

OPENING STATEMENT

Senate Select Committee on Health – mental health hearings

The second half of 2015 is a crucial time for Australia's mental health sector. During this period the mental health sector is expecting:

- ❖ A comprehensive response by the Commonwealth Government to the National Mental Health Commission's Review of Mental Health Programmes and Services ('the NMHC's Review' or 'the Review');
- ❖ Multilateral agreement by all state/territory and Commonwealth governments on the *Fifth National Mental Health Plan*; and
- ❖ Bilateral agreements between most states/territories and the Commonwealth detailing the transition of existing programmes (including mental health programmes) into the National Disability Insurance Scheme (NDIS).

Mental health reform has been on hold since November 2013, when the Government announced the NMHC review. Since that time, there have been no significant policy or funding announcements on mental health, with the exception of temporary extensions of existing contracts. For example, in May 2014 and June 2015 contracts with NGO providers for Commonwealth-funded mental health programmes were extended for six or 12 months, but with no funding commitments made beyond that term. These short-term funding extensions created unprecedented and ongoing uncertainty for the people who use these programmes and the mental health workforce who deliver them.

There are several other important processes in train with major implications for mental health reform, including the Reform of the Federation White Paper process, the review of primary health care and the review of the Medicare Benefits Schedule.

These processes must align if we are to avoid reinforcing the fragmentation and discoordination the NMHC recently identified as being at the core of system failure.

Throughout 2014, we consulted widely among our networks to identify reform priorities and communicate these to the NMHC. These discussions led to our *Blueprint for Action on Mental Health*, a set of 45 recommendations that formed Mental Health Australia's fourth and final submission to the Review on behalf of the broader sector in November 2014. The *Blueprint* is the standard by which Mental Health Australia will assess government decisions on mental health. Its recommendations remain current and pressing, and already have the endorsement of the broader non-government mental health sector.

It is encouraging that there is so much consistency and congruence between the *Blueprint* and the NMHC Review. Both reports acknowledge there are few easy fixes available to improve Australia's mental health arrangements. Each recognises fundamental systemic changes are required if we are to see long-term improvements in mental health.



More recently, Mental Health Australia held a consultation forum on 5 August 2015. Representatives of around 60 non-government organisations came together at short notice, to provide input to the Department regarding the recommendations in the Review. Members and stakeholders reached overriding consensus on the following messages for government.

- Government must embrace the sector as partners. **The reform process must be a true partnership between governments, consumers, carers, providers, clinicians and other experts.** The current focus on policy must be matched by an even stronger focus in future on its implementation.
- **We must invest in strong community based mental health services outside the NDIS.** While the NDIS will deliver much-needed support for a relatively small population, there will be a larger population of people with moderate to severe mental illness whose needs fluctuate over time, and whose circumstances are not suited to the NDIS model. **Consistent with the Review's recommendations,¹ programmes currently in scope for the NDIS should not be cashed out,** but should instead continue to be delivered through existing funding mechanisms until the NDIA demonstrates it is better able to meet the needs of the population that each programme serves. These programmes include Partners in Recovery, Personal Helpers and Mentors, Day to Day Living in the Community and Targeted Community Care: Mental Health Respite.
- Our members anticipate substantial risks in the proposed role of Primary Health Networks (PHNs) as the regional architecture for mental health services. While welcoming initiatives to promote better local integration and control, there is, as yet, little to reassure mental health stakeholders that the governance arrangements in PHNs sufficiently reflect the diversity of services that mental health consumers and carers need. Without such diversity, there is anxiety that community based, and non-clinical interventions may be undervalued. **There is much to be done before the mental health sector can have confidence in the central role for PHNs envisaged by the Review.**
- There is also a clear risk of delays further reducing sector capacity as an unintended consequence of ongoing delays in securing funding. Given the cumulative impact of the ongoing funding uncertainty – impacts such as reduced access to services and loss of workforce – **it is important the Government takes active steps in the near term to provide security for people who rely on services and programs for support, and security for the workforce who will be needed to deliver the services and programs of the future.**

Mental Health Australia stands ready to assist government in this critical endeavour.

¹ Recommendation 3(2): 'Do not cash out existing mental health and other associated programmes (e.g. carer and respite programmes) into the NDIS until there is evidence as to eligibility for people with a psychosocial disability, and clarity about ongoing support for those who are eligible for Tier 2 support.'

