



# Mental Health Australia

## 2023-24 Budget

Pre-Budget Submission

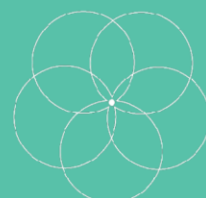
20 December 2022

Mentally healthy people,  
mentally healthy communities

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

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## Introduction

Australia's mental health system is under significant strain. 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. Mental Health Australia's 2022 Report to the Nation found that half (53%) of Australians needed mental health support over the last three months.<sup>1</sup>

Unfortunately, 50% of Australians also reported experiencing a barrier to accessing mental health supports. Self-stigma, cost and long wait times were the most common reported barriers. Further, First Nations Australians, LGBTQIA+ Australians, people with experience of a mental health condition and people with experience caring for a friend/family member experiencing mental health challenges report significantly worse overall mental health and are more likely to experience barriers to accessing support than other Australians.

There is good news however. Of those who accessed mental health support recently, 92% said it improved their mental health, and 98% said they felt safe and respected in the support they received.

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<sup>1</sup> Mental Health Australia with Ipsos Public Affairs, *Report to the Nation* (2022)  
<https://mhaustralia.org/report/2022-report-nation>



Accessible mental health services are dependent on a capable and available workforce. However, the National Skills Priority List has identified shortages across psychiatrists, psychologists, mental health nurses, occupational therapists and social workers – while not even measuring community mental health workers or Lived Experience (peer) workers.<sup>2</sup>

The Productivity Commission quantified that investment in the nations' mental health is also an investment in productivity. Implementation of the Productivity Commission Inquiry into Mental Health priority recommendations would require expenditure of \$2.4billion per year, while generating savings of up to \$1.2billion per year, increasing aggregate incomes by up to \$1.1billion and substantially improving quality of life for a large number of Australians.<sup>3</sup>

Previously the Australian Government made down-payments on the level of investment required in mental health, and kick-started reforms through the National Mental Health and Suicide Prevention Agreement. However, a shared, overarching vision for a person-centred, community based mental health system to guide reform is still missing. We still do not have peak bodies to represent lived experience mental health consumers and carers, and there are fundamental gaps in psychosocial services and action to address social determinants of health.

The mental health sector is calling for clear Australian Government commitment to working with us in mental health reform and driving new momentum for real structural change to both meet the overwhelming needs of today, and set up better systems to prevent and address need in the future.

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<sup>2</sup> <https://www.nationalskillscommission.gov.au/topics/skills-priority-list>

<sup>3</sup> Productivity Commission, *Mental Health (2020)*, 172, <https://www.pc.gov.au/inquiries/completed/mental-health/report>





## Lived Experience leadership

People with lived and living experience of mental ill-health and/or caring for someone else experiencing mental ill-health, have unique expertise and should have the opportunity to participate in the design of policies and programs that affect their lives.

Genuine engagement with people with lived experience results in greater empowerment and ownership of mental health programs and delivers outcomes that target the issues that matter most to people accessing services.<sup>4</sup> There is support across the mental health sector for the establishment of two separate peak bodies to represent the views of mental health consumers, and carers and families, to drive this engagement at the national level.<sup>5</sup>

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>6</sup>

<sup>4</sup> Slay, J. and Stephens, L. *Co-production in mental health: A literature review*. (London, New Economics Foundation: 2013); World Health Organization. *User empowerment in mental health – a statement by the WHO Regional Office for Europe*. (2010), [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/113834/E93430.pdf](https://www.euro.who.int/__data/assets/pdf_file/0020/113834/E93430.pdf)

<sup>5</sup> National Mental Health Consumer and Carer Forum, *Position Statement on the establishment of National Mental Health Consumer and Carer Peak Bodies* (2022) <https://nmhccf.org.au/our-work/position-statements/position-statement-establishment-of-national-mental-health-consumer-and-carer-peak-bodies>

<sup>6</sup> Productivity Commission. *Mental Health* (2020), 113, <https://www.pc.gov.au/inquiries/completed/mental-health/report>



Following this, the National Mental Health Commission was commissioned to scope and co-design future national peak body arrangements for mental health consumers; and carers, family and kin, and has now undertaken consultation with the sector to inform recommendations to Government.<sup>7</sup> The mental health sector looks forward to the outcomes of this work and implementation through the 2023-24 Budget.

***Proposed Budget Measure:** The Australian Government should fund the establishment and ongoing functions of two separate national, formal leadership structures for people with lived experience of mental ill-health and mental health carers/family.*

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<sup>7</sup> National Mental Health Commission, *Peaks Project Consultation* (2022)  
<https://haveyoursay.mentalhealthcommission.gov.au/peaks-project-consultation>





## Mental health workforce

### Addressing urgent mental health workforce shortages

Meeting Government commitments for mental health service delivery and reform depends on an available and capable mental health workforce.

However, as identified through the National Skills Priority List, there are shortages of psychiatrists, psychologists, mental health nurses, occupational therapists and social workers across jurisdictions in Australia.<sup>8</sup> Further, the community mental health and Lived Experience (peer) workforces are also under extreme pressure, but due to data gaps are invisible in national workforce planning and assessment.<sup>9</sup>

Workforce shortages are impacting both Australian's access to mental health services, and the wellbeing of the existing workforce. Mental Health Australia's 2022 survey of healthcare professionals found 78% of respondents said they are experiencing staff shortages and 83%

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<sup>8</sup> <https://www.nationalskillscommission.gov.au/topics/skills-priority-list>

<sup>9</sup> Victorian data illustrates at a state level challenges to expansion of the Lived Experience workforce – Victorian Department of Health, *Lived experience workforce positions report* (2021) <https://www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives>



of healthcare professionals said they have experienced burnout, felt mentally exhausted or were emotionally drained as a result of staff shortages over the last six months.

We also know there are particular workforce challenges in remote and very remote areas of Australia, where the rate of mental health professionals per 100,000 people is already much lower than in major cities.<sup>10</sup>

The Australian Government must work urgently with the sector to address these gaps in mental health workforce supply.

The National Mental Health and Suicide Prevention Agreement establishes the Australian, State and Territory Government's commitment to work together to "build a mental health and suicide prevention workforce that is culturally safe and responsive to changing needs while ensuring that current shortages and maldistribution are addressed".<sup>11</sup>

Mental Health Australia looks forward to the release of the National Mental Health Workforce Strategy, and welcomes the Australian Government's proposal for establishment of a National Advisory Group including sector representation, to provide strategic oversight of its implementation. The Strategy must be accompanied by funding for implementation.

Further work is also needed to articulate future models of care – including multidisciplinary, culturally-safe and trauma-informed care – and the workforce required to deliver these new systems and approaches to mental health care.

The 2023-24 Budget should include measures to begin addressing mental health workforce shortages and continued planning for the workforce of tomorrow.

***Proposed Budget Measure:** The Australian Government should commit funding to address urgent gaps in the mental health workforce, in partnership with states and territories and the mental health sector, and funding to implement the National Mental Health Workforce Strategy.*

## Addressing blockages in training pathways

Increasing the uptake and completion of mental health professional training is imperative in addressing workforce shortages. The Australian Government has a unique role in this complex training system and must play its part alongside state and territory governments, peak bodies and colleges, education providers and service. This includes expansion of training places and better support for student placements.

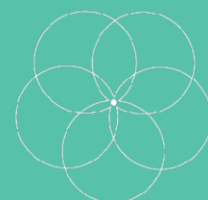
The Australian Government should:<sup>12</sup>

- appropriately fund Higher Education Commonwealth Supported Places in mental health disciplines (including psychology honours and masters positions) to meet the costs of final year training
- fund conjoint university-health teaching positions to ensure universities increase the number of places in key workforces

<sup>10</sup> <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/mental-health-workforce>

<sup>11</sup> National Mental Health and Suicide Prevention Agreement (2022) <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>, 32

<sup>12</sup> State of Victoria Department of Health, *Victoria's mental health and wellbeing workforce strategy 2021-2024* (2021) <https://www.health.vic.gov.au/strategy-and-planning/mental-health-workforce-strategy>





- incentivise and set targets for student placements in mental health settings and fund appropriate placement supports and supervision (including paid student placements)
- expand allied health graduate programs in Commonwealth funded services and support the development of allied health graduate programs and standards in community non-government organisations
- expand university debt reduction schemes for health practitioners in rural and regional areas to include allied health practitioners working in public mental health settings
- expand the workforce incentive program (WIP) to allow allied health to employ mental health workforces in rural locations
- increase permitted paid working hours for students
- work with culturally and linguistically diverse (CALD) and First Nations communities across Australia to invest in uptake of mental health training opportunities by local people from CALD and First Nations backgrounds, to sustainably develop local culturally-appropriate mental health workforces
- increase age-limits for eligibility for permanent residency, expedite permanent residency and graduate visa applications, include mental health disciplines in the priority list, and fund support programs for Senior International Medical Graduates

The Australian Government should also consider opportunities for individuals who have undertaken but not completed mental health qualifications to contribute in the mental health workforce.

*Proposed Budget Measure: The Australian Government should address blockages in mental health workforce training pathways by expanding Commonwealth Supported Places for mental health disciplines, investing in training uptake by CALD and First Nations community members, increasing support for paid student placements and graduate programs, and streamlining processes for graduates from international backgrounds.*

## Lived Experience (Peer) Workforce Professional Association

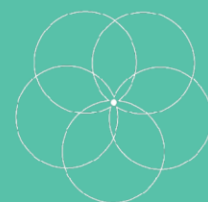
People with lived and living experience of mental ill-health and recovery and/or caring for someone experiencing mental ill-health, provide unique leadership and contribution across the mental health ecosystem. Drawing on their own experience as well as particular training, Lived Experience (Peer) Workers provide recovery-oriented support for others experiencing similar challenges, as well advisory, research and management roles guiding service design and delivery.<sup>13</sup>

Expanding the Lived Experience (Peer) workforce represents opportunities to improve consumer access to multidisciplinary care, address workforce gaps and increase access to meaningful employment for people with lived experience who choose this career path.

However, the Lived Experience (Peer) workforce has faced challenges with professional recognition and integration across the mental health system, lack of organisational support and readiness for Lived Experience (Peer) workers, and lack of career progression and development opportunities.

The Productivity Commission inquiry into Mental Health found that “Peer workers are a valuable but under-utilised part of the mental health workforce” and recommended that the

<sup>13</sup> Western Australian Mental Health Commission, *Lived Experience (Peer) Workforces Framework*, (2022), <https://livedexperienceworkforces.com.au/>



Australian Government fund establishment of a professional association for Lived Experience (Peer) workers.<sup>14</sup> This recommendation is supported by Lived Experience representatives,<sup>15</sup> and work has already been undertaken to scope establishment of a professional organisation for the Lived Experience (Peer) Workforce.

Mental Health Australia strongly supports the establishment of a professional association for the Lived Experience (Peer) workforce. This association should drive efforts to address structural and cultural challenges to expansion and integration of the Lived Experience (Peer) workforce, including by

- supporting development of a range of qualifications and training
- clarifying competencies and scopes of practice
- supporting career development options within Lived Experience (Peer) workforce
- working with state and territory Lived Experience workforce associations
- working with other mental health professional associations to promote integration of the Lived Experience (Peer) workforce across the mental health eco-system
- improving the distribution of the peer workforce and the proportion of family and carer peer workers
- supporting development of Lived Experience (Peer) worker networks or communities of practice to support development of Lived Experience specialisations.

*Proposed Budget Measure: The Australian Government should fund the establishment of a professional association for the Lived Experience (Peer) Workforce.*

## National Centre for Evidence-Based Workforce Development

The Australian Government should establish and task a national centre for evidence-based workforce development to drive mental health workforce reform.

Such a cross-sectoral workforce planning and training centre could be the driver of workforce changes and strategies to meet future challenges in delivering a world-class mental health service system. This would include undertaking research, developing and coordinating education and training for service providers and trainers, ensuring lived experience expertise is included in all clinical training pathways, and providing resources, tools and support to improve service delivery.

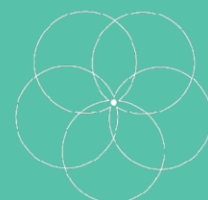
The Centre would support workforce recruitment and development, as well as retention through supporting system-wide implementation of professional supports known to reduce physical and psychological workplace risks for the mental health workforce.

The need for such a centre was already recognised through the Select Committee on Mental Health and Suicide Prevention Inquiry into Mental Health and Suicide Prevention, which recommended the Australian Government provide “funding and other supports needed for the immediate development of a national workforce institute for mental health.”<sup>55</sup>

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<sup>14</sup> Productivity Commission, *Mental Health* (Canberra: 2020), 732, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

<sup>15</sup> National Mental Health Consumer and Carer Forum, NMHCCF Position Statement on the Establishment of a National Peer Workforce Association (2022) <https://nmhccf.org.au/our-work/position-statements/position-statement-establishment-of-anational-peer-workforce-association>



Lessons should be drawn from Te Pou in New Zealand, which supports mental health, addiction and disability sectors, and recent establishment of the Centre for Mental Health Learning in Victoria.

***Proposed Budget Measure:** The Australian Government should fund establishment of a national centre of evidence-based mental health workforce development.*





## Community-focussed mental health system

### Addressing psychosocial support service gap

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. These services are an essential component of the mental health ecosystem, particularly in providing person-led, community-based care, preventing avoidable hospitalisations, and supporting recovery whilst also enabling family and carers' social and economic participation and wellbeing.

Unfortunately, while transition to the National Disability Insurance Scheme improved supports for many Australians with psychosocial disability, it saw removal of many services outside the Scheme for others. In their 2020 review, the Productivity Commission estimated that 154,000 people are not be able to access the psychosocial support services they require.<sup>16</sup>

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<sup>16</sup> Productivity Commission. (2020). Mental Health: Productivity Commission Inquiry Report Vol. 3. p.827



The Productivity Commission Inquiry into Mental Health also noted the impact of short-term funding cycles limiting the effectiveness and efficiency of psychosocial services, and impacting continuity of care.<sup>17</sup>

Further, as the Minister for the NDIS acknowledges, a strong community mental health sector outside the NDIS will provide alternative options to the NDIS.<sup>18</sup> Mental Health Australia has long-advocated, “a well-functioning and effective mainstream system for providing psychosocial supports for people not eligible for the NDIS is a key risk in containing the long-term costs of the NDIS.”<sup>19</sup>

Through the National Mental Health and Suicide Prevention Agreement, Australian governments have committed to “work together to develop and agree future psychosocial support arrangements (including roles and responsibilities) for people who are not supported through the NDIS”,<sup>20</sup> beginning with analysis of demand compared to current availability of psychosocial supports. However, the current two year time frame is too long to wait for delivery of this analysis, let alone services.

Despite Australian Government commitment to at least “maintain investments in current psychosocial support programs outside the NDIS while further analysis work is undertaken”<sup>21</sup>, following the 2022-23 October Budget, Australian Government funded psychosocial services still conclude at the end of June 2023. This yearly funding ‘cliff’ continues to create extreme instability in the psychosocial support sector. The Australian Government must address this prior to the May 2023-24 Budget, and provide greater certainty through longer-term contracts moving forward.

***Proposed Budget Measure:** The Australian Government should expedite the analysis of psychosocial support services and need outside the NDIS, and invest to address the shortfall in services. Implementation of this measure should be undertaken through co-design with consumers, carers and the broader community mental health service sector.*

## Redesigned supports for people with complex mental health needs

The independent evaluation of the Better Access initiative found that people with severe and complex mental health conditions clearly benefit from Better Access, and recommended that the additional 10 sessions introduced during the pandemic should continue to be made available and targeted towards people with complex mental health needs. The evaluation also found that Better Access does not always serve this cohort’s needs optimally, and should be supplemented by other multidisciplinary models that provide both longer-term intensive clinician care and holistic support.<sup>22</sup>

Recognising inequalities in use of Better Access, the Australian Government chose not to extend the additional 10 sessions beyond 31 December 2022. However, cessation of these

<sup>17</sup> Productivity Commission. (2020). Mental Health: Productivity Commission Inquiry Report Vol. 3. pp.836-40

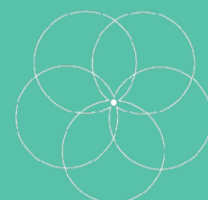
<sup>18</sup> Shorten, Bill, “5AA Radio Interview,” Interview by Leon Byner. 5AA Radio, June 28, 2022.

<sup>19</sup> Mental Health Australia, *Response to the Productivity Commission National Disability Insurance Scheme (NDIS) Costs Position Paper (2017)*, 4, <https://mhaustralia.org/submission/response-productivity-commission-national-disability-insurance-scheme-ndis-costs-position>.

<sup>20</sup> National Mental Health and Suicide Prevention Agreement (2022), p29, <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>

<sup>21</sup> National Mental Health and Suicide Prevention Agreement (2022), p29,

<sup>22</sup> Jane Pirkis, Dianne Currier, Meredith Harris, Cathy Mihalopoulos et al. *Evaluation of Better Access: Main Report (2022)* <https://www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report>, University of Melbourne, Recommendation 1 p323; Recommendation 12, p328



additional sessions without an alternative pathway for people with complex mental health conditions to access further support is concerning.

Mental Health Australia welcomes Minister Butler's commitment for the Australian Government to convene an expert forum in early 2023, to advise on how to improve Better Access and support access to higher levels of care for people with complex needs, while supporting equitable service access for marginalised Australians.<sup>23</sup>

Mental Health Australia looks forward to engaging with the Government in the design of equitable access to holistic, higher levels of care for people with complex mental health needs ahead of the 2023-24 Budget.

***Proposed Budget Measure:** The Australian Government fund alternative, targeted support for people with complex mental ill-health in the 2023-24 Budget, as designed with the sector, in response to the findings of the Better Access evaluation.*

## Implementing the Gayaa Dhuwi (Proud Spirit) Declaration

The Gayaa Dhuwi (Proud Spirit) Declaration is the touchstone for national efforts to promote First Nations' social and emotional wellbeing, mental health and suicide prevention.<sup>24</sup> Australian governments together committed to supporting the implementation of this declaration through the National Mental Health and Suicide Prevention Agreement.

Gayaa Dhuwi (Proud Spirit) Australia has developed an implementation plan, in consultation with First Nations communities, service providers and government stakeholders, setting out a 10-year plan to implement the Gayaa Dhuwi (Proud Spirit) Declaration.

The plan outlines five key themes to achieve the best possible mental health and social and emotional wellbeing system for First Nations peoples, promoting Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system and outlining the need for the best of cultural and clinical approaches. Supporting implementation of this First-Nations led plan is imperative in closing the gap in mental health and wellbeing outcomes for First Nations peoples in Australia.

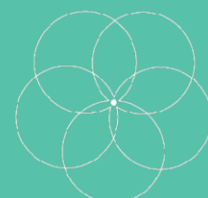
***Proposed Budget Measure:** In accordance with its commitments in the National Mental Health and Suicide Prevention Agreement and National Agreement on Closing the Gap, the Australian Government should fund delivery of the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan, in partnership with State and Territory Governments and working closely with Gayaa Dhuwi (Proud Spirit) Australia.*

## Mental health carer respite

Recent research undertaken by the National Mental Health Consumer and Carer Forum indicates that experiences during the COVID-19 pandemic have exacerbated the existing disparity in mental wellbeing for mental health carers compared to the general population. The research found the pandemic has highlighted existing areas where systemic support for

<sup>23</sup> The Hon Mark Butler MP, *Improve Better Access for all Australians* ( 12 December 2022) <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/improving-better-access-for-all-australians?language=en>

<sup>24</sup> Gayaa Dhuwi (Proud Spirit) Australia, *The Gayaa Dhuwi (Proud Spirit) Declaration*, <https://www.gayaadhui.org.au/resources/the-gayaa-dhuwi-proud-spirit-declaration/>



carers was missing, with compounding impacts of loss of supports while services ceased in earlier stages of the pandemic.<sup>25</sup>

While mental health carers previously had access to valued respite services, the Australian Government-funded *Mental Health Respite: Carer Support* program was rolled into the NDIS along with other psychosocial support programs. While the NDIS has improved supports for many Australians with psychosocial disability, the focus on individualised funding and supports has often disregarded the needs and contributions of family and carers. Unfortunately, the Carer Gateway has not addressed this gap in carer supports.

As mental health carers and service providers have continually emphasised to Mental Health Australia, mental health carers need access to respite supports in their own right – not just supports for person they are caring for. Respite support is essential in supporting the mental health of carers, the sustainability of their caring role, and carer's engagement in employment and social participation.

*Proposed Budget Measure: The Australian Government should fund mental health carer respite services.*

## Addressing social determinants of mental health

### Social participation

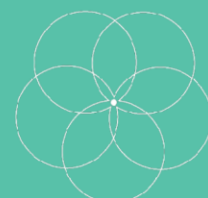
Social participation protects mental health and promotes recovery, and is one of the most influential factors in people's quality and length of life.<sup>26</sup> However, Mental Health Australia's 2022 Report to the Nation found that only 45% of Australians felt part of a community. Further, people with experience of a mental health condition/s were even less likely (34%) to say they felt part of a community, or that there were enough people they felt close to.

Sustaining and creating important relationships are critical to better mental health outcomes. Building the capacity of the mental health system to support relational approaches to care, that include families of support and significant others in recovery, is significant in prevention of isolation, loneliness and marginalisation that compound mental ill-health.

The Australian Government can better support social participation and relational approaches by expanding effective national campaigns that promote social participation. Further, for people with experience of mental ill-health, the Australian Government should expand social prescribing programs (as recommended by the Productivity Commission), and invest in therapeutic group programs shown to be effective in promoting social participation for people with experience of mental ill-health (for example, through Primary Health Network commissioning of group services).

<sup>25</sup> National Mental Health Consumer and Carer Forum and Monash University, *Mental Health Family Carer Experiences of COVID-19 in Australia* (2022), <https://nmhccf.org.au/news/mental-health-family-carer-experiences-of-covid-19-in-australia>

<sup>26</sup> Alexander Saeri, Tegan Cruwys, Fiona 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 (2018): 365–74. <https://doi.org/10.1177/0004867417723990>; Julieanne Holt-Lunstad, Theodore Robles and David Sbarra, "Advancing social connection as a public health priority in the United States." *American Psychology* 72, no. 6 (2017):517-530. doi:10.1037/amp0000103



**Proposed Budget Measure:** *The Australian Government should expand effective national campaigns which promote social participation and relational approaches across the mental health system, fund implementation of a national social prescribing scheme, and invest in targeted programs that support social participation for people with experience of mental ill-health.*

## Housing

Appropriate housing is the critical foundation for people to participate in society, contribute economically, and recover and maintain mental health. At least 31,000 people across Australia living with mental ill-health are experiencing or at risk of homelessness and have an unmet need for long-term housing, many more people with experience of mental ill-health are living in unsuitable accommodation, and over 2,000 people are stuck in institutional care because other accommodation is not available.<sup>27</sup>

The current Australian Government's commitments to improving supply of affordable housing are extremely welcome. Wrap-around support is required for people with complex challenges, including trauma and mental ill-health, to maintain housing and live well in the community.

The Productivity Commission Inquiry into Mental Health recommended that Australian, State and Territory Governments address the shortfall in supported housing places and homelessness services for people with severe mental illness. This is further supported by policy priorities developed by the Australian Housing and Urban Research Institute with Mind and Mental Health Australia, following research which found existing models of integrated housing and mental health services (supported housing) are effective but do not meet current demand.<sup>28</sup>

**Proposed Budget Measure:** *In the 2023-24 Budget, the Australian Government should commit to further funding for supported housing and homelessness services.*

## Employment

While the majority of people with experience of mental ill-health are employed, the employment rate for people with mental ill-health - particularly severe or complex, remains below the general population. Only 26% of people with psychosocial disability are employed, compared to 57% of people with other disabilities and 80% of those without disabilities.<sup>29</sup>

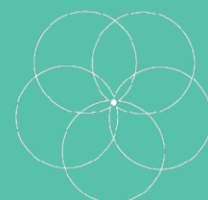
The Australian Government's development of an Employment White Paper is a welcome examination of issues in this space. Further, through the National Mental Health and Suicide Prevention Agreement, governments have identified workplaces as a priority area in holistic approaches to mental health promotion. In this Agreement, governments have committed to a range of actions to promote mentally healthy and psychologically safe workplaces.

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<sup>27</sup> Productivity Commission (2020). Mental Health: Productivity Commission Inquiry Report: Volume 3, Canberra, pp.1001-2, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

<sup>28</sup> Brackertz, N. (2021). 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

<sup>29</sup> Australian Bureau of Statistics, Psychosocial disability (2018), <https://www.abs.gov.au/articles/psychosocialdisability#employment>





As outlined in Mental Health Australia’s position statement on employment and mental health,<sup>30</sup> improvements are needed across the prevention of workplace psychological injury, workers compensation, individualised employment support and employer incentives.

*Proposed Budget Measure: The Australian Government should fund development of industry or occupation specific Codes of Practice to support implementation of the new “Model Code of Practice on managing psychosocial hazards at work” across all workplaces; and continue to roll out Individualised Placement and Support employment support nationally, ensuring integration with mental health services.*

## Financial security

There is a strong relationship between financial insecurity and mental ill-health. Poverty and inadequate income significantly increase people’s risk of mental ill-health and psychological distress, and financial hardship has been found to be a key mediating factor between unemployment and declines in mental health.<sup>31</sup>

There is also a strong relationship between the provision of informal mental health support and financial precarity. Mental Health Australia’s 2022 Report to the Nation found that people caring for someone experiencing mental ill-health were significantly less likely to report feeling “financially secure” or “confident about being able to meet monthly living expenses”.<sup>32</sup> Family and carers can be unable to engage in paid work or reduce paid work because the level of support they provide. This support can also be financial or housing, impacting on carer’s own financial security.

The pressures for Australians of surviving on income support payments below the recognised poverty rate exacerbates experiences of mental illness and financial stressors of caring responsibilities, and is counter-productive to recovery and independence. Further, the cost of access to appropriate health care for people living with mental illness can be extremely prohibitive, especially for those living on low incomes.

The Coronavirus Supplement and JobKeeper Payment have been recognised as some of the most effective strategies for mitigating mental health impacts of the COVID-19 pandemic.<sup>33</sup>

Mental Health Australia has long-advocated for the Australian Government to establish mechanisms to ensure the rate of income support payments and related payments meet reasonable costs of living, through periodic review by an independent panel and regular indexation. The proposed new statutory advisory committee to review income support payment levels and provide independent advice prior to every Federal Budget is very welcome.<sup>34</sup> Mental Health Australia looks forward to establishment of this committee and the Government’s action in response to its advice.

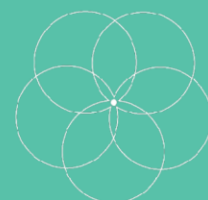
<sup>30</sup> <https://mhaustralia.org/publication/employment-and-mental-health-position-statement-2022>

<sup>31</sup> Australian Council of Social Services, *The impact of financial distress on mental health during COVID-19 – Briefing note* (2020), [https://www.acoss.org.au/wp-content/uploads/2020/09/2020\\_08\\_28\\_ACOSS-Briefing-Paper\\_Impact-of-financial-distress-on-mental-health-re-COVID-19-2.pdf](https://www.acoss.org.au/wp-content/uploads/2020/09/2020_08_28_ACOSS-Briefing-Paper_Impact-of-financial-distress-on-mental-health-re-COVID-19-2.pdf)

<sup>32</sup> Mental Health Australia with Ipsos Public Affairs, *Report to the Nation* (2022) <https://mhaustralia.org/report/2022-report-nation>, 56-7

<sup>33</sup> Brain and Mind Centre, *Road to Recovery: Restoring Australia’s Mental Wealth* (2020), <https://apo.org.au/sites/default/files/resource-files/2020-08/apo-nid307435.pdf>

<sup>34</sup> Paul Karp, the Guardian Australia, “David Pocock to give crucial support to IR bill after deal on jobseeker and welfare” (27 Nov 2022), <https://www.theguardian.com/australia-news/2022/nov/27/david-pocock-to-give-crucial-support-to-ir-bill-after-deal-on-jobseeker-and-welfare>



*Proposed Budget Measure: Increase income support payments to meet reasonable costs of living.*

## Stigma and human rights

All people have the right to be treated equally and without discrimination.<sup>35</sup> However, people with experience of mental ill-health, and those who care for them, experience stigma and discrimination in many spheres of life that prevents full and equal participation.

Despite some progress, the 2020 National Stigma Report Card shows that most people with complex mental illness have experienced stigma or discrimination over the past year in relationships, employment, accessing healthcare, and engaging with different forms of media.<sup>36</sup>

The National Mental Health Commission is developing a National Stigma and Discrimination Reduction Strategy, identifying key actions to reduce self-stigma, public stigma and structural stigma and discrimination related to mental ill-health. The draft Strategy is comprehensive, and following further sector consultation, the final Strategy is expected to be provided to Government in 2023.

Mental Health Australia urges the Australian Government to take leadership in reducing stigma and discrimination, by committing funding in the 2023-24 Federal Budget for key actions already identified in the Strategy and more broadly supported.

*Proposed Budget Measure: The Australian Government should commit funding in the 2023-24 Budget to begin implementing key actions identified through development of the National Stigma and Discrimination Reduction Strategy.*

## Early childhood

While around half of mental illness begins before the age of 14, Australia has had no real integrated system to provide affordable, needs-based support for children experiencing mental ill-health.<sup>37</sup> Early intervention and prevention, and holistic family supports are fundamental to support children's mental health and wellbeing now and over their lifetime.

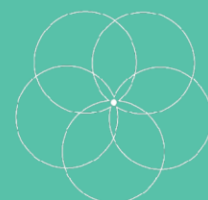
The National Children's Mental Health and Wellbeing Strategy, delivered in 2021, outlined priority actions for Australian governments, service providers and other stakeholders to address this gap and promote mental health and wellbeing across family and community, service systems and education settings for Australia's children.

Australian Government commitment to establishment of a network of Head to Health Kids Hubs across the country in partnership with State and Territory Governments has been very welcome, alongside other investments in perinatal mental health screening and improving measurement and screening of children's wellbeing. However, implementation of the Kids

<sup>35</sup> Attorney General's Department, *Rights of equality and non-discrimination* (nd). <https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/human-rights-scrutiny/public-sector-guidance-sheets/rights-equality-and-non-discrimination>

<sup>36</sup> Groot, C, Rehm, I, Andrews, C, Hobern, B, Morgan, R, Green, H, Sweeney, L, and Blanchard, M (2020). *Report on Findings from the Our Turn to Speak Survey: Understanding the impact of stigma and discrimination on people living with complex mental health issues*. Anne Deveson Research Centre, SANE Australia. <https://nationalstigmareportcard.com.au/>

<sup>37</sup> National Mental Health Commission. *National Children's Mental Health and Wellbeing Strategy*. (2021), <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>, 15-16



Hubs is an ongoing process that will need to be accompanied by workforce programs to increase the child mental health workforce to deliver these services. Further, there are many other recommendations of the National Children's Mental Health and Wellbeing Strategy that the Australian Government has responsibility for, yet to be delivered.

***Proposed Budget Measure:** The Australian Government should continue to monitor implementation of Head to Health Kids Hubs, and commit to delivering the full range of priority actions identified in the National Children's Mental health and Wellbeing Strategy which the Australian Government has responsibility for.*

## Prevention

Prevention of the development or exacerbation of mental ill-health is imperative in addressing the rise of mental ill-health, promoting population wellbeing, and containing healthcare costs. There is a clear economic case for investment in mental ill-health prevention and early intervention, with particular evidence across children's education, promoting a healthy start in life, workplace interventions, early identification for psychosis and interventions for older people.<sup>38</sup>

Actions outlined above to address social determinants of health and early childhood support are important components of mental ill-health prevention. The Australian Government should consider how it can further invest in mental health promotion and prevention across the population and priority groups.

***Proposed Budget Measure:** The Australian Government should invest in prevention strategies for mental ill-health, considering priority population groups.*

## Support for rural communities

People living in rural and remote areas of Australia have far more limited access to mental health services and supports than those in major cities, and tragically have higher rates of self-harm and suicide.<sup>39</sup> Further, regional communities across Australia have been battling unprecedented natural disasters, which can impact communities' mental health and wellbeing for years to come.

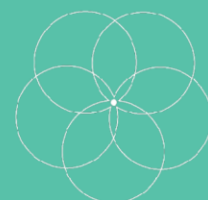
In this context, Mental Health Australia members prioritised greater support for rural communities in their input to this submission. Such supports can include technology infrastructure, disaster relief and ongoing mental health support, and should build on local strengths and responses, including support for mental health training for local community members.

***Proposed Budget Measure:** The Australian Government provide further support for rural and remote communities through community grants processes in the 2023-24 Budget.*

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<sup>38</sup> Urbis for Mental Health Australia, *Invest now, save later: The economics of promotion, prevention and early intervention in mental health* (2015), <https://mhaustralia.org/publication/invest-now-save-later-economics-promotion-prevention-and-early-intervention-mental>

<sup>39</sup> National Rural Health Alliance, *Mental Health in Rural and Remote Australia* (2021) <https://www.ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-july2021.pdf>





## Government leadership and accountability

### Mental Health Sector Advisory Group

The Australian community has called for greater integrity and accountability in Australian Government leadership through the 2022 Federal election and ongoing debates. This is particularly pertinent in mental health, where the dissolution of previous structures for transparency and accountability (under the Council of Australian Governments) has created an extreme void - and an opportunity to improve accountability mechanisms moving forward.

Mental Health Australia has welcomed the establishment of the National Mental Health and Suicide Prevention Agreement, and associated new governance structures. The inclusion of lived experience representatives in these governance structures is particularly welcome. However, public accountability and broader mental health sector involvement is limited.

Broader oversight, that brings together reforms through the National Mental Health and Suicide Prevention Agreement and other sectors is needed. For example, this should include businesses and mentally healthy workplace leaders, disability reform and those working at the interface between mental health and other systems. Mental Health Australia invites the Government to work with us to establish such an advisory group, to provide overarching sector engagement, advice and re-established accountability across mental health reform.



**Proposed Budget Measure:** *The Australian Government should establish a mental health and suicide prevention sector advisory group, to establish Government transparency, accountability and partnership with the sector in delivering overarching mental health reform.*

## National statutory authority for mental health and suicide prevention

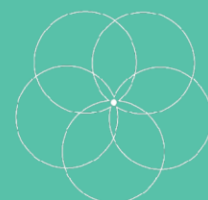
The Productivity Commission Inquiry into Mental Health recommended that the “National Mental Health Commission should have statutory authority. It should lead the evaluation of government-funded mental health and suicide prevention programs, and other government-funded programs that have strong links with mental health outcomes, including those in non-health sectors”.<sup>40</sup>

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. Centreing the leadership of individuals with lived experience of mental-ill health and carers should be a key feature.

**Proposed Budget Measure:** *Establish the National Mental Health Commission as a truly national statutory authority.*

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<sup>40</sup> Productivity Commission, *Mental Health* (Canberra: 2020), <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>, 1078





## Conclusion

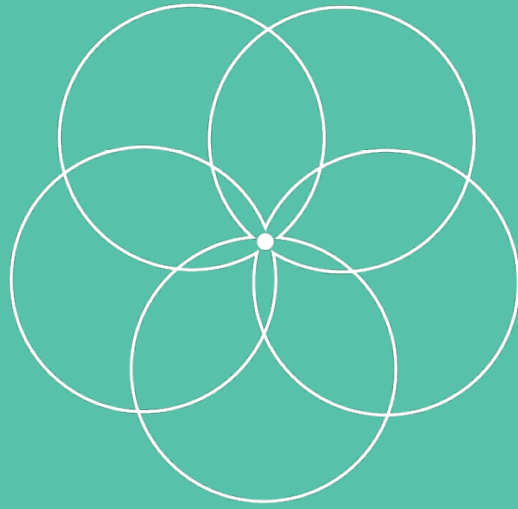
Over half of Australians said they had needed mental health support recently, and one-fifth of these were unable to or did not access it.<sup>41</sup> The Productivity Commission Inquiry into Mental Health has clearly established that only significant and sustained investment in Australia's mental health ecosystem will produce the reform required, so that *all* Australian's needing mental health support can access care when and where they need it.

The mental health sector is looking to the Australian Government for clear commitment in the 2023-24 Federal Budget to working with us to address fundamental gaps in Australia's mental health workforce and system, and addressing social determinants of mental health and wellbeing.

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<sup>41</sup> Mental Health Australia with Ipsos Public Affairs, *Report to the Nation* (2022)  
<https://mhaustralia.org/report/2022-report-nation>





# 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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