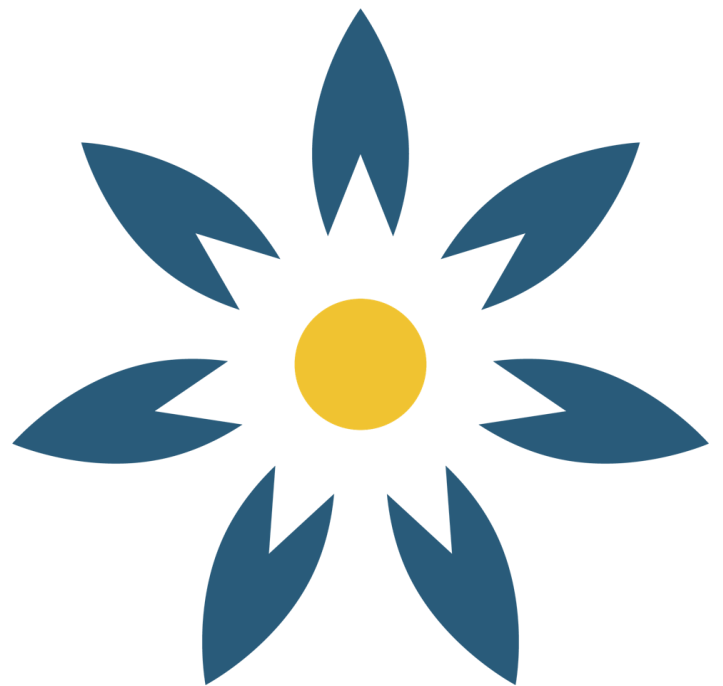




# 2020-21 Pre-Budget submission

January 2020



Mentally healthy people,  
Mentally healthy communities

# Aim: Fix Mental Health

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On the cusp of a new decade, there has been a flurry of work examining the mental health sector like never seen before. The National Mental Health Commission has been developing “Vision 2030” alongside its work in the suicide prevention area. The Productivity Commission’s Inquiry into Mental Health and the Royal Commission into Victoria’s Mental Health System have begun to illuminate some of the major areas of change required. The need for such major inquiries reflects community concern that the mental health service system is failing to deliver the support that consumers and carers want and need.

Recent community consultations undertaken to inform the National Mental Health Commission’s Vision 2030 found people often experience:

- significant shame, stigma and discrimination associated with mental ill health
- difficulty accessing appropriate services, including in regional and remote areas, and for Aboriginal and Torres Strait Islander people
- lack of availability and timely access to services across the spectrum of care, and
- the mental health workforce not having the capacity to deliver appropriate quality services.

Mental Health Australia will be working with the National Mental Health Commission during 2020 to inform development of the Roadmap for Vision 2030, which will identify long-term strategies in investment, coordination, development and performance measurement to address these concerns.

Vision 2030, the Productivity Commission Inquiry into Mental Health, and the Royal Commission into Victoria’s Mental Health System fundamentally highlight the need for systemic reform to establish responsibility and accountability for delivering a world class mental health system. A new intergovernmental agreement is required to underpin a cohesive mental health system, integrated with adjacent health and social services.

To inform this reform agenda, Mental Health Australia has been working with the mental health sector to develop Charter 2020. With over 120 signatory organisations, Charter 2020 demonstrates the mental health sector’s collaborative, united view on nine guiding principles to “Fix Mental Health.” These Principles are provided below:

1. **Strike a new National Agreement for Mental Health** – An agreement that delivers integration and coordination of mental health services, including agreed objectives, indicators, monitoring arrangements and funding between all levels of government.
2. **Build a mental health system that is truly person led** – A system deploying the best evidence and research, and centred on what people with lived experience of mental health issues and their carers say they need, including the structures and processes required to ensure co-design of services and programs.
3. **Address the root causes of mental health issues** – Eliminate stigma and discrimination and address the social and environmental determinants of poor mental health including housing, employment, trauma, physical health, financial security, and environment.



4. **Invest in early intervention and prevention** - Programs and supports that intervene early to prevent people from becoming mentally ill and stop emerging mental illnesses from becoming more severe.
5. **Fund Indigenous mental health, wellbeing and suicide prevention according to need** - Including dedicated strategic responses co-designed and co-implemented with Indigenous leaders, consumers and communities. This should be guided by the Gayaa Dhuwi (Proud Spirit) Declaration, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023, and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013.
6. **Provide integrated, comprehensive support services and programs** – Full suites of services and programs required to support mental health and ensure intensive, team based and integrated care is available for those experiencing a mental health crisis.
7. **Expand community based mental health care** – Ensure there are psychosocial and team based care options to provide community based care and support in order to avoid hospitalisation wherever possible.
8. **Support workforce development** - Invest in systematic workforce development, including peer workers, carers, community workers and clinicians.
9. **Build an evidence based, accountable and responsive system** - Ensure constant research and evaluation, transparent monitoring of prevalence, availability of services and programs, system performance and gaps. Ensure targeted and timely response to identified gaps, system failures and poor performance.

The Productivity Commission's Draft Report provided many recommendations that align to these principles, such as the development of a new National Agreement on Mental Health. However there are notable omissions relating to:

- strengthening the community mental health sector
- lack of clarity on potential future mental health system governance, and
- inadequate funding and infrastructure to better support consumer and carer participation and engagement.

Also missing is acknowledgement of the need for a mental health disaster response strategy. Since the release of the Draft Report, Australia has experienced a horrific summer of bushfires that has left people and their local communities devastated, and highlighted the increasing demands these disasters will have on the mental health workforce in assisting people to recover.

Mental Health Australia has consulted widely with the sector to collate feedback on the Productivity Commission's Draft Report. This consultation has provided the catalyst to examine investments for a number of initiatives that could be funded immediately to progress each of the key Charter 2020 principles in the next Federal Budget.



# Proposed Budget Initiatives

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## 1. Strike a new National Agreement for Mental Health

### *Undertake a National Mental Health Partnership Consultation*

#### **Issue**

The COAG communique for the meeting held in October 2019 stated:

*Health Ministers agreed to establish partnerships between the Commonwealth and states and territories to clarify roles and responsibilities, strengthen shared responsibilities and improve the integration of mental health services and other services such as the National Disability Insurance Scheme and drug and alcohol services with physical health services.*

The commitment to develop jurisdictional partnerships lacks the clarity required to address the current underfunded and fragmented mental health service system. The mental health sector and the Productivity Commission's Draft Report call for a National Agreement on Mental Health to clarify the roles and responsibilities of jurisdictional bodies in the delivery of a more integrated and comprehensive service system. Formal agreement on funding, delivery and outcome responsibilities of all levels of government has also been identified as a priority by Vision 2030.<sup>1</sup>

Fundamental to developing such an Agreement between jurisdictional funding bodies is a national discussion with consumers, carers and other stakeholders to ensure the issues relevant to service users and providers are appropriately addressed.

#### **Action**

The Australian Government commits to the development of a National Agreement on Mental Health as a priority and funding is allocated to undertake a comprehensive national consultation with consumers, carers, and mental health stakeholders including the drug and alcohol sector, housing, employment and justice areas to determine what they value and how services should be delivered. This consultation process should include people from culturally and linguistically diverse (CALD) backgrounds, people with disability, LGBTIQ+ communities and Aboriginal and Torres Strait Islander communities.

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<sup>1</sup> National Mental Health Commission (2019), Vision 2030 Key Concepts Consultation Paper



## 2. Build a mental health system that is truly person led

*Invest in infrastructure to better support consumer and carer engagement and participation*

### Issue

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.<sup>2</sup> Genuine engagement results in greater consumer and carer empowerment and ownership of mental health programs.<sup>3,4</sup>

In the *Fifth National Mental Health and Suicide Prevention Plan: Implementation Plan* consumer and carer co-design is identified as a key commitment, and as a critical success factor. Despite this, very little funding has been allocated to achieve it.

At present, there is limited capability for active and diverse consumer and carer engagement and participation due to a lack of well-resourced infrastructure to enable this. Properly resourced arrangements for consumer and carer participation, engagement, and co-design are key enablers to improving mental health outcomes of all Australians. This includes:

- support for consumers and carers to be actively involved in policy and service design, delivery, and governance processes at local, state and national levels
- diverse consumer and carer representation (i.e. services intended to meet the needs of specific communities should be designed in consultation with the respective community. In addition, mainstream services and service systems must also ensure there is diverse representation amongst those who are consulted on their design)
- executive leadership and sponsorship, mentoring, co-design, paid participation, and mandated requirements are reflected in governance bodies and operational standards.

Previous work by Mental Health Australia and the Consumer Reference Group to establish a national mental health consumer peak was extensive and engaged a diverse range of people with lived experience and other sector stakeholders. The project developed governance and operational documents to support the establishment of a future independent and sustainable mental health consumer peak organisation.<sup>5</sup> This work stands ready for implementation and could be a useful resource when considering appropriate mechanisms to support consumer and carer engagement and co-design.

### Action

Increase funding to support active involvement as determined by consumers and carers in recovery-focused policy, service design, delivery, and governance structures and processes required to ensure co-design of services and programs at local, state and national levels. Specific focus needs to be on ensuring vulnerable groups are actively engaged and participating in mental health reform, including people from CALD backgrounds, people with disability, LGBTIQ+ communities and Aboriginal and Torres Strait Islander communities.

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<sup>2</sup> Adapted from National Consumer and Carer Forum (2004) *Consumer and Carer Participation Policy: a framework for the mental health sector*.

<sup>3</sup> Slay J, Stephens L (2013) *Co-production in mental health: A literature review*.

<sup>4</sup> World Health Organization (2010) *User empowerment in mental health – a statement by the WHO Regional Office for Europe*.

<sup>5</sup> Resources developed through the National Mental Health Consumer Organisation Establishment Project are available at: <https://mhaustralia.org/https%3A//mhaustralia.org/national-mental-health-consumer-organisation-nmhco-establishment-project-completed-may-2015/project-resources>.



### 3. Address the root causes of mental health issues

#### *Develop a mental health housing strategy*

##### **Issue**

Mental health and homelessness are strongly associated. In 2015–16, 31 per cent (72,364 persons) of Specialist Homelessness Services consumers aged 10 years and over had a current mental health issue.<sup>6</sup> In Victoria, more than 500 people presented at homelessness services in 2016–17 after leaving psychiatric services—an increase of 45 per cent since 2013–14.<sup>7</sup>

The Productivity Commission's Draft Report recommends governments commit to no discharge from institutional or correctional care into homelessness; that governments work towards meeting the need for long-term housing, supported housing and homelessness services for people with mental illness, and consider Housing First policies. Mental Health Australia strongly supports these recommendations.<sup>8</sup>

Prioritising housing security as a key intervention for young people with mental health issues at risk of homelessness delivers substantial cross-portfolio and cross-jurisdictional savings. In 2016-17 there were 42,000 young Australians aged between 15 and 24 who were homeless.<sup>9</sup> KPMG found that halving this rate through investing in a Housing First approach for young people with a mental illness experiencing or at risk of homelessness provides a return of \$9.30 for every \$1.00 invested. For an investment of \$0.5 billion, the course of young people's lives can be changed, with a saving of \$4.8 billion in the long term.

The Australian Housing and Urban Research Institute Report found that:

*A number of effective models delivering consumer and recovery oriented housing operate in Australia. However, most are pilot programs, are small in scale, localised, or have time limited funding. The evidence shows that existing programs that integrate housing and mental health supports are effective in generating government cost savings (especially in health), and reduce hospital admissions and length of hospital stay. They also contribute to tenancy stability, improve consumer mental health and wellbeing, social connectedness and lead to modest improvements in involvement in education and work.<sup>10</sup>*

The Productivity Commission has previously found Australia's social housing system is broken, and under extreme pressure due to the lack of secure and affordable private rental accommodation.<sup>11</sup> In light of Australia's current housing crisis, there is need to invest in developing and funding the implementation of a mental health housing strategy to increase access to housing with associated mental health supports.

##### **Action**

Develop and fund a mental health housing strategy that invests in scaling up current programs shown to be effective in integrating housing and mental health support.

<sup>6</sup> Australian Institute of Health and Welfare 2017. Australia's welfare 2017. Australia's welfare series no. 13. AUS 214. Canberra: AIHW.

<sup>7</sup> Perkins M (2018) 'More go straight from psychiatric hospital into homelessness,' *The Age* 21 April 2018 [accessed at <https://www.theage.com.au/national/victoria/more-go-straight-from-psychiatric-hospital-into-homelessness-20180419-p4zamar.html>].

<sup>8</sup> Productivity Commission (2019) *Inquiry into Mental Health – Draft Report* [accessed at <https://www.pc.gov.au/inquiries/current/mental-health/draft/>].

<sup>9</sup> KPMG and Mental Health Australia (2018) *Investing to Save: The Economic Benefits for Australia of Investment in Mental Health Reform*, p45.

<sup>10</sup> Australian Housing and Urban Research Institute (2018) *Housing, homelessness and mental health: towards systemic change* [accessed at [https://www.ahuri.edu.au/\\_data/assets/pdf\\_file/0023/29381/Housing-homelessness-and-mental-health-towards-systemic-change.pdf](https://www.ahuri.edu.au/_data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systemic-change.pdf)].

<sup>11</sup> Productivity Commission (2017) *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*.



## *Increase Newstart payment*

### **Issue**

Our mental health is strongly affected by the social, economic, and physical environments in which we live. Many risk factors for mental illness are associated with social inequalities. Addressing social determinants of mental health and improving living conditions for people across the life stages will reduce risks of mental ill health associated with social inequalities and structural discrimination.<sup>12</sup>

In Australia, there are major inequities across multiple social determinants of mental health including employment, income security, housing, justice, experience of stigma, and workplace health and safety. There are additional gaps in relation to important social determinants such as physical health and trauma. For many individuals and families, these social determinants intersect and compound.

Income support is particularly significant in reducing the impacts of mental illness, as there is such a strong association between experiences of mental ill health and low income and unemployment.<sup>13</sup> Australians with mental illness should have access to adequate income support to enable economic and social participation and, ultimately, recovery and independence. People with severe mental illness are increasingly finding themselves on Newstart as they become ineligible for Disability Support Payments due to changing criteria that fails to accommodate the episodic nature of mental health conditions. However, the rate of Newstart is now far below the current cost of living.<sup>14</sup>

People with mental illness receiving income support report being unable to afford essential medication, seek appropriate treatment, or obtain reports from specialists such as clinical psychologists or psychiatrists.<sup>15</sup> This can result in worsening of symptoms and escalation of care to more expensive clinical pathways like acute hospital care.<sup>16</sup>

### **Action**

Provide an immediate stop-gap increase to the rate of Newstart and establish a mechanism to ensure income support payments are set at a rate determined by independent advice, and reviewed regularly, to meet a reasonable cost of living.

## *Review Disability Employment Services frameworks*

### **Issue**

Integrated and personalised employment supports are both effective and cost-efficient in assisting people with severe mental illness to gain and sustain employment. KPMG found that in relation to the Individual Placement and Support model, an incremental investment of \$52 million could potentially return over \$90 million in the first year.<sup>17</sup> Integration of non-vocational supports has been found to

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<sup>12</sup> World Health Organization and Calouste Gulbenkian Foundation (2014) *Social determinants of mental health*.

<sup>13</sup> Heekin and Polivka (2015) in Productivity Commission (2019) *Inquiry into Mental Health – Draft Report*, Vol 1 p122.

<sup>14</sup> Saunders P & Bedford M (2017) 'New Minimum Income for Healthy Living Budget Standards for Low-Paid and Unemployed Australians,' *Social Policy Research Centre*, Sydney: University of New South Wales.

<sup>15</sup> National Social Security Rights Network (2019) *Submission to the Productivity Commission's Inquiry into Mental Health*.

<sup>16</sup> Urbis (2015) *Invest now, save later: The economics of promotion, prevention and early intervention in mental health*.

<sup>17</sup> Mental Health Australia and KPMG (2018) *Investing to Save: The Economic Benefits for Australia of Investment in Mental Health Reform*, p40.



increase effectiveness of employment services, and is particularly important for people with mental illness.<sup>18, 19</sup>

However, changes to employment services' funding and performance frameworks have shifted the current policy environment to inhibit this kind of support. The shift to outcome-based funding and a one size fits all performance framework has reduced providers' ability to provide prevocational and ongoing support to jobseekers, particularly necessary for people with psychosocial disability and other complex needs.<sup>20</sup>

People with psychosocial disability make up nearly 40% of Disability Employment Services participants, but have lower employment outcomes compared to participants with other primary disabilities.<sup>21</sup>

The Disability Employment Services policy framework should be reviewed to enable collaborative service delivery linking with health and community services, and personalised, holistic care which can appropriately respond to the episodic nature of psychosocial disability. This would make a significant difference in improving employment outcomes for Australians living with mental illness.<sup>22</sup>

## Action

Review the Disability Employment Services Funding Model and Performance Framework, in engagement with consumers and carers, to enable more effective employment support for people with psychosocial disability.

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<sup>18</sup> Waghorn G & Lloyd C (2005) 'The employment of people with a mental illness,' *Australian eJournal for the Advancement of Mental Health* 1(43).

<sup>19</sup> Coppin D, Ciarrochi J, Sahdra B & Rosete D (2019) *Evaluation of the Treatment Utility of a Jobseeker Segmentation and Intervention Program*.

<sup>20</sup> Community Mental Health Australia (2019) *Submission to the NDIS Participant Employment Taskforce*;

Rebecca Cotton, Worklink (2019) *How People with a Mental Illness in Disability Employment Services are Predisposed to Failure*.

<sup>21</sup> Disability Employment Services (2017) *Outcome Rates by Disability Employment Type*, accessed through the Labour Market Information Portal.

<sup>22</sup> Rebecca Cotton, Worklink (2019) *Ibid*.





## 4. Invest in early intervention and prevention

### *Funding for a comprehensive national system of support for children 0-12*

#### Issue

Increasing children's safety and enhancing family relationships and environments is a key contributor to positive mental health outcomes.

In 2015, the Blue Knot Foundation estimated 3.7 million Australians were facing negative life outcomes (including significant mental health impacts) because of child abuse and neglect.<sup>23</sup> In addition, an American study estimated childhood adversities were present in 44.6 per cent of all childhood-onset disorders and up to 32 per cent of later-onset disorders.<sup>24</sup> The costs to governments as a result of the impact of un-addressed or inappropriately addressed childhood adversities and trauma are substantial.<sup>25</sup>

Research indicates the impact of childhood trauma can be resolved through appropriate treatment, services and support.<sup>26</sup> However, the current mental health system does not adequately address complex trauma. Complex trauma often goes unrecognised, misdiagnosed or unaddressed and consumers are required to tell their story multiple times to an array of uncoordinated services. This compounds their experience of trauma.

Poor mental health of one family member can affect other family members and family relationship-related issues can impact on all family members' mental health. However, mental health funding arrangements (for example through the services connected to a GP Mental Health Treatment Plan or the NDIS) encourage service providers to focus interventions on the needs of the consumer, not necessarily the family unit. The risks of this approach are profound including:

- a lack of support for family members who may be supporting a person with mental illness (see section 'unpaid care – supporting a fragile system' below)
- a missed opportunity of early intervention to support families before childhood adversity and trauma occurs, and/or
- a missed opportunity to build on the significant resources and resilience families have in relation to a family member with mental illness.

#### Action

All governments work together to build and systemically fund a comprehensive national system of support for children 0-12 years, their parents, and carers. This national system should span across universal primary prevention, early intervention, and support for families in greatest need. The system should include an audit of specialised mental health support available to refugees and migrant children and families including the development of a National Pathway Tool to better increase collaboration and integration of specialised support.

<sup>23</sup> Kezelman C, Hossack N, Stavropoulos P (2015) *The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia*.

<sup>24</sup> Green J et al. (2010) *Childhood adversities and adult psychopathology in the National Comorbidity Survey Replication (NCS-R) I: Associations with first onset of DSM-IV disorders*.

<sup>25</sup> Kezelman C, Hossack N, Stavropoulos P (2015) *The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia*.

<sup>26</sup> Kezelman C, Hossack N, Stavropoulos P (2015) *Ibid*.



## 5. Fund Indigenous mental health, wellbeing and suicide prevention according to need

*Ensure comprehensive evaluation led by Aboriginal and Torres Strait Islander peoples*

### Issue

The process of mental health service design and implementation requires dedicated, funded strategic responses to embed processes that are co-designed and co-implemented with Indigenous leaders, consumers and communities. This should be guided by the:

- *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023,*
- *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013,* and
- *Gayaa Dhuwi (Proud Spirit) Declaration.*

Indigenous leadership is essential to promote the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people and communities. This goes beyond co-design with Aboriginal and Torres Strait Islander people, and includes directly funding Indigenous organisations to autonomously design, develop and implement services that meet the needs of their people.

The 9 September 2019 announcement by the Minister for Health to fund Gayaa Dhuwi (Proud Spirit) Australia as a national independent and inclusive Indigenous social and emotional wellbeing, mental health and suicide prevention leadership body is a very positive initiative to promote Indigenous leadership in service design and implementation.

The vastly disproportionate impact of suicide (including child and youth suicide) in Aboriginal communities demonstrates a need for specific and targeted placed-based initiatives that are community-led and informed by Aboriginal and Torres Strait Islander consumers and carers. Solutions that promote Aboriginal and Torres Strait Islander peoples' connection to culture are essential, alongside culturally safe clinical services.

However there is also a need for all proposed policy, system and practice changes across the full spectrum of mental health and suicide prevention to be considered in terms of their effect on Aboriginal and Torres Strait Islander people and communities.

Since 2015, there has been \$198m invested in Aboriginal and Torres Strait Islander mental health via Primary Health Networks yet there has been no comprehensive evaluation of that investment to determine its impact. There has also been a history of well-developed frameworks to guide service delivery but these have been poorly implemented with no national consistency.

### Action

Undertake a comprehensive evaluation, led by Aboriginal and Torres Strait Islander peoples, of recent investments to improve Aboriginal and Torres Strait Islander mental health and suicide prevention, and fund evaluation as a mandatory component of future initiatives.



## 6. Provide integrated, comprehensive support services and programs

*Develop cross-service information sharing to integrate digital records, services, programs and tools*

### Issue

Underpinning integration and collaboration in a reformed system is a radical shift from the current silos and singularity mindset. An integrated, person-centred system will be reliant on information management systems that strongly protect consumers' data and privacy, while allowing them to grant access to shared information to chosen health professionals. Without information sharing, consumers unnecessarily bear the burden associated with seeking new services and having to tell their story again and again, which reduces help-seeking behaviours. The National Mental Health Consumer and Carer Forum has a *Position Statement on Privacy, Confidentiality & Information Sharing* that covers a range of issues related to this.<sup>27</sup>

The Australian Government needs to increase the possibility of consumer-consented information sharing to reduce this burden. This must be undertaken while being mindful of privacy concerns raised by consumers and mistrust of centralised databases following the roll out of My Health Record. Complementary information sharing initiatives need to be supported that operate at a localised level where PHNs could play a lead in their development and implementation.

### Action

Investment in localised information sharing networks be undertaken in consultation with the National Mental Health Consumer and Carer Forum and PHNs.

*Ensure vulnerable groups are included as part of service design*

### Issue

The revised PHN stepped care model is an improvement on the first iteration of a model that outlines a graduated service pathway to underpin the delivery of mental health services for people with mental illness. However, it still delineates between clinical and non-clinical services where in reality this division is far less clear. It can be unhelpful for such a division to be embedded in service design, as it limits options for more integrated service provision with essential elements of support that contribute to a person's recovery.

Service planning requires early consultation with consumers and carers to ensure services they value are funded and easily accessible as part of an integrated care package. Engagement must include groups of consumers and carers who accurately represent the diversity of community, including people from CALD backgrounds with mental health issues.

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<sup>27</sup> National Mental Health Consumer & Carer Forum (2011) *Privacy, Confidentiality and Information Sharing – Consumers, Carers and Clinicians*. Canberra: NMHCCF [accessed at [https://nmhccf.org.au/sites/default/files/docs/nmhccf\\_pc\\_ps\\_ip.pdf](https://nmhccf.org.au/sites/default/files/docs/nmhccf_pc_ps_ip.pdf)].



While people from CALD backgrounds are one of the fastest growing population groups in Australia, access to interpreters is increasingly difficult. To effectively plan more integrated and comprehensive mental health services requires improved participation to inform service planning and implementation.

In practice this should occur both on a national and regional basis. A ground up approach would see PHNs leading local service design on how a psychosocial stepped care model is delivered for their local communities with strategies to ensure the voices of vulnerable groups such as the LGBTQI+ community are included. This will require additional resourcing for increased access to interpreters, particularly for new and emerging CALD communities who would otherwise not be able to participate in planning discussions.

### **Action**

PHNs lead local service design with strategies to ensure that the voice of vulnerable groups such as the LGBTQI+ community are included and access to National Translation and Interpreting Services are expanded to provide translators to support new and emerging CALD communities.



## 7. Expand community based mental health care

### *Design of a world class community mental health system*

#### **Issue**

Most people seeking assistance for mental health issues visit their general practitioner for help and/or present to emergency departments in times of crisis. There is very limited access to community based mental health services. A world class mental health system would balance clinical and social care and support.<sup>28</sup>

In 2017-18, 286,985 people presented at public hospital emergency departments seeking care for a mental health-related condition.<sup>29</sup> Only 35 per cent of those people were admitted to hospital or referred to another hospital for admission,<sup>30</sup> suggesting the needs of around 65 per cent of people presenting to public hospital emergency departments need to be addressed by other types of services.

The investment by the Australian Government for eight walk-in community mental health centres is a shift in the right direction, with the first centres scheduled to open in 2021. However, the chosen sites for these initial centres has highlighted the need for transparent processes to allocate funding for new mental health services, based on community need.

Further, as the Productivity Commission has observed, there is currently no comprehensive community mental health system in place and therefore it has been unable to determine the economic benefit as a basis for recommending expansion. Until this is addressed, the community mental health sector as it stands will continue to operate as a satellite to mainstream services instead of playing a much needed role making available community based alternatives to existing high cost inpatient treatment services.

The imperative of progressing towards a “cohesive community-based approach” is central to Vision 2030, with work to date identifying “balanced community care” as a key theme and objective.<sup>31</sup>

To develop a community mental health system model will require mapping existing community mental health services and workforce, and then developing a plan in consultation with consumers, carers and the sector to expand community mental health care to match need.

#### **Action**

Develop a world class, outcome driven, recovery focussed community mental health system that is consumer- and carer-led. Specific focus needs to ensure that historically marginalised groups including people from CALD backgrounds, people with disability, LGBTIQ+ communities and Aboriginal and Torres Strait Islander communities are integral to this process.

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<sup>28</sup> United Nations Human Rights Council (2017) *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standards of physical and mental health*, p6.

<sup>29</sup> Australian Institute of Health and Welfare (2019) *Table ED.1: Mental health-related emergency department presentations in public hospitals, by states and territories, 2004–05 to 2017–18*.

<sup>30</sup> Australian Institute of Health and Welfare (2019) *Table ED.11: Mental health-related emergency department presentations in public hospitals, by episode end status, states and territories, 2017–18*.

<sup>31</sup> National Mental Health Commission (2019), *Vision 2030 Key Concepts Consultation Paper*



## 8. Support workforce development

### *Establish a centre of mental health workforce development*

#### **Issue**

Until recently there has been no strategic national workforce planning in the mental health sector. This is at a time when major mental health initiatives are being defunded and new psychosocial services are being provided to support implementation of the NDIS. In addition, the sector has been calling for a rebalance of the mental health system away from hospital inpatient care to community based mental health services, complemented by more team based care. More recently, the bushfire disasters have placed enormous pressure on mental health services. Though there has been increased resourcing announced by the Australian Government, there are no workforce strategies in place to manage increased needs during disasters.

The Australian Government has committed to developing a mental health workforce strategy. However, the mental health sector is as yet unaware of any detail on what will be included in the strategy and how it will be implemented.

Despite being well regarded, previous workforce planning undertaken in 2011-12, was not implemented. The current workforce strategy must be accompanied by a strong implementation plan and accountability structures.

As part of this new process, the mental health workforce would benefit from the establishment of a national centre of evidence based workforce development similar to that of Te Pou o te Whakaaro Nui in New Zealand that supports the mental health, addiction and disability sectors in that country.

Such a cross sectoral workforce planning and training initiative could be the driver of the types of workplace changes needed to meet future challenges in delivering a person-led mental health service system. This would include undertaking research, developing and coordinating education and training for service providers, as well as developing disaster response workforce strategies, and providing resources, tools and support to improve service delivery.

In addition, it could develop CALD and Aboriginal and Torres Strait Islander workforce strategies that would develop national standards, target bicultural/bilingual and Aboriginal and Torres Strait Islander peer workers and recruitment practices that align with community profiles.

#### **Action**

Establish a national centre of mental health workforce development that would undertake research, develop and coordinate education and training for service providers and provide resources, tools and support to improve their services.



## 9. Build an evidence based, accountable and responsive system

*Provide channels for consumers and carers to access transparent data about the performance of services*

### Issue

Fundamental to the reform of mental health services delivery must be drawing on consumer and carer evaluation and outcome measures that are timely and focussed on personal experiences of care. If we seek to have a truly person led mental health service system there needs to be strategies in place to measure the value of a service to the consumers and carers who use it.

Efforts to date on the measurement of outcomes has been dogged by data-driven barriers to developing a one size fits all system within a data infrastructure that is inflexible, complex and expensive.

Yet the majority of people now have personal digital devices and there are a plethora of existing online tools that are simple, cheap and effective in capturing user experiences. These types of platforms can provide immediate and transparent feedback that is consumer- and carer-driven.

### Action

Develop five regionally focussed outcome data collection pilots via the Primary Health Networks over a two year period, with a commitment for longer term funding for sites which meet agreed outputs and outcomes. These would utilise personal digital devices and existing outcome measurement digital platforms that are easily accessible, cheap and been shown to be effective in collecting user feedback.

*Increase capacity of the mental health system to respond to disasters and large-scale traumatic events*

### Issue

Unfortunately Australians have recently experienced large-scale traumatic events ranging from the effects of climate change (including the 2019-2020 national bushfire crisis and other severe weather events), to terror attacks. The recent bushfires have highlighted both the resilience and vulnerability of regional and rural communities, many of whom have already been impacted by years of drought, and have relatively poor access to mental health services. The bushfire crisis has highlighted the compounding effects of climate change. It has also brought to attention the relative ineffectiveness of current mental health workforce planning efforts and the need for contingency strategies to meet future disasters.

Mental health professionals have an important role to play in supporting individuals and communities to recover from such tragedies. Australian and state and territory governments must develop a mental health response strategy for disaster and mass traumatic events, so that government and the mental health sector can most effectively and efficiently provide support for affected communities at these times.



Development of this strategy should include workforce planning to ensure there is 'surge capacity' within the mental health workforce to respond to large-scale traumatic events, while continuing to meet existing demand for mental health services. Strategic planning should consider how best to respond to immediate and ongoing mental health needs of affected communities. Such planning could be a responsibility of a new national centre for mental health workforce development (proposed under principle 8).

### **Action**

Develop a national mental health disaster and mass traumatic event response strategy, including mental health workforce planning to meet service needs in times of crisis.





# Conclusion

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This submission has highlighted a number of initiatives which could be funded immediately in the next Federal Budget. Mental health must remain a priority for Government in the next Federal Budget.

Funding should be responsive to the recommendations made in the Productivity Commission's Inquiry into Mental Health and guided by Chart 2020: Time to fix mental health and the National Mental Health Commission's 'Vision 2030.' All new and continuing mental health funding initiatives should build on this groundswell of change to create positive outcomes and healthier lives for all Australians.



# Mental Health Australia



Mentally healthy people,  
mentally healthy communities

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

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