

Professor Allan Fels AO
Chair, National Mental Health Commission
PO Box 4023
Parkville VICTORIA 3052

Re: **Review of mental health programmes**

Dear Professor Fels,

Following the release of Terms of Reference, I am writing to offer our support and assistance to the National Mental Health Commission's Review of Mental Health Services and Programmes. In doing so, I also wish to highlight a number of issues that the Mental Health Council of Australia believes must be given high priority throughout the course of the review.

From your previous report cards it is clear that you are already aware Australia's mental health system is too often failing those who rely on it for assistance. We invest too much at the acute end, and too little in early intervention and prevention. We routinely fail to monitor the outcomes that we expect from our investments.

Your review marks a unique opportunity to address these historic failures, and to re-orient our investments so as to build, over time, a world's best mental health system for the future.

The failings of the system have been known for a long time now, and numerous reports have already articulated these failings in sombre detail. While we must certainly acknowledge these failings, we hope that your review will provide an opportunity to articulate a clear vision of the mental health system that will be desirable for the future.

It is the view of the Mental Health Council of Australia that we must advance on a number of fronts if we are to achieve this vision;

1. Firstly, the review must set out a vision for what an optimal mental health system should look like in Australia. As we have said before; a system that is focused on meaningful participation; that prioritises promotion, prevention and early intervention; that is recovery oriented; that is seamlessly integrated across services and programs; and, that is accessible, effective and efficient
2. Secondly, the review should set out recommendations that detail the radical reforms that will be required to move us from where we are now toward our shared vision. The history is already littered with incremental, ad hoc and stop gap measures and this is not what Australia needs now.

3. Finally, a priority task will be to identify major gaps in our existing services, and investments that are not currently yielding us the best outcomes. It is clear that some people currently entering the system could be diverted from future high cost services with appropriate investment in early intervention and prevention. It is also clear that people who have entered the system with complex needs would be better served by much closer integration across existing programs

Against a well-documented backdrop of inadequate and poorly targeted investment in the current mental health system, it is an important principle that any inefficiencies or savings identified by the review be recommended for reinvestment within the mental health system. Further, in an environment where services are often scant, there should be no diminution of services that people currently rely on.

The review is also asked to consider transparency and accountability in mental health investment. As the Commission has previously identified in its National Report Cards on Mental Health and Suicide Prevention, national targets and indicators for mental health reform are critical foundations for transparency and accountability, and are also useful mechanisms for monitoring the efficiency and effectiveness of the system. The work that the Commission has already facilitated on indicators and targets has significant buy-in from across the sector and it is our hope that the review will reinforce their importance.

A further task for the review is to identify future funding priorities in mental health across Australia. With this in mind I urge you to make full use of the opportunity presented by the recent development of the National Mental Health Service Planning Framework. While still incomplete, I understand this is the most comprehensive evidence-based planning tool currently available, and could be appropriately adapted to guide the review's investigations.

In terms of specific programmatic considerations, I note there are a number of planned but not yet implemented shifts in mental health policy and funding that will require careful consideration by the review. This particularly relates to the National Disability Insurance Scheme (NDIS) for people with mental illness and psychosocial disability.

As you are aware, the Mental Health Council of Australia has strong concerns that the NDIS may considerably reduce essential supports for large numbers of current and future mental health consumers and carers. On current estimates, individualised support through the NDIS will be available to only a relatively small proportion of people with psychosocial disability. Further, decisions around programmes and funding identified as in-scope for the NDIS are likely to lead to significant decreases in service availability for the vast majority of people with mental illness who do not gain access to NDIS support. This is likely to see increased, rather than decreased, demands on broader service systems, including additional presentations at emergency departments, increased reliance on crisis accommodation and higher contacts with the criminal justice system. Such a result is clearly neither efficient nor sustainable in the longer-term.

To deliver an accurate and nuanced assessment of mental health programmes, it is imperative that the review examines the service upheavals that will stem from the implementation of the NDIS. Consistent with the principles stated above, it also follows that funding for existing mental health programmes that are 'in-scope' for the NDIS, including Partners in Recovery, should remain available (at least during the transition period and

possibly beyond) in order to address the considerable levels of existing and unmet need for mental health services and supports, both currently and in future.

Finally, I am sure you will be aware of a number of other review processes that are likely to have a direct impact for people with experience of mental illness, and the mental health sector more broadly. The review of the welfare system being conducted by Patrick McClure is considering the payments system and strategies aimed specifically at increasing workforce participation amongst people with experience of mental illness. The Federal Government's upcoming White Paper on Commonwealth-State financial arrangements will be considering jurisdictional splits in funding and service delivery responsibilities, which has direct implications for governance, funding and operation of mental health services. In order to minimise the risks of duplication of effort and inconsistency in content, it would be prudent for the review to engage with these other processes as soon as possible.

Noting the relatively short timeframes for the Commission's work, and noting the successful collaboration we have had on previous projects, I am pleased to offer the assistance of the Mental Health Council of Australia in contributing to the review wherever possible. I note Mr David Butt has generously agreed to attend a forthcoming meeting of our Board and that this meeting might present an opportunity for us to consider future cooperation on this important work.

I would be pleased to discuss these issues with you at your convenience.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Frank Quinlan', written in a cursive style.

Frank Quinlan
CEO

14 February 2014