Mental Health Australia

Quick Scan Summary

Productivity Commission Inquiry into Mental Health Draft Report - 31 October 2019

Introduction

Mental Health Australia is pleased to provide members and stakeholders with this Quick Scan Summary of the Productivity Commission Inquiry into Mental Health draft report released today – 31 October, 2019. A more extensive briefing on the Productivity Commission's draft report will be distributed to Mental Health Australia members and stakeholders later next week.

One of the key achievements of Mental Health Australia and the sector in the lead up to the publication of the Productivity Commission's draft report was the agreement of 118 organisations to sign Charter 2020: Time to Fix Mental Health.

Charter 2020 and its nine identified principles provides a lens through which governments and the sector can view the draft report.

1. Strike a new national agreement for mental health

Mental Health Australia welcomes the Productivity Commission's draft recommendation on the development of a new National Mental Health and Suicide Prevention Agreement as a key component to any systemic or structural reform in mental health. This is in line with the first principle of Charter 2020.

The proposed agreement would exist separately from the National Health Reform Agreement, clarify roles and responsibilities between the Australian Government and states and territories, facilitate the transfer of funds from the Australian Government and reinforce obligations around monitoring, reporting and evaluation

The Productivity Commission has proposed a breakdown of responsibilities between the Australian Government and states and territories, including that states and territories would maintain responsibility for hospital and community health services and the Australian Government would maintain responsibility for MBS funded services. The Productivity Commission proposes NDIS psychosocial supports remain with the Commonwealth but non-NDIS psychosocial supports be the sole responsibility of the states and territories. The sector will need to further consider the implications of this recommendation.

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

The draft report makes it clear the Productivity Commission intends to place consumers and carers at the centre of reform, including in relation to service design and system governance.

This raises the question, for example, of how consumers and carers will participate in the new regional governance structures proposed by the Productivity Commission. The final report could be clearer about the supports, skills and capacity necessary for the effective engagement of consumers and carers in processes of co-design around regional mental health planning (more at point 6 below).

There are also technology-driven opportunities for consumer and carer engagement in services and self-care that could be more clearly described – opportunities for real time feedback, and so on.

It is notable that 10% of all the submissions received by the Productivity Commission were from consumers and we are pleased to see this perspective well reflected in the draft report.

3. Address the root causes of mental health issues

The Productivity Commission rightly acknowledges the imperative of addressing social determinants of mental health and takes a broad view to include housing, employment, justice and income support:

- Housing – recommends governments commit to no discharge from care into homelessness; and meet the need for long-term housing, supported housing and homelessness services.
- Justice – recommends embedding a co-response to mental health crises between police and mental health professionals; ensuring mental health screening and assessment on admission to correctional facilities to inform care; ensuring mental health service standards in correctional facilities meet those in the community; and improving access to advocacy for people scheduled under mental health Acts.
- Income Support and Employment – recommends reviewing assessment tools for jobactive and Disability Employment Services to better recognise the impacts of mental illness; increasing rollout of the Individual Placement and Support employment model; giving greater flexibility for people with mental illness and their carers in meeting Job Plan requirements.

The recommendations are generally relatively small fixes within each of these sectors and targeted at people experiencing severe or complex mental illness and their carers, rather than a holistic or preventative approach. Further input to these recommendations will be required.

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4. Invest in early intervention and prevention

The draft report has a very strong focus on prevention making several recommendations regarding perinatal care, childhood mental health, screening and family mental health services.

Another critical area are the recommendations to make schools and universities a focus of early intervention mental health care, with senior leadership (Wellbeing Leaders), better use of data on student welfare and teacher training.

A key issue here will be how any new mental health services in the education system link up to other services in health care, the community sector, housing etc.

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

The Productivity Commission's draft recommendations suggest broader recognition of the needs of Aboriginal and Torres Strait Islander people in the governance structures of the mental health system.

In terms of planning and service delivery, the draft report recommends expanding the role of Indigenous-controlled organisations in planning and delivery of mental health, ensuring access to culturally appropriate supports in correctional facilities and improving partnerships between traditional healers and mainstream mental health services.

It will be important for the Productivity Commission to thoroughly consult with Aboriginal and Torres Strait Islander people regarding the implications of all of its draft recommendations.

6. Provide integrated, comprehensive support services and programs

The Productivity Commission has made recommendations at both the structural and practical level designed to improve integration of mental health services.

At the practical service delivery level the Productivity Commission has floated the idea of single care plans for people receiving care from multiple clinical providers; care coordination services for people with the most complex needs; and online navigation platforms for mental health referral pathways that extend beyond the health sector.

The Productivity Commission's focus on responding to a fragmented system is welcome. However, the implications of the specific models of single care plans and care coordination will need careful consideration, especially in relation to inclusion of community based mental health care.

At the structural level, one of the most significant recommendations made in the draft report is to present two possible models to spark a new round of regional mental health reforms:

- the 'renovate' model involves increasing the capacity of Primary Health Networks to plan and respond to local needs, working with their state counterparts.
- the 'rebuild' model calls for the establishment of a new level of governance altogether – the Regional Commissioning Authority (RCA). The RCA model is preferred by the Productivity Commission, suggesting it could effectively pool resources and surmount traditional funding silos.

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Some key issues to consider here are how, under either structure, community mental health services and psychosocial services in particular fit into regional 'stepped care'.

The new structures are also supposed to engage consumers and carers. As mentioned above, this means considering the skills, resources and supports consumers and carers need to effectively lead and participate in regional planning processes.

Both models have implications for health professionals, appearing to suggest Productivity Commission support for shifting from fee-for-service payment models to other models designed to foster more multidisciplinary or team-based care. This would be supported by a new Mental Health Innovation Fund to trial these new models.

The draft report acknowledges the particular needs of key communities who have traditionally missed out, including LGBTQI+, culturally and linguistically diverse, rural and remote among others. More analysis on this will follow.

7. Expand community based mental health care

The Productivity Commission's draft report acknowledges the 'missing middle' between primary and acute tertiary care as a policy/system failure. The need for expansion of community based mental health care was confirmed by the Productivity Commission during the webinar briefing for the sector. However, the draft report does not yet provide a clear articulation of the Productivity Commission's vision for community based mental health care. There are some recommendations which recognise the ongoing role of this sector.

The draft report makes recommendations for ensuring ongoing psychosocial support for people while applying for the NDIS, who are found ineligible, or who choose not to apply for the Scheme – in the long term arguing all people accessing the National Psychosocial Support Measure should either transition to the NDIS or replacement psychosocial support.

The Productivity Commission is strong on the need to improve access to care coordination programs for all people with severe and complex mental illness who need them (especially outside of the NDIS) – recommending a national benchmark, and review by commissioning authorities to ensure they are meeting local need.

The draft report includes a welcome recommendation that the funding cycle for all psychosocial supports should be extended to minimum five-year contracts. There is a recommendation to provide better alternatives to emergency departments for acute mental illness (eg. peer and clinician led after hours services). These will no doubt be strongly supported by the sector.

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8. Support workforce development

The Productivity Commission's draft report largely draws on existing plans to increase the mental health workforce, making specific recommendations around areas that are underway, including the National Mental Health Workforce Strategy. Other recommendations include:

- Consideration of how to strengthen the peer workforce – including establishing a professional representative body, and system of qualifications and development.
- Developing accreditation standards for a three-year undergraduate degree in mental health nursing.
- Developing a national plan to increase the number of psychiatrists, including increased training and supervision opportunities, and a new MBS item for psychiatrists to provide phone advice to GPs.
- Increasing attractiveness of working in rural and remote areas with greater use of videoconferencing and flexible leave arrangements.
- Improving GP training on mental illness and promoting mental health specialisation.

While the draft report refers to the peer workforce there does not appear to be specific consideration of broader community mental health workforce development.

9. Build an evidence based, accountable and responsive system

As stated above, the draft report calls for a new National Mental Health and Suicide Prevention Agreement, which would specify roles and accountability more clearly.

It also calls for expansion of the COAG Health Council to better reflect the social determinants of health.

It clearly gives a monitoring and reporting function to the National Mental Health Commission, to be re-constituted as a statutory authority. The draft report calls for the establishment of a new set of targets to monitor change, regular surveys, and a new commitment to effective data linkage.

Clearly, accountability has been one of the main problems affecting mental health reform in Australia over decades – the capacity to determine whether the mental health care and services provided have helped people live better lives. Measures here have often focused on inputs like spending, or outputs like occasions of care, rather than the things which matter more to consumers, such as employment, housing and social inclusion.

As the Productivity Commission process proceeds, the sector should pay close attention to how recommendations in this area evolve, to ensure new processes of accountability properly reflect the matters which concern the people using services, those working in the system, and the general community. Accountability should drive quality improvement.

Conclusion

The full Productivity Commission draft report is over 1200 pages long. This paper provides just a brief summary for the information of Mental Health Australia's members and others. Further exploration of the Productivity Commission report will be provided in the subsequent briefing to Mental Health Australia members.

There are two key areas here to think about over coming weeks:

- What can the sector do to ensure the final recommendations are successfully implemented, monitored and reported for their impact? This has been a critical failure of so many past reports.
- Is the sector satisfied the changes suggested in the draft report will deliver mental health reform of sufficient magnitude? Are there important changes currently missing from the draft? Should we be articulating more ambitious ideas as part of our next submissions to the Productivity Commission? For example, the Productivity Commission seems to place considerable emphasis on identifying shortages of acute and sub-acute beds across the mental health system. While this may be true in some areas, how does this recommendation reflect the priorities of the mental health sector and the broader goal of promoting earlier intervention in the community?

It is already clear the Productivity Commission's draft report represents an exciting opportunity for the sector to influence the shape of Australian mental health reform. While the report covers a lot of ground, there is much we can do now to help the Productivity Commission refine and target the recommendations it will make in its final report.