PRE-BUDGET SUBMISSION

Mental Health Australia

Mental Health Australia 2018-19 pre-Budget Submission

Mental Health Australia is calling on the Australian Government to fund commitments it has already made to mental health, and to be fully transparent regarding the financial commitment required to meet responsibilities it has agreed under the *Fifth National Mental Health and Suicide Prevention Plan*.

Making good on existing commitments to COAG will require substantial new investments, along with continued progress on investments already made. Evidence is clear that the right investments will reduce longer term costs. As Professor Allan Fels pointed out at the National Press Club[1] "... for every 10 per cent gain in mental health, GDP would rise by 0.4 per cent."

In addition to its existing commitments to the Fifth Plan, this submission also highlights areas where focussed attention by Government is required to advance key priorities.

Some priorities have already been well articulated over many years as requiring substantial reform, but with mixed success to date, while others are preconditions for the success of mental health reform across systems and communities.

Mental Health Australia proposes actions in the following areas:

1. Fund the implementation of the *Fifth National Mental Health and Suicide Prevention Plan* and make that commitment visible in the Budget
2. Consumer and carer co-design
3. Mental health services for older Australians
4. Mental health services for Indigenous Australians
5. Mentally healthy workplaces
6. Peer workforce
7. Assertive outreach and suicide prevention
8. Data management and reporting
9. Making change work – Additional funding for Mental Health Australia

These proposals recognise the mental health of our nation is a partnership – between governments, consumers and carers, NGOs, the corporate sector and individuals. The timing of their implementation is not linear – they can be implemented simultaneously by the respective parts of the mental health system.

[1] http://www.mentalhealthcommission.gov.au/media/124503/050815%20Prof%20Allan%20Fels%20address%20to%20NPC%20(D15-1000024).PDF

Context

In its 2017-18 pre-Budget submission Mental Health Australia called on the Australian Government to urgently fill the gaps that have opened up as psychosocial support programs transitioned to the National Disability Insurance Scheme (NDIS). We applauded the measure in the 2017-18 Budget for $80 million over four years to assist people with severe mental illness resulting in psychosocial disability who are not eligible for the NDIS. More than six months on, however, we still have no confirmation that the measure has been implemented, or that the funding allocated for the out-years will indeed provide access to services that people so desperately need.

The 2018-19 Commonwealth Budget will be delivered during a period of substantial restructuring of mental health services and programs.

The introduction of the NDIS will provide psychosocial support services to a small group of people with the most severe and persistent mental health conditions.

Primary Health Networks will continue to plan and commission mental health services while trying to resolve the long standing issues around service gaps and fragmentation of state/territory and Australian Government funded services.

The restructuring of private health insurance coverage of mental health services will require significant consumer education and awareness, so that people fully understand their rights when needing private hospital treatment.

Governments, including the Australian Government, have committed to implementing the *Fifth National Mental Health and Suicide Prevention Plan*, but without any specific funding allocation to ensure their commitments are met.

At the same time, the private sector is increasingly aware of its responsibilities to the mental wellbeing of its employees and the productivity gains from taking a proactive role in supporting them.

1. Fund the implementation of the *Fifth National Mental Health and Suicide Prevention Plan* and make that commitment visible in the Budget

Action

The Commonwealth Budget should:

- Provide explicit recognition of the Commonwealth's responsibilities under the *Fifth National Mental Health and Suicide Prevention Plan*, and the financial commitment to those responsibilities in 2018-19 and the out-years;
- Separately itemise the funding allocation for each mental health program – in the Health, Social Services and Veterans Affairs portfolios; and
- Report the expenditure in the National Disability Insurance Scheme on psychosocial services.

A report detailing Primary Health Network budgets and spending on mental health activity plans should be also made publicly available.

This item requires both new investment, and an ongoing commitment to previous successful programs.

Rationale

The *Fifth National Mental Health and Suicide Prevention Plan: Implementation Plan* lists the Commonwealth's specific responsibilities in implementing aspects of the Plan. These should be costed and reported.

In particular, the Commonwealth's expenditure on community based mental health programs and services cannot be accurately tracked year on year because of the current practice of reporting (in Portfolio Budget Statements) against broad categories.

Expected impact

Transparent reporting of Commonwealth mental health budgets and spending by the Australian Government and Primary Health Networks will allow detailed analysis of where Commonwealth funding is being directed, and the alignment of that spending with stated objectives, including the extent to which Commonwealth funding is directed to community mental health services.

Mounting international evidence suggests that the right investments, on the right scale (both new investments and an ongoing commitment to existing programs) have great potential to reduce longer term costs by reducing the burden of illness and increasing productivity.

2. Consumer and carer co-design

Action

The Commonwealth Budget should establish permanent arrangements for on-going and active involvement of consumers and carers in all areas of policy and oversight, and co-design of models of care, service and program reform, and evaluation.

Arrangements should facilitate collaboration on design and planning, implementation, monitoring and evaluation of policies and actions.

Funding should be available to both establish and build the capacity of structures and organisations that support consumer and carer participation in co-design and advocacy.

Funding for self-governed consumer representation was included (but not spent) in previous budgets and should be restored. Significant new investment is required to strengthen existing structures and to build new processes.

Rationale

In both the *Fifth National Mental Health and Suicide Prevention Plan: Implementation Plan*, endorsed by the Australian Government, and the National Disability Insurance Scheme, consumer and carer co-design is identified as a key commitment, and as a critical success factor, however negligible funding has been allocated to achieve it.

It is therefore not surprising that consumer and carer advocates consistently draw attention to the lack of properly resourced representative arrangements as a key barrier to successful reform.

Mental health consumers and carers have the right to participate in, actively contribute to, and influence, the development of government policies and programs that affect their lives and businesses.[2]

Genuine co-design results in greater consumer and carer empowerment and ownership of mental health programs, effective advocacy and, ultimately, better programs and services with a higher return on government investment.[3,4]

The Fifth Plan describes three specific consumer and carer engagement opportunities for implementing initiatives in the Plan – the Mental Health Expert Advisory Group, the Suicide Prevention Subcommittee and the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee.

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[2] Adapted from National Consumer and Carer Forum, *Consumer and Carer Participation Policy: a framework for the mental health sector*, 2004.
[3] Slay, J. & Stephens, L., *Co-production in mental health: A literature review*, 2013.
[4] World Health Organization, User empowerment in mental health – a statement by the WHO Regional Office for Europe, 2010.

However, the development of policies and reforms (including those not related to implementation of Fifth Plan initiatives) require ongoing arrangements for well-resourced consumer and carer participation in co-design and advocacy.

Expected impact

Co-design between Government agencies and consumers and carers is integral to successfully building a mental health system that is responsive to consumer and carer needs, thereby ensuring Government funding provides value for money and improved outcomes.

3. Mental health services for older Australians

Action

The Commonwealth Budget should extend Medicare funding to people in residential aged care and multipurpose facilities, through GP mental health plans.

Enabling access to mental health nurses and allied health services will provide a greater level of mental health care to these consumers.

To support uptake of these services by aged care providers, the Budget should also establish a consultation and liaison older person's outreach service through general practice to bring specialist mental health services into residential aged care facilities and multipurpose services, as well as to those ageing at home.

This could be a mental health nurse-led service in partnership with other mental health care providers, as has been implemented overseas.[5]

Staff working in residential aged care facilities require greater mental health training along with training to facilitate improved care responses to older persons who engage in behaviours that pose a risk to themselves or others.

This will require significant new investment, starting with appropriate pilot initiatives and research, commensurate with the increase in older populations. Existing programs require ongoing support.

Rationale

There is still a lack of attention on older Australians with a pre-existing mental illness or those developing mental health problems in later years. Suicide rates for men over 85 remain unacceptably high at 34 per 100,000 people[6] – the highest of all age groups in Australia.

Living with a mental illness can bring many challenges for older Australians, yet these challenges are poorly understood in our communities. With the majority of older Australians choosing to live independently, this brings an increased risk of social isolation, disconnection from their families, community and loneliness, which consequently may lead to poor mental health.

Older persons who display behaviours that pose a risk to themselves or others, whether at home or in residential aged care facilities, need greater focus and investment. Whilst usually associated with dementia, older people with long term mental illness may also present with these behaviours which are not associated with cognitive decline but with their mental illness. These people are at significantly increased risk of harm associated with restraint use.

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[5] Bagnall, A-M., Raine, G., Kinsella, K., Southby, K., Spoor, C., South, J., Giuntoli, G., (2016) Measuring well-being outcomes in older people receiving help from the AgeUK 'Together for Health' Initiative: A social return on investment analysis. Final Report July 2016. Version 2.0

[6] Australian Bureau of Statistics, 3303.0 Causes of Death, Australia 2016 Table 11.2 Intentional self-harm, Age-specific death rates, 5 year age groups by sex, 2007–2016

In its 2014 report, the Australian Law Reform Commission referred to evidence provided by the Commonwealth Department of Health and Ageing that the use of antipsychotics in elderly people with dementia is higher than can be explained by clinical grounds alone.[7] It is important to distinguish between the terms 'mental illness' and 'dementia'. Both can impair a person's ability to function. However, while some of the symptoms of dementia can present similarly to symptoms of mental illness, they are not related and require different treatments and specialist care.[8]

An older persons' consultation liaison mental health service would provide aged care services with access to the specialist advice and support they need to better care for older people who engage in these behaviours.

The more than 170,000 older Australians living in residential aged care facilities should have access to the same Medicare funded support that is available to the rest of the community through Medicare, as well as an older persons' consultation liaison mental health service.

Expected Impact

Targeted investment will directly improve the mental health of older Australians and will support access to primary mental health care. It will also assist in reducing the incredibly high suicide rates among older persons and the over use of anti-psychotic medication in aged care.

[7] Australian Law Reform Commission. Equality, Capacity and Disability in Commonwealth Laws (ALRC Report 124) November 2014
[8] Sane Australia. *Growing older, staying well: Mental health care for older Australians.*

4. Mental health services for Indigenous Australians

Action

Fully and transparently fund and implement the commitments already made to the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* (the Framework).

This will require continued funding for successful programs, and a substantial new investment to meet current service needs.

Rationale

The *Fifth National Mental Health and Suicide Prevention Plan* sets out all the reasons why addressing the mental health needs of our first peoples is critical. The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee of MHPC, established under the Fifth Plan, has been charged with setting future directions for planning and investment. The Framework provides the Subcommittee with the direction. Governments need to commit funding to the investments identified by the Subcommittee.

Expected impact

If Governments implement the Framework according the investments identified by the Subcommittee, for the first time our first peoples will have access to first class mental health and emotional wellbeing services that actually meet their needs.

5. Mentally healthy workplaces

Action

The Commonwealth should build on the work to date through targeted investments and incentives to change practice by:

- Funding the Mentally Healthy Workplace Alliance's business case when it is delivered in the second half of 2018 and investing in developing a national framework, ideally in a cost-shared partnership with states, employee representative bodies and the private sector. This framework will detail specific initiatives to encourage businesses to support and employ employees with lived experience of mental illness, and encourage more mentally healthy workplaces.
- Increasing the Alliance's capacity, in line with the proposal submitted by the National Mental Health Commission to the Minister for Health. The Alliance to date has been self-funded by members and its leadership activities have been curtailed as a result.

Considering trials of adjustments to Worker's Compensation insurance premiums according to workplaces' mental health risk profile.

These initiatives will require substantial new investment.

Rationale

There is currently unprecedented support for workplace mental health in Australia: broad awareness about the benefits of mental health for national productivity; a demonstrable commitment to workplace mental health at the state government level; growing expectation among the Australian workforce for mentally healthy work environments; and interest and commitment from political and business leaders.

The Mentally Healthy Workplace Alliance, a collaboration of business, the mental health sector, unions, regulators and peaks, continues to engage with and support Australian businesses. The Alliance is an established national leadership group and has seen considerable growth in action, including by ASX100 companies, in the past couple of years.

The Commonwealth supports the ***Heads Up*** initiative which promotes the benefits of mentally healthy workplaces, engages with business and industry and provides advice, tools and resources for all employers across all sectors.

With the proliferation of information and resources in response to the growing interest, recent consultation by the Alliance confirms that business and industry are now seeking an overarching framework to guide best practice.

In the absence of an Australian framework, several sectors are adopting the *National Standard of Canada for Psychological Health and Safety in the Workplace*. The Alliance is currently developing and self-funding a fully costed business case for the development and implementation of an Australian framework, with funding for this work coming solely from Alliance members.

Such a framework would provide employers with one overarching set of workplace mental health guidelines and assist businesses to go beyond legislative compliance towards best practice.

Expected impact

Mental health issues in the workplace cost the economy $20 billion each year. Workplace mental health initiatives will provide substantial benefits to the economy, to companies and to employees.

There is evidence that a range of preventative and targeted interventions are potentially effective in improving individual mental health and wellbeing and achieving positive organisational outcomes. An investment of $1 in a mentally healthy workplace action delivers an average return of $2.30.

The potential economic savings to employers from intervening to improve workplace mental health and wellbeing are around $4.5 billion.[9] There is further potential for policy changes to compensation schemes to incentivise employers to improve mental health and wellbeing of their employees to realise these savings.

A consolidation of current efforts through the above investments will deliver on business needs, strengthen established national leadership and improve mental health and productivity outcomes.

[9] Estimated costs and savings based on economic modelling by KPMG for Mental Health Australia (unpublished).

6. Peer workforce

Action

The Commonwealth Budget should fund support for the expansion of a paid peer workforce in the mental health sector, comprised of providing new employment opportunities to people with lived experience who may be reliant on the welfare system. This process would begin with scalable trials and pilot schemes involving training and employment in peer work in a variety of mental health settings, to not only establish the evidence base for peer support, but create the optimal working environment for peer support employment.

Rationale

The number of people receiving Disability Support Pensions for mental health conditions increased by 51 per cent in the period from 2001 to 2014, but prevalence rates of mental illness have been stable.[10] The rates of mental health issues in people receiving NewStart Allowance also remains high.

Peer workforce models currently operate or are being rolled out in at least two states. A Commonwealth funded program would enhance those models and measure the benefits of offering employment to people with lived experience of mental illness.

The Commonwealth initiative would build the evidence base regarding the cost/benefit of providing peer workers to support others receiving care and support to improve their mental wellbeing. It would also establish the return on investment to employers and the Government, and help to establish the various structures and processes required to sustain this work.

Expected impact

Peer workforces represent an opportunity to expand the mental health workforce at a time of increasing need, whilst also testing the potential to reduce NewStart and Disability Support Pension costs over the longer term costs by providing training and employment opportunities in peer work for people with lived experience of mental illness.

[10] Harvey et al. *Is the prevalence of mental illness increasing in Australia? Evidence from national mental health surveys and administrative data, 2001-2014*. Medical Journal of Australia 206 (11) 19 June 2017

7. Assertive outreach and suicide prevention

Action

The Commonwealth Budget should provide funding cost matched with state and territory government funding to support community-based assertive outreach services to people who have attempted suicide.

These initiatives require substantial new investment, but are also likely to have a dramatic and short term impact.

Rationale

Suicide costs the Australian economy more than $1.7 billion in 2016, with 2,866 lives lost. Community based assertive outreach offers targeted support to individuals who have attempted suicide and who have sought hospital treatment for injury relating to a suicide attempt. In 2014-15 there were around 37,000 hospitalisations due to self-harm.[11]

A previous suicide attempt is the most reliable predictor of a subsequent death by suicide. Between 15 to 25 per cent of people who attempt suicide will re-attempt, with the risk being highest during the first three months following discharge from hospital after an attempt. Of these, 5 to 10 per cent will die by suicide. Half of the people discharged from hospital after a suicide attempt do not attend follow-up treatment. Two thirds of people who do attend follow up treatment cease treatment after three months.

Expected impact

Intensive follow up treatment after discharge reduces suicide attempts and saves lives.

A $500 million investment is required to halve the rate of suicide across Australia. This investment would generate a saving of $1 billion.[12]

[11] Australian Institute of Health and Welfare (2017) *Hospitalisations for mental health conditions and intentional self-harm in 2014-15.*
[12] Economic modelling by KPMG for Mental Health Australia (unpublished).

8. Data management and reporting

Action

Measure the impact of primary care on the use of secondary care by linking the new Primary Mental Health Care Minimum Dataset to wider health and social data sets.

This initiative requires very modest new investment relative to the potential benefits.

Rationale

The establishment of the Primary Mental Health Care Minimum Dataset is a positive step by Government. The National Mental Health Commission, the Productivity Commission and the Grattan Institute have all identified that the Australian primary mental health system is not currently able to measure primary mental health outcomes. As such, the Commonwealth is not able to effectively measure the extent to which its investment in primary care reduces hospital costs, or the best allocation of its investment in primary care.

Expected impact

Linking the Primary Mental Health Care Minimum Dataset with wider health and social data sets would measure the extent to which investments in primary care are effectively reducing demand for secondary and tertiary mental health services, as well as other social welfare services.

9. Making change work – Additional funding for Mental Health Australia

Change requires management and coordination. For change to succeed, governments require up to the minute information about the experience of those effected by change. At the same time, organisations experiencing change need up to the minute information about the intended direction of government reform. Success requires communication, collaboration, coordination, information exchange, early identification of barriers and obstacles, adaptation and problem solving.

Action

In response to the change management challenge, we propose that the Australian Government:

- Increase core funding for Mental Health Australia and extend its contract to five years. This would enable Mental Health Australia to provide stronger coordination, consultation, problem solving, and policy development during a critical period in mental health reform.
- Provide Mental Health Australia with additional funding to extend its work to include collaboration and coordination between its broad sector membership and newer entrants into the mental sector including Primary Health Networks, disability organisations, workplaces and others.

In the scale of the Commonwealth's annual investment of $9.6 billion in mental health (estimated by the National Mental Health Commission), modest new investment in these essential functions promises substantial longer term savings, achieved through better coordination and successful implementation of reform measures.

Rationale

The introduction of two significant reforms – the NDIS and Primary Health Networks – has added substantially to the scale and complexity of our work in policy development and advice. There are numerous interface issues between mainstream mental health services and the NDIS, and Primary Health Networks that remain unresolved, and which adversely impacts on people receiving the right services in timely fashion.

Further, the *Fifth National Mental Health and Suicide Prevention Plan* has conferred significant responsibilities on Primary Health Networks to "lead mental health and suicide prevention planning, commissioning and integration of services ... in partnership with state and territory governments, general practitioners, non-government organisations, National Disability Insurance Scheme providers and other related services, organisations and providers."[13]

If adequately funded to do so, Mental Health Australia could provide important and independent advice on implementation barriers and solutions, informed by its broad membership and networks across the sector.

[13] Department of Health. *Primary Health Networks. Grant Programme Guidelines. Annexure A1 – Primary Mental Health Care.* February 2016 – Version 1.2.

Expected impact

Secure long-term funding will enable Mental Health Australia to undertake long term planning and provide continuity in our working partnership with the Department of Health and our expert advice and analysis to the Australian Government throughout implementation and coordination of mental health reform. At the same time, Mental Health Australia would provide a critical bridge between Government and the sector to keep the flow of information as clear as possible in a time of fast-paced reform.