

Mental Health Australia Opening Statement to Productivity Commission Inquiry into Mental Health

Public hearing 15 November 2019, Canberra

Thank you for this opportunity to discuss the Draft Report of the Productivity Commission's Inquiry into Mental Health.

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. Mental Health Australia has 120 members, which include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

The Productivity Commission's Draft Report provides a valuable, up to date statement on the significant economic costs of mental illness. It properly places the experience of mental illness in a broader social context. We commend the Commission for reviewing areas in social determinants of mental health including housing, justice, education and employment. We also commend the Commission for grappling with details of governance and accountability.

The Productivity Commission rightly acknowledges in the Draft Report the lack of a national vision for mental health. The Commission further acknowledges we do not have the governance structures necessary to support national collaboration in this area.

The experience of the sector, learned over decades, is that the key to change is sustained and supported implementation. We understand how little benefit comes from just applying more band-aid solutions.

Though the Productivity Commission has well understood the complex barriers to reform, the recommendations as they currently stand do not offer enough to provide the breadth of change needed. It is not enough to simply do what we are doing now, but better. We need systemic reform that articulates and implements a vision of a cohesive mental health system, driving towards recovery and participation.

Our vision for mental health in Australia is outlined in the mental health sector's Charter 2020: Time to Fix Mental Health, signed by 110 organisations. It is through the lens of the Charter and its 9 key principles for mental health reform that we will measure the success of this Inquiry.

There are some substantial recommendations in the Productivity Commission's Draft Report which would go some way to achieving these necessary systemic reforms. Foremost is the recognition of the need for a new National Mental Health Agreement, to provide clarity and accountability for the responsibilities of different levels of government in funding mental health services. As outlined in Charter 2020, there is strong support across the mental health and suicide prevention sectors for a new national agreement as a fundamental reform on which other improvements are based.

The Commission has also included recommendations to increase early intervention and prevention, such as greater engagement in schools and universities in mental health and wellbeing. These



recommendations need further development with stakeholders, but we support the initial thinking around increasing early intervention and prevention as a key component of reform.

Today we would particularly like to discuss with Commissioners three key elements that Mental Health Australia perceives to be missing in the Draft Report. We believe these components to be critical for a suitably ambitious reform agenda that will create once-in-a-generation change in mental health. These are:

- Firstly, articulating an overarching vision for the mental health system, fundamentally oriented around recovery
- Secondly, addressing the “missing middle” in the mental health service system, through increasing community based and psychosocial support services
- And thirdly, establishing governance structures that ensure accountability for governments, address existing gaps, and support genuine consumer and carer co-design

The recommendations of the Final Report must be deeply considered and thoroughly costed, so that implementation is not only feasible but almost obligatory.

It is difficult to get a sense of the overarching narrative in the Draft Report. The end goal is unclear. The Commission includes an analysis of the number of people who will require different types of care, in a ‘stepped care’ diagram (Vol 1 p.18). However, this does not outline a vision for recovery. Could we reduce the number of people who need high-intensity care, by increasing service availability and quality? Are we aiming to just better manage a static epidemiology of mental illness, or to increase social and economic participation?

We would encourage the Productivity Commission to ambitiously articulate a vision for a cohesive mental health system and clear consumer pathway, that is centred around a commitment to recovery.

Related to this is our response to what has become known as the ‘missing middle’, the gap between primary and acute care. Again, while the Draft Report includes consideration of this issue and the reasons behind it, the proposed solutions are less clear. The Draft Report does not include a sound understanding of the whole community service sector, both clinical and psychosocial, that could further populate the space between primary care and the emergency department. Psychosocial services in particular seem to have not been well understood, and painted as largely being engaged only once clinical care has failed.

The Commission has recognised the need for longer term contracts for psychosocial service providers, but seems to have only a narrow view as to the role that could be played by these organisations. The role for new community-based clinical and psychosocial services in keeping people out of hospital should be more fully described.

Our vision for supporting mental wellbeing and participation is fundamentally tied to governance arrangements. The proposed new governance arrangements in the Draft Report would leave responsibility for psychosocial services split, with the Australian Government managing them for NDIS recipients and the states and territories managing these for everyone else. The Commission’s preferred proposed model is that Commonwealth and state and territory funding for mental health care, psychosocial supports and carer support services be pooled to new Regional Commissioning Authorities to manage these services at regional levels. If this model is accepted, a clear priority for



these Regional Commissioning Authorities must be to properly invest in community-based services, rather than just in primary or acute care. Many would suggest this investment is the key to really shifting Australia's mental health. We must also be committed to ensuring that *everyone* is able to access the services they need, no matter where they live.

Any new governance systems must be oriented to the lived experience of consumers and carers. The Draft Report has a welcome focus on consumers and carers, seeking to place consumers and carers at the centre of system change. However, there needs to be further appreciation of the resources and structures needed to enable broader consumer and carer representation that better represents the breadth of mental health service users to truly drive new thinking and new planning in mental health. While much of the Draft Report suggests innovation, many of the recommendations rely on the assistance of existing people, groups and structures that have been involved in mental health for decades. The Final Report could include examples of best practice in genuine co-design.

Our colleagues in the Embrace Multicultural Mental Health Project have particularly highlighted to the Commission the need for better engagement with mental health consumers and carers from culturally and linguistically diverse backgrounds. 30 % of Australians were born overseas, with at least half of us having one parent born overseas. Our mental health services need to reflect and respond well to cultural diversity, including the needs of First Nations and LGBTIQ+ people. This is not reflected strongly enough in the Commission's recommendations.

Thank you again for the opportunity to speak with you about this incredibly important inquiry. The Draft Report provides a solid foundation and outline of the challenges facing us. We look forward to working with the Commission to further develop the recommendations to ensure the Final Report sets out an ambitious reform agenda to make lasting improvements in the mental wellbeing, social and economic participation of Australians.

Thank you.

