Mental Health Australia

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Mental Health Australia's Election Platform Sent to all major political parties

I write on behalf of the Board to present Mental Health Australia's 2016 election platform. For the mental health of all Australians to flourish, we need to maintain a long-term, cross-party commitment to the following objectives:

- A reduction in national suicide rates
- Improvements in the physical health of people with a mental illness
- An increase in employment rates for mental health consumers and carers
- Improvements in mental health consumer and carer participation and choice
- Maintaining current overall levels of investment in mental health, while ensuring that capacity to deliver services is not reduced.

Information in support of our platform can be found below. Mental Health Australia is approaching each major party with the same request.

Mental health reform is not finished. In fact, we have only just begun a journey of many years.

The most recent review of Australia's mental health system was undertaken by the National Mental Health Commission (NHMC) and delivered in November 2014. Mental Health Australia broadly supports the recommendations of the Commission's review.

We are living in during a period of unprecedented change in the mental health landscape with significant reforms having a significant impact on people who live with mental illness, their carers and service providers. These reforms are occurring against a backdrop of three successive years in which mental health providers have dealt with a series of short-term funding extensions, pending the outcomes of the NMHC review and NDIS roll out plans, and this has diminished the capacity of the sector to respond to rapid change.

Following the election, a newly formed government must take urgent concrete action to give certainty to those who experience mental illness, and those who care for them and provide them with services and programs.

A vision for change

In the lead-up to the 2016 election, we seek your renewed commitment to the reform journey. The NMHC recognised significant improvements can be made within current resources. While no one argues against the need for greater investment, it is also clear our



current investments are not always directed to the right places. We are looking to a newly elected Government to provide national leadership to guide this process.

That is why we now seek your public commitment to adopt, and from 2018, publicly report every two years, Australia's progress on these key issues:

 A reduction in the national suicide rate by 10% by 2020 and 50% by 2026, compared to 2014 levels

There were 2,864 deaths due to suicide in 2014. This equates to an average of 7.8 deaths by suicide in Australia each day. In addition, around 60,000 people attempt suicide each year. More people die by suicide than on our roads.

- 2. A reduction in the mortality gap for people with a mental illness
 - People living with mental illness are three times more likely to have cardiovascular or respiratory diseases, and twice as likely to have diabetes. People with severe mental illness die an estimated 20 years earlier than the general population.
- 3. An increase in the proportion of mental health consumers and carers in employment

People with severe mental illness are three times more likely to be unemployed or not in the labour force, compared to people without mental health conditions.

- 4. An increase in mental health consumer and carer participation and choice in national policy design and implementation
 - 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 services available locally to the development of national policy. This is especially the case for vulnerable groups such as Aboriginal and Torres Strait Islander peoples, CaLD, LGBTIQ and intellectual disabled.
- 5. Maintain, at a minimum, overall investment in mental health, with measures that support full reinvestment of cost efficiencies and savings back into mental health programs and services

The NMHC adopted a principle that there should be "no net reduction in overall investment in mental health." This includes a recommendation for significant increases in spending on prevention, early intervention and community-based services, with this investment leading to savings in downstream expenditures.

We seek your party's commitment to these goals by Friday 3 June 2016. We intend to publish all responses received on our website and in our broader communications to members and the public. I would welcome the opportunity to discuss these issues further.

Sincerely

Erank Quinlan

Chief Executive Officer

