

## Draft Fifth National Mental Health Plan

Submission to the Commonwealth Department of Health – December 2016

Mental Health Australia is pleased to provide comment on the consultation draft of the *Fifth National Mental Health Plan* (the '*Fifth Plan*'). The development process for the *Fifth Plan* has been prolonged, confusing and at times frustrating for non-government stakeholders. It is encouraging to now observe a positive change in the level and substance of engagement by government on the draft.

The draft *Fifth Plan* has been developed in the wake of a very comprehensive review by the National Mental Health Commission (NMHC) with sensible and all-encompassing recommendations. It cites the NMHC's review by way of rationale for the actions proposed, but its vision is much narrower. In its current form, the draft *Fifth Plan* will not set a course of action to achieve a world leading mental health system that supports recovery and achieves sustainable improvements in consumer and carer outcomes. It does not match expectations set by COAG, the NMHC and Minister Ley, who upon releasing the NMHC review called for a "coordinated, national and binding" intergovernmental plan. The draft plan cannot credibly form the basis for nationally coordinated action in mental health for the next five years or more, particularly given the enormous effort and expense put into the NMHC review and the hope that it offered for real and lasting change.

The draft *Fifth Plan* does not appear to build on the work done by governments, service providers, consumers, carers and advocacy organisations over the past few years. It was expected that the *Fifth Plan* would honour previous commitments by the Council of Australian Governments (COAG) on mental health and that it would be aligned with the NMHC's vision for reform - the most obvious example being the targets and indicators developed by the Expert Reference Group to the COAG Working Group on Mental Health Reform. The draft offers only indicators that are "guided by domains originally proposed by the NMHC", with no clear link to the actions proposed. Without a national vision for what we are trying to achieve together, it will be difficult or impossible to tell whether we are succeeding or failing.

Stakeholder feedback indicates the draft plan reflects old modes of thinking and does not respond to a changing world, focussing on mental illness only, rather than mental health more broadly. It does not account for the role that technology, including but not limited to e-mental health services, will play in transforming the mental health sector. The draft Plan would be much improved by the inclusion of priorities and actions for maximising mental health and wellbeing at a population level, including ways to reduce stigma and to intervene as early as possible to emerging mental health needs.

The draft Plan lacks specific mechanisms for consumer and carer co-design. The National Mental Health Consumer and Carer Forum has already described the draft Plan as 'everything about us without us.' The actions put forward in the draft will not address the broader range of issues that constitute a contributing life.



The draft *Fifth Plan* identifies what governments (or rather Departments of Health) agree to work together on, but is silent on roles and responsibilities. A lack of clarity on the roles and responsibilities of governments was identified by the NMHC as seriously compromising the effectiveness of investment to date by duplicating some services and leaving gaps elsewhere. The transition of psychosocial support programs to the NDIS, leaving far less funding for those not eligible for the NDIS, is the most prominent example of how people fall through the cracks when governments absolve themselves of responsibility and attempt to shift costs elsewhere.

The NMHC suggested a new Intergovernmental Agreement is the appropriate vehicle to resolve ongoing confusion about roles and responsibilities. Acknowledging that the Federation reform process has been abandoned, it remains unfinished business for COAG to clearly define roles and responsibilities in mental health. This is the only way that stakeholders – government and non-government – can confidently plan and implement coordinated action in the interests of consumers and carers. The next version of the *Fifth Plan* must address this issue directly and substantively.

Fundamental to the success of mental health reform will be the contribution of community-managed organisations, who are able to respond flexibly to changing needs on a person-centred basis. This was a major theme in the NMHC review, and mental health stakeholders hoped the *Fifth Plan* would include actions to support the growth of the community mental health sector. Instead, this critical but under-resourced component of the system is almost invisible in the draft plan.

Based on the observations above, a reworked version of the *Fifth Plan* must:

- Commit to meaningful improvements in the lives of consumers and carers. *The draft plan is absent of whole-of-life targets and indicators (that COAG committed to developing in 2012), which absolves governments of any accountability to implement reforms that will truly make a difference.*
- Have a whole of Government approach by assigning specific Ministerial responsibilities across portfolios, including health, social and community services, employment and education, and be signed by First Ministers. *The draft Plan is singularly focussed on health services and will only be considered and signed by Health Ministers, which signifies that its limitations are intentional.*
- Reorient investment towards early intervention and prevention. *The draft plan is silent on how consumers and carers will be given the support they need in the community as early as possible.*
- Expand and embed services in the community, close to need. *The draft plan provides for integrated regional planning and service delivery, but only within existing expenditure. It makes no provision for growth in the community mental health sector, where the future investment priorities must lie.*

The current timing for the *Fifth Plan* is for Health Ministers to endorse it at their meeting in April 2017. For an appropriate amount of time to be devoted to re-drafting, and an appropriate process established to further refine the plan in consultation with stakeholders, it would be more advisable to present Ministers with substantially redrafted plan in mid-2017, rather than with a rushed plan early in 2017. An extended timeframe would reduce risk to Ministers, who are likely to bear the brunt of considerable criticism if the sector is unable to see its recent contributions to the consultation process reflected in the final *Fifth Plan*.

