



# Mental Health Australia

## Incoming Government Brief

23 May 2022

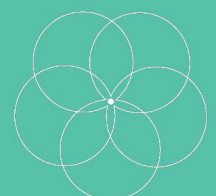
Mentally healthy people,  
mentally healthy communities

[mhaustralia.org](https://mhaustralia.org)



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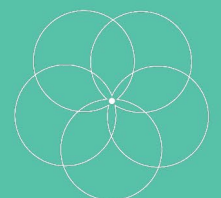


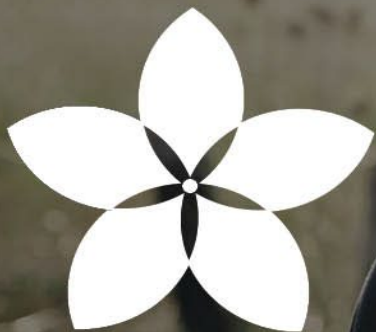


## 1. Purpose

Mental Health Australia is the peak organisation representing the Australian mental health sector — with over 120 members across the full spectrum of mental health stakeholders, and strong networks with people with lived experience of mental ill-health and carers. Mental Health Australia provides independent advice on systemic mental health reform to members of parliament and government departments, as well as unique opportunities for these leaders to engage with the mental health sector through regular events and communications with members and the sector.

Mental Health Australia is well positioned and eager to support the Australian Government to implement its election commitments. This Incoming Government Brief suggests opportunities the government may wish to seize within its first 100 days and provides strategic, political and fiscal context for these opportunities.

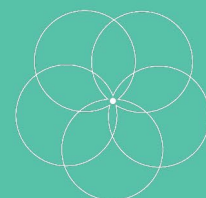




## 2. Opportunities for the first 100 days

Mental Health Australia is eager to assist the Australian Government with implementing its election commitments relating to mental health. There are opportunities the Australian Government may wish to seize in its first 100 days.

These are low cost actions but set firm direction for leadership on mental health.



**Drive lived experience leadership** through committing to work with people with lived experience of mental ill-health and carers to establish national, formal leadership structures

**Demonstrate government leadership and accountability** through:

- publishing a comprehensive, interjurisdictional implementation plan against the Productivity Commission Inquiry into Mental Health recommendations and in line with the National Mental Health and Suicide Prevention Agreement
- setting a target to reduce suicides by 25% by 2025

**Drive development of a community-focussed mental health system** through:

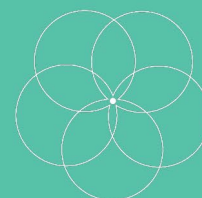
- hosting a Summit with key mental health sector stakeholders, including people with lived experience of mental ill-health and those who love and care for them, to design an effective integrated system of community-focussed mental health treatment and support
- expediting the analysis (required under the National Mental Health and Suicide Prevention Agreement) of psychosocial support services outside the National Disability Insurance Scheme (NDIS)
- ensuring the Strengthening Medicare Taskforce includes mental health expertise, and considers mental health related Medicare programs such as the Better Access Initiative with a specific focus on patient affordability

**Demonstrate national leadership on the mental health workforce** through committing to work with the states and territories and through the National Mental Health Workforce Strategy to urgently address gaps in the mental health workforce

**Drive cross-portfolio work to address social determinants of mental health** through:

- facilitating the involvement of mental health experts in planning within the housing portfolio, including establishment of the Housing Australia Future Fund, to support strategic integration of housing and mental health programs
- ensuring goal setting and implementation planning related to primary care reform is fundamentally inclusive of mental health expertise.

More information is offered about each of these opportunities, alongside other more medium term opportunities, in the below section titled 'Background on opportunities to improve Australia's mental health'.





### 3. Strategic political and fiscal context

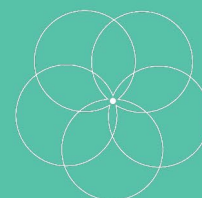
Australia’s mental health system is at a critical point in reform.

The **Productivity Commission Inquiry into Mental Health Final Report** and Suicide Prevention Adviser’s **Final Advice** revealed the need for systemic reform. The previous government supported “in full, in principle, or in part” all recommendations from both of these reports. However the 2021 and 2022 Federal Budgets have provided action against only one third of Productivity Commission’s recommended actions and there is still some way to go to achieve full implementation of the Suicide Prevention Adviser’s Final Advice.

Further, since 2020, the COVID-19 pandemic continues to starkly illuminate the pre-existing gaps in Australia’s already overwhelmed mental health and suicide prevention systems. By the end of 2021, the previous government had signed the **National Mental Health and Suicide Prevention Agreement** (‘the National Agreement’). Although the funding commitments through the corresponding bilateral agreements were welcome, the Agreement itself and interjurisdictional structures it proposes, fall far short from that requested in the mental health sector’s **Advice to Governments on the Proposed National Mental Health and Suicide Prevention Agreement**.<sup>1</sup>

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<sup>1</sup> For more information see Mental Health Australia’s **comments on the National Mental Health and Suicide Prevention Agreement**

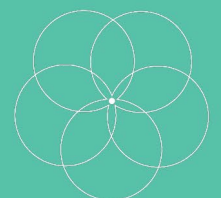


## **There is urgent need for national mental health reform.**

However, this expectation for reform exists in an environment of international fiscal constraint resulting from the pandemic.

Mental Health Australia recognises the incoming government also finds itself constrained by interjurisdictional funding already committed through the National Agreement.

Mental Health Australia is uniquely placed to assist the incoming government to navigate mental health reform in this challenging strategic political and fiscal context. The following section highlights opportunities Mental Health Australia encourages the incoming government to seize.

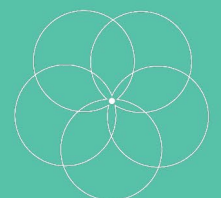




## 4. Background on opportunities to improve Australia's mental health

Mental Health Australia has prioritised the following opportunities through analysis of unimplemented recommendations of the Productivity Commission Inquiry into Mental Health, discussion with our membership and consideration of the current strategic political and fiscal environment. There are opportunities to:

- drive lived experience leadership
- demonstrate government leadership and accountability
- drive development of a community-focussed mental health system
- demonstrate national leadership on the mental health workforce
- drive cross-portfolio work to address social determinants of mental health.





## 4.1. Lived experience leadership

The Productivity Commission Inquiry into Mental Health 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.”<sup>2</sup> The previous 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.”<sup>3</sup> No announcement has been made about national leadership structures.

**First 100 days opportunity:** commit to work with people with lived experience of mental ill-health and carers to establish national, formal leadership structures.

**Medium term opportunity:** establish national, formal leadership structures for people with lived experience of mental ill-health and carers.

**Expected challenges:** There will be a range of views from across the sector conveyed about how this action might best be implemented. The National Mental Health Commission was funded \$0.3 million in the 2021 Budget to scope and co-design future national peak body arrangements to provide consumers and carers with a greater say in the future of the mental health system, however it is unclear what process has been undertaken to deliver this and no report has been received by the sector 12 months since this funding announcement. Mental Health Australia stands ready to advise the new government with the authority of our broad member base, our past work in the development of a proposed peak body structure and our existing work providing the support structures for the National Mental Health Consumer and Carer Forum, the National Register and the Embrace Multicultural Lived Experience Advisory Group.

## 4.2. Government leadership and accountability

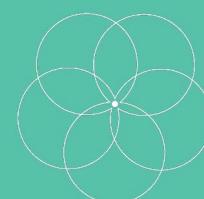
Interjurisdictional mental health governance structures are a subject of consideration in the National Agreement. It is unclear how the mental health sector will be involved in these structures. There is currently no structural avenue through which to progress issues about government leadership and accountability on mental health. This undermines confidence in government action, limits well-informed implementation planning and considerably weakens transparency and accountability.

This section outlines four specific opportunities to renew interjurisdictional government leadership and accountability in relation to implementation of the Productivity Commission Inquiry into Mental Health recommendations, suicide prevention, the role of the National Mental Health Commission and data transparency.

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<sup>2</sup> Productivity Commission, *Mental Health*, (Canberra: 2020), 1113, <https://www.pc.gov.au/inquiries/completed/mental-health/report>

<sup>3</sup> Australian Government, *Prevention Compassion Care: National Mental Health and Suicide Prevention Plan*, 29



## 4.2.1 Implementation of the Productivity Commission Inquiry into Mental Health recommendations

The Australian Government Budgets 2021-22 and 2022-23 have commenced action on only one third of the Productivity Commission Inquiry into Mental Health's recommended actions. There is a need for greater leadership and accountability in implementation of the extent of the recommendations. The incoming government has an opportunity to do this through developing and publishing an Implementation Plan and accompanying budgetary plan that includes Australian, State and Territory Government commitments. In addition, there is a need to re-establish interjurisdictional structures to ensure accountability around recommendation implementation.

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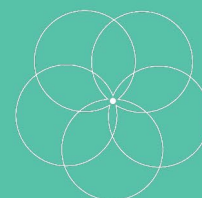
*There is a need for greater leadership and accountability in implementation of the Productivity Commission Inquiry into Mental Health's recommended actions.*

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**First 100 days opportunity:** publish a comprehensive, interjurisdictional implementation plan against the Productivity Commission Inquiry into Mental Health recommendations and in line with the National Mental Health and Suicide Prevention Agreement.

**Medium Term opportunity:** establish interjurisdictional monitoring and accountability structures, which include mental health sector representation, including people with lived experience of mental ill-health, carers, service providers and researchers across the continuum of care.

**Expected challenges:** Tension may be created between the exhaustion of years of sector consultation without corresponding clear comprehensive planning and action, with the need for further advice to prioritise action for a new government. Furthermore, it is recognised that it takes time to set up formal leadership structures which must sit within the broader executive government, but also reference the critical importance of regional leadership in the delivery of all health care including mental health. Nonetheless Mental Health Australia's advice would be that the momentum set in place by recent bi-lateral agreements, coupled with the incoming government's commitment to primary care and rural mental health, creates an opportunity to activate strong local accountable leadership across regional, state and federal domains.



## 4.2.2 Suicide prevention

Australian, State and Territory Governments have started work on implementation of the National Suicide Prevention Adviser's Final Advice. In addition, the Royal Commission into Defence and Veteran Suicide plans to submit an interim report to government in 2022, which should inform the government's ongoing actions on suicide prevention for this population. Immediate implementation of the government's election commitments to address the crises in Veteran and defence support are critical.<sup>4</sup>

The incoming government could further demonstrate its leadership on suicide prevention early by setting a national target to reduce suicide by 25% by 2025. The accountability that comes with a target will encourage the whole-of-government and interjurisdictional cooperation required to fully implement evidence based action on suicide prevention and drive suicide rates down.

**First 100 days opportunity:** set a target to reduce suicides by 25% by 2025.

**Expected challenges:** setting a particular target to hold government directly to account has varied support within the sector, though actions to deliver the outcome of reduced suicides are broadly and strongly supported.

## 4.2.3 The role of the National Mental Health Commission

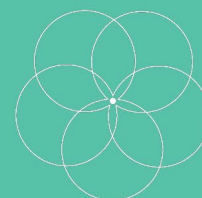
The Productivity Commission Inquiry into Mental Health recommended that the "National Mental Health Commission should become a statutory authority and lead the evaluation of mental health and suicide prevention programs funded by Australian, State and Territory Governments ..."<sup>5</sup> among other programs. In order to effectively monitor both the National Agreement and the operation of the various systems that apply to mental ill-health in Australia, Mental Health Australia agrees it is time for a statutorily created, truly national, mental health agency. Embedding the involvement of individuals with lived experience of mental-ill health and carers should be a key feature.

**Medium term opportunity:** establish the National Mental Health Commission as a truly national statutory authority.

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<sup>4</sup> Labor *Labor's Plan to address the Veterans Crisis* (n.d.) <https://alp.org.au/policies/labors-plan-to-address-the-veterans-crisis>

<sup>5</sup> Productivity Commission, *Mental Health*, 1131



#### 4.2.4 Data transparency

Effective system and service planning depends on quality data. There is a need for renewed focus on addressing mental health data gaps and data transparency, including:

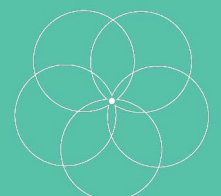
- the Productivity Commission Inquiry into Mental Health recommendation that “Australian, State and Territory Governments should enhance and make all parts of the [National Mental Health Service Planning Framework] NMHSPF publicly available, including the Planning Support Tool and all supporting documentation”<sup>6</sup>
- the Productivity Commission Inquiry into Mental Health recommendation that “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”<sup>7</sup>
- addressing transparency where the Primary Mental Health Care Minimum Data Set is not publicly available.

**Medium term opportunity:** address mental health related data gaps and transparency, starting with community mental health data sets, the National Mental Health Services Planning Framework and the Primary Mental Health Care Minimum Data Set.

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<sup>6</sup> Productivity Commission, *Mental Health*, 1232

<sup>7</sup> Productivity Commission, *Mental Health*, 1204



### 4.3. Community-focussed mental health system

Multiple inquiries have called for a community-focused mental health system. A system which emphasises treatment and supports delivered in the community via multi-disciplinary teams; growing use of digital options and supports; and with hospital bed-based care reserved as a last resort. The government's election commitments to deliver 50 Urgent Care Clinics to reduce pressure on Emergency Departments<sup>8</sup> and to restore regional mental telehealth services<sup>9</sup> represent a welcome shift towards healthcare delivered in the community.

This section outlines four opportunities the incoming government may wish to seize to further drive community focussed mental health care — a summit to design Australia's community-focussed mental health system, addressing psychosocial supports, addressing cost of service access and digital mental health.

#### 4.3.1 Australia's Mental Health System Summit

The Productivity Commission Inquiry into Mental Health identified the need for an integrated system of community-focussed mental health treatment and support services. Such a system will need to address current fragmentation of care and strengthen coordination between services providers and other supports in the delivery of integrated multidisciplinary care. Mental Health Australia is uniquely placed to work with the Australian Government to bring together stakeholders across the mental health sector to participate in a Summit to establish and confirm the vision needed to achieve an effective integrated system of community-focussed mental health treatment and support.

**First 100 days opportunity:** host a Summit with key mental health sector stakeholders, including people with lived experience of mental ill-health and those who love and care for them, to design an effective integrated system of community-focussed mental health treatment and support.

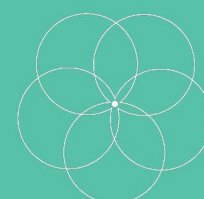
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<sup>8</sup> Labor, *Medicare Urgent Care Clinics* (n.d.), <https://www.alp.org.au/policies/medicare-urgent-care-clinics>

<sup>9</sup> Labor, *Labor Will Restore Regional Mental Telehealth Services* (n.d.), <https://www.alp.org.au/policies/regional-mental-telehealth-services>



### 4.3.2 Psychosocial supports

The Productivity Commission Inquiry into Mental Health recommended that “the shortfall in the provision of psychosocial supports<sup>10</sup> outside of the National Disability Insurance Scheme (NDIS) should be estimated and published at both State and Territory and regional levels”.<sup>11</sup> The Productivity Commission further recommended 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.”<sup>12</sup> The National Agreement commits the Australian, State and Territory Governments to undertake such a gap analysis of psychosocial services outside the NDIS, and maintain current investments in these services while this analysis is undertaken.<sup>13</sup> This urgent work must be expedited to ensure access to crucial psychosocial services for all Australians who need them, and avoid funding cliffs for psychosocial service providers on short term contracts.

Psychosocial supports are also provided through the NDIS. The NDIS has been life-changing for many Australians, however, people with psychosocial disability continue to face a number of barriers to accessing appropriate NDIS supports. The transition to the NDIS has also created significant challenges for the psychosocial support workforce and service providers. The incoming government’s commitment to a Better Future for the NDIS, including cessation of unfair plan cuts, review of NDIS pricing, and better engagement with people with disability and their families and carers, is very welcome.<sup>14</sup> Mental Health Australia is eager to work with the government to achieve these commitments.

More information about psychosocial services in and outside the NDIS is available in Mental Health Australia’s Election Issue Papers on [Disability support and mental health](#) and [the National Disability Insurance Scheme \(NDIS\) and mental health](#).

**First 100 days opportunity:** expedite the analysis (required under the National Mental Health and Suicide Prevention Agreement) of psychosocial support services outside the NDIS.

**Medium term opportunity:** fund psychosocial support outside the NDIS to meet need.

**Medium term opportunity:** continue to work on improving the NDIS for people with psychosocial disability.

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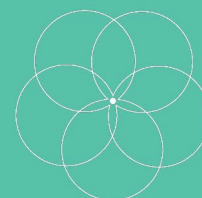
<sup>10</sup> Psychosocial support services are recovery-oriented services which support people experiencing mental illness to manage daily activities, rebuild and maintain connections, participate in education and employment, live well in their community and work towards their goals and aspirations.

<sup>11</sup> Productivity Commission, *Mental Health*, 866

<sup>12</sup> Productivity Commission, *Mental Health*, 866

<sup>13</sup> Australian Governments, *National Mental Health and Suicide Prevention Agreement*, 29

<sup>14</sup> Labor *A Better Future for the NDIS* (n.d.) <https://www.alp.org.au/policies/a-better-future-for-the-ndis>



### 4.3.3 Addressing cost as a barrier to mental health services

One in ten people who need mental health treatment and support delay or never see a mental health professional due to cost.<sup>15</sup> The Productivity Commission Inquiry into Mental Health found “out-of-pocket costs for consultations and medication (which had an associated government subsidy) for people with mental ill-health was \$700 million in 2018-19”.<sup>16</sup> There is a clear need to address the cost to consumers of mental health treatment and support to ensure people get the service they need early and their mental ill-health does not deteriorate, requiring more complex and costly intervention.

Consumers pay the gap between the health professional’s fee and Medicare rebates for mental health related consultations with GPs, psychiatrists, psychologists and allied health professionals. For example, on average consumers pay a gap fee of \$176 per session to see a psychologist and many pay over \$200 per session.<sup>17</sup> This can be even higher once the number of sessions for which a Medicare rebate is available is exceeded.<sup>18</sup>

Mental Health Australia welcomes the incoming Australian Government’s election commitment to establish the Strengthening Medicare Taskforce to focus on achieving ‘greater patient affordability’ among other issues.<sup>19</sup> There is an opportunity for the Taskforce to consider mental health related Medicare programs such as the Better Access initiative with a focus on patient affordability.

Other affordability issues include the gap between the fee charged and the Pharmaceutical Benefits Scheme (PBS) subsidy for mental health related prescription medication. Mental Health Australia welcomes the incoming government’s election commitment to reduce the PBS co-payment to \$30 per script.<sup>20</sup>

Mental health consumers who live in areas where mental health treatment is not available also incur travel and accommodation costs. Mental Health Australia welcomes the incoming Australian Government’s election commitment to “boost workforce incentives for rural and regional GPs to support the engagement of nurses, allied health and other health professionals and provide multidisciplinary team-based care”<sup>21</sup> and the election commitment to reinstate bulk-billed telehealth psychiatric consultations for patients in rural and remote areas.<sup>22</sup>

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<sup>15</sup> Australian Bureau of Statistics, *Patient Experiences in Australia: Summary of Findings*, (2021), <https://www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#experience-of-mental-health-services>

<sup>16</sup> Productivity Commission, *Mental Health*, 156

<sup>17</sup> Lived Experience Australia, *Consumer and Carer Experiences of Psychology Services in Australia*, (2021), 4, <https://www.livedexperienceaustralia.com.au/psychology-report>

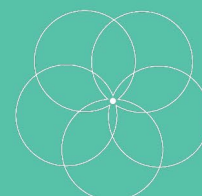
<sup>18</sup> Productivity Commission, *Mental Health*, 157

<sup>19</sup> Labor, *Medicare and Your Health: Making it easier to see a doctor* (n.d.) <https://www.alp.org.au/policies/medicare-and-your-health>

<sup>20</sup> Labor, *Medicare and Your Health: Making it easier to see a doctor* (n.d.)

<sup>21</sup> Labor, *Medicare and Your Health: Making it easier to see a doctor* (n.d.)

<sup>22</sup> Labor, *Labor Will Restore Regional Mental Telehealth Services* (n.d.) <https://www.alp.org.au/policies/regional-mental-telehealth-services>



**First 100 days opportunity:** ensure the Strengthening Medicare Taskforce includes mental health expertise, and considers mental health related Medicare programs such as the Better Access Initiative with a specific focus on patient affordability.

#### 4.3.4 Digital mental health

The **National Digital Mental Health Framework** sets expectations for national leadership and collaboration to develop Australia's digital mental health ecosystem. This work is supported by the **National Safety and Quality Digital Mental Health Standards**, which aim to improve the quality of digital mental health service provision and protect people from harm.

Two important components of the digital mental health ecosystem are supported online treatment and telehealth, both of which were the subject of Productivity Commission Inquiry into Mental Health recommendations.

The Productivity Commission Inquiry into Mental Health recommended expansion of supported online treatment for people with mental illness, information campaigns for consumers and health professionals and an evaluation of the performance of online treatment services.<sup>23</sup> The previous government initiated action on these recommendations through the 2021-22 Budget.<sup>24</sup> The Productivity Commission Inquiry into Mental Health also recommended making permanent the Medicare Benefits Schedule items that were introduced during the COVID-19 pandemic to expand access to mental health services via telehealth.<sup>25</sup> The previous government announced it would maintain these telehealth measures as a part of the 2022-23 Mid-Year Economic and Fiscal Outlook.<sup>26</sup> Mental Health Australia welcomes the incoming government's election commitment to restore regional mental telehealth services through reinstating the 50% loading, allowing regional and rural Australians to access bulk billed telehealth psychiatry consultations.<sup>27</sup>

**Medium term opportunity:** commit to implementation of the National Digital Mental Health Framework and continue support for digital mental health initiatives already underway.

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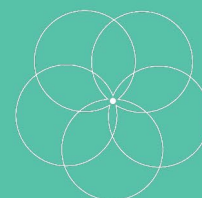
<sup>23</sup> Productivity Commission, *Mental Health*, 490

<sup>24</sup> Australian Government, *Prevention Compassion Care: National Mental Health and Suicide Prevention Plan*, 27

<sup>25</sup> Productivity Commission, *Mental Health*, 555

<sup>26</sup> Australian Government, *Mid-Year Economic and Fiscal Outlook 2021-22 (2021) 12*, <https://archive.budget.gov.au/2021-22/index.htm>

<sup>27</sup> Labor, *Labor Will Restor Regional Mental Telehealth Services* (n.d.), <https://www.alp.org.au/policies/regional-mental-telehealth-services>





#### 4.4. Addressing current urgent gaps in the mental health workforce

There are significant shortages across the mental health workforce,<sup>28</sup> which need to be urgently addressed. The incoming government's recognition of the need to address gaps in the workforce, and election commitment to boost the health workforce in rural and regional areas, are very welcome.<sup>29</sup>

The Productivity Commission Inquiry into Mental Health made specific recommendations in relation to increasing the number of psychiatrists<sup>30</sup> and mental health nurses.<sup>31</sup> It also made recommendations about growing psychosocial support services<sup>32</sup> and community ambulatory services<sup>33</sup> to meet need, which will necessitate growth in these workforces as well. Immediate action to address workforce shortages should be undertaken through the National Mental Health Workforce Strategy. The government must also consider the underutilisation of the peer workforce, counsellors and therapists currently unable to access mental health related funding streams.

**First 100 days opportunity:** commit to work with the states and territories and through the National Mental Health Workforce Strategy to urgently address gaps in the mental health workforce.

**Expected challenges:** In the short term it should be recognised that front-line workers in health and mental health are exhausted as a result of the impact of the global pandemic. Further, the creation of workforces within health and mental health is a complex problem and will take time and comprehensive action. Individual professional groups will have focused and targeted solutions within their domains of service delivery. Mental Health Australia is uniquely placed to bring the broad range of professional groups and interests to the table to address the larger set of complexities together.

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<sup>28</sup> ACIL Allen, *National Mental Health Workforce Strategy: Consultation Draft*, (2021), 1

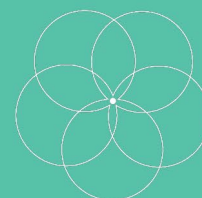
<sup>29</sup> Labor, *Medicare and Your Health* (n.d.). <https://www.alp.org.au/policies/medicare-and-your-health>

<sup>30</sup> Productivity Commission, *Mental Health*, 712

<sup>31</sup> Productivity Commission, *Mental Health*, 724

<sup>32</sup> Productivity Commission, *Mental Health*, 826

<sup>33</sup> Productivity Commission, *Mental Health*, 580



## 4.5. Addressing the social determinants of mental health

Mental Health Australia has prioritised the following five social determinants of mental health with our members and through analysis of unimplemented actions from the Productivity Commission Inquiry into Mental Health Final Report.

### 4.5.1 Housing

Establishment of the \$10billion Housing Australia Future Fund committed to by the incoming government will make social and affordable housing available to thousands of Australians in need.<sup>34</sup> This is an essential boost to affordable housing supply, which will enable other policies to break the cycle of homelessness for many people experiencing mental ill-health and housing insecurity.

In addition, the Productivity Commission Inquiry into Mental Health recommended that Australian, State and Territory Governments commit to a policy of ‘no exits into homelessness’ for people with mental illness discharged from hospitals or institutional care, and address the shortfall in supported housing places and homelessness services for people with severe mental illness. These are in line with policy priorities developed through research by the Australian Housing and Urban Research Institute with Mind and Mental Health Australia, which found existing models of integrated housing and mental health services (supported housing) are effective but do not meet current demand.<sup>35</sup>

To implement these recommendations, there must be a shift in housing policy to focus on access to secure housing for all not just home ownership for some. More information can be found in Mental Health Australia’s Election Issue Paper on [The impact of access to housing on our mental health](#).

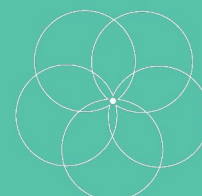
**First 100 days opportunity:** facilitate the involvement of mental health experts in planning within the housing portfolio, including establishment of the Housing Australia Future Fund, to support strategic integration of housing and mental health programs.

**Medium Term Opportunity:** continue to work across jurisdictional boundaries to invest in existing models of integrated housing and mental health services (supported housing).

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<sup>34</sup> Labor *Safe and More Affordable Housing* (n.d.), <https://www.alp.org.au/policies/safer-and-more-affordable-housing>

<sup>35</sup> Nicola Brackertz, *Trajectories: the interplay between mental health and housing pathways. Policy priorities for better access to housing and mental health support for people with lived experience of mental ill health and housing insecurity* (Melbourne: 2021), <https://www.ahuri.edu.au/housing/trajectories>



## 4.5.2 Social participation

Social participation is crucially important to mental health.<sup>36</sup> The Royal Australian College of General Practitioners, Consumers Health Forum of Australia and Mental Health Australia have previously suggested the Australian Government implement a national social prescribing scheme to tackle Australia's mental health and wellbeing crisis.<sup>37</sup> This is in line with the recommendation of the Productivity Commission Inquiry into Mental Health that the Australian Government promote and fund further trials of social prescribing.<sup>38</sup>

**First 100 days opportunity:** ensure goal setting and implementation planning related to primary care reform is fundamentally inclusive of mental health expertise.

**Medium Term Opportunity:** continuing to build on proposed trials for social prescribing as recommended by the Productivity Commission.<sup>39</sup>

## 4.5.3 Stigma and human rights

The National Mental Health Commission is currently developing a National Stigma and Discrimination Reduction Strategy, which the incoming government will have an opportunity to fully implement. For more information see [Mental Health Australia's Election Issue Paper on Stigma and Discrimination and Mental Health](#).

**Medium Term Opportunity:** implement the National Stigma and Discrimination Reduction Strategy.

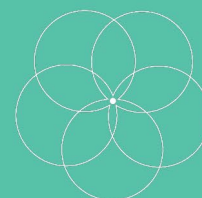
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<sup>36</sup> Saeri, Alexander K, Tegan Cruwys, Fiona Kate Barlow, Samantha Stronge, and Chris G Sibley. "Social Connectedness Improves Public Mental Health: Investigating Bidirectional Relationships in the New Zealand Attitudes and Values Survey." *Australian & New Zealand Journal of Psychiatry* 52, no. 4 (April 2018): 365–74. <https://doi.org/10.1177/0004867417723990>.

<sup>37</sup> Australian Health Journal, "[Calls for a National Social Prescribing Scheme](http://ahj.com.au/brain-and-mind/calls-for-national-social-prescribing-scheme/)," accessed December 7, 2021 from <http://ahj.com.au/brain-and-mind/calls-for-national-social-prescribing-scheme/>

<sup>38</sup> Productivity Commission, *Mental Health*, 715

<sup>39</sup> Productivity Commission, *Mental Health*, 715



#### 4.5.4 Employment and occupation

The incoming government's plan for secure work and better wages is essential in promoting both economic productivity and employee wellbeing.<sup>40</sup> In addition, the Productivity Commission Inquiry into Mental Health recommended a staged, national rollout of the Individual Placement and Support model of employment support for people with mental ill-health.<sup>41</sup> More information about employment and mental health related issues can be found in Mental Health Australia's Election Issues Papers on [Workplaces and our mental health](#) and [Youth mental health, education and employment](#).

**Medium term opportunity:** continue the staged rollout of the Individual Placement and Support program to boost employment for people with mental ill-health.

#### 4.5.5 Early childhood

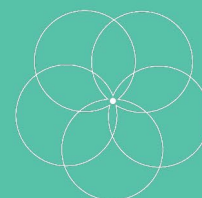
In 2021 the National Mental Health Commission released the [National Children's Mental Health and Wellbeing Strategy](#), which the incoming government will have the opportunity to fully implement.

**Medium Term Opportunity:** implement the National Children's Mental Health and Wellbeing Strategy.

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<sup>40</sup> Labor *Secure Australian Jobs* (n.d.), <https://www.alp.org.au/policies/secure-australian-jobs>

<sup>41</sup> Productivity Commission, *Mental Health*, 954



## 4.5.6 Inclusion and mental health

Some groups of people within the Australian population experience disproportionately high rates of mental ill-health and suicide which can be directly related to stigma and discrimination.<sup>42,43,44</sup> Social inclusion is a protective factor for mental health.<sup>45</sup> An effective mental health system would be inclusive of, and provide tailored approaches to meet the needs of, communities which experience disproportionately high levels of mental ill-health. This system can only be designed in collaboration with those with lived experience as a part of these communities.

Mental Health Australia has specific expertise in relation to culturally and linguistically diverse mental health developed through the **Embrace Multicultural Mental Health Project**. For more information see Mental Health Australia's Election Issue Paper on **Multicultural Australia and our mental health**. Other relevant information is included in Mental Health Australia's Election Issue papers on **First Nations People, their culture and mental health** and **Gender affirmation and mental health**.

**Medium Term Opportunity:** continue to work on increasing inclusion in collaboration with organisations who represent population groups experiencing disproportionately high rates of mental ill-health and suicide.

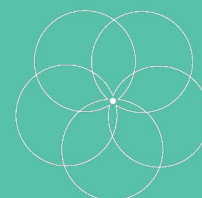
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<sup>42</sup> Angeline Ferdinand, Yin Paradies and Margaret Kelaher, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities* (Melbourne: Lowitja Institute, 2013), <https://dro.deakin.edu.au/eserv/DU:30058482/paradies-mentalhealthimpacts-2013.pdf>

<sup>43</sup> LGBTIQ+ Health Australia, "*Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people*" published May 13 November 2021, <https://www.lgbtiqhealth.org.au/statistics>

<sup>44</sup> Angeline Ferdinand, Yin Paradies and Margaret Kelaher, "*Mental health impacts of racial discrimination in Australian culturally and linguistically diverse communities: a cross sectional survey*," *BMC Public Health* 15: 401, <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-1661-1>

<sup>45</sup> Alexander Saeri, Tegan Cruwys, Fiona Barlow, Samantha Stronge and Chris Sibley. "Social Connectedness Improves Public Mental Health: Investigating Bidirectional Relationships in the New Zealand Attitudes and Values Survey." *Australian & New Zealand Journal of Psychiatry* 52, no. 4 (April 2018): 365–74. <https://doi.org/10.1177/0004867417723990>

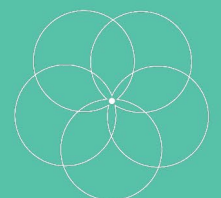


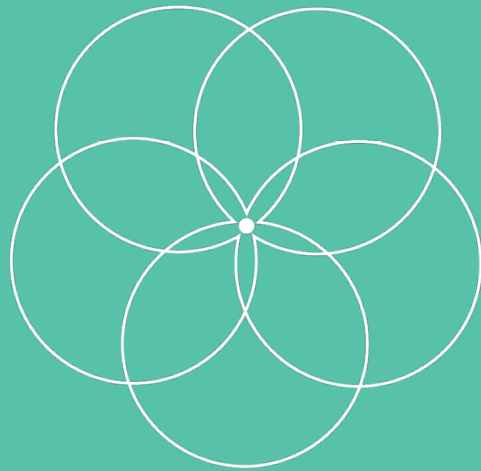


## 5 Contact us

Mental Health Australia is ready to assist the incoming Australian Government to implement its mental health related election commitments and seize the above mentioned opportunities.

Please contact Mental Health Australia CEO, Dr Leanne Beagley to establish regular meetings, toward this goal.





# Mental Health Australia

Mentally healthy people,  
mentally healthy communities

[mhaustralia.org](http://mhaustralia.org)

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

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