3* (Canberra: 2020), 827

36 Australian Government Productivity Commission, *Mental Health, Volume 3* (Canberra: 2020), 866

37 Australian Government Productivity Commission, *Mental Health, Volume 3* (Canberra: 2020), 866

38 Australian Governments, *National Mental Health and Suicide Prevention Agreement* (2022), <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>

39 Australian Governments, *National Mental Health and Suicide Prevention Agreement* (2022), 29

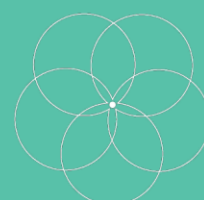
40 Australian Governments, *National Mental Health and Suicide Prevention Agreement* (2022), 29

41 “Community mental health care NMDS 2022-23”, *Australian Government Australian Institute of Health and Welfare*, Accessed April 22, 2022, <https://meteor.aihw.gov.au/content/index.phtml/itemId/742040>

42 Australian Government Productivity Commission, *Mental Health, Volume 3* (Canberra: 2020), 1204

43 Australian Government. *Prevention Compassion Care: National Mental Health and Suicide Prevention Plan* (2021), 30

44 “Budget 2022-23: Mental health – Workforce and Governance (Pillar 5)”, *Australian Government Department of Health*, accessed April 22, 2022, <https://www.health.gov.au/resources/collections/budget-2022-23-prioritising-mental-health-preventive-health-and-sport>



Workforce

There are significant shortages across the mental health workforce,⁴⁵ which need to be urgently addressed. The Productivity Commission Inquiry into Mental Health made specific recommendations in relation to increasing the number of psychiatrists and mental health nurses. It also made recommendations about growing psychosocial support services⁴⁶ and community based treatment services⁴⁷ to meet need, which will necessitate growth in all these contributing workforces as well.

In the 2021-22 Budget the Australian Government provided a welcome down payment of \$58.8 million to grow and upskill the mental health workforce.⁴⁸ As noted above, Mental Health Australia sincerely welcomes the Government's investment of \$64.7 million in Budget 2022-23 to implement the first stages of the mental health workforce strategy. These are welcome investments in a stretched system. However, these investments appear to reinforce a biomedical approach to mental health care rather than encourage and grow the community focussed system proposed through multiple inquiries. The Australian Government's approach to workforce development should instead address both urgent workforce gaps and anticipate the needs of a future mental health system where the majority of services are delivered in community settings.

While Mental Health Australia welcomes the government's investment in case conferencing much more must be done to anticipate the needs of and support for the current mental health workforce to work in a system of the future, including importantly working in community based settings and across multidisciplinary teams. Mental Health Australia's pre-budget submission called for the establishment of a national centre of evidence based mental health workforce development. Such a cross-sectoral workforce planning and training centre could be the driver of workforce changes and strategies to meet future challenges in delivering a person-led and community focussed mental health service system. While the government has provided \$0.9 million to establish a mental health workforce strategic coordination and distribution mechanism,⁴⁹ the scope of this function is as yet unclear.

Government leadership and accountability

Unfortunately, the 2022-23 Budget continued an undesirable trend in lack of transparency in and of itself and also in the systems and structures it failed to fund to ensure transparency particularly around implementation of the National Mental Health and Suicide Prevention Agreement.

Mental Health Australia's pre-budget submission called for the Australian Government to outline its intended contribution to the National Agreement on Mental Health and Suicide Prevention Bilateral

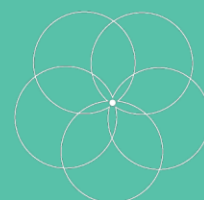
45 ACIL Allen. National Mental Health Workforce Strategy: Consultation Draft, (2021), 1

46 Australian Government Productivity Commission, *Mental Health, Volume 3* (Canberra: 2020), 826

47 Australian Government Productivity Commission, *Mental Health, Volume 2* (Canberra: 2020), 732

48 "Budget 2021-22: Prioritising Mental Health and Suicide Prevention (Pillar 5) – Workforce and governance," Australian Government Department of Health, accessed April 22, 2022, <https://www.health.gov.au/resources/collections/prioritising-mental-health-preventive-health-and-sport>

49 "Budget 2022-23: Mental health – Workforce and Governance (Pillar 5)", Australian Government Department of Health, accessed April 22, 2022, <https://www.health.gov.au/resources/collections/budget-2022-23-prioritising-mental-health-preventive-health-and-sport>



Agreements with States and Territories. As noted above, the Australian Government did outline some of its intended contribution to the Bilateral Agreements, but the mental health sector will need to wait for two remaining Bilateral Agreements to be published before the true scope of the Commonwealth's contribution through the Bilateral Agreements is known. Furthermore, the implementation of these agreement and the leadership and governance required to oversee and deliver against these agreements is at best opaque.

Mental Health Australia's pre-budget submission also called for the Australian Government to fund establishment of interjurisdictional structures responsible for leadership, monitoring and accountability in relation integrated implementation for the National Agreement on Mental Health and Suicide Prevention, including creation of a funded multi-year implementation plan. The National Mental Health and Suicide Prevention Agreement states that Commonwealth and State Health Chief Executives and Mental Health CEOs would have responsibility and accountability for the implementation of the Agreement and that a group of nominated Mental Health Senior Officials will report to the Health Chief Executives and Mental Health CEOs on a range of issues to do with implementation. Although the Agreement commits all parties to "ensuring people with lived experience of mental ill health and/or suicide and their families and carers are consulted throughout implementation of the Agreement"⁵⁰, it is as yet unclear how Government intends to execute this promise in practice.

Conclusion

While there are some notable investments in mental health and suicide prevention, for the large part Budget 2022-23 is an election budget targeted at relieving immediate voter cost of living concerns. This Budget continues a tradition of investing small amounts to ensure critical services continue, it does not offer either the quantum of investment or the strategic visioning required to reform mental health in Australia towards the community-focussed system recommended by the Productivity Commission Inquiry into Mental Health.

⁵⁰ Australian Governments, *National Mental Health and Suicide Prevention Agreement*, (2022), 16

