

Productivity Commission Mental Health Inquiry

Mental Health Australia briefing

18 November 2020

Stephen King, Presiding Commissioner
Julie Abramson, Commissioner
Harvey Whiteford, Associate Commissioner

▶ What will be covered?



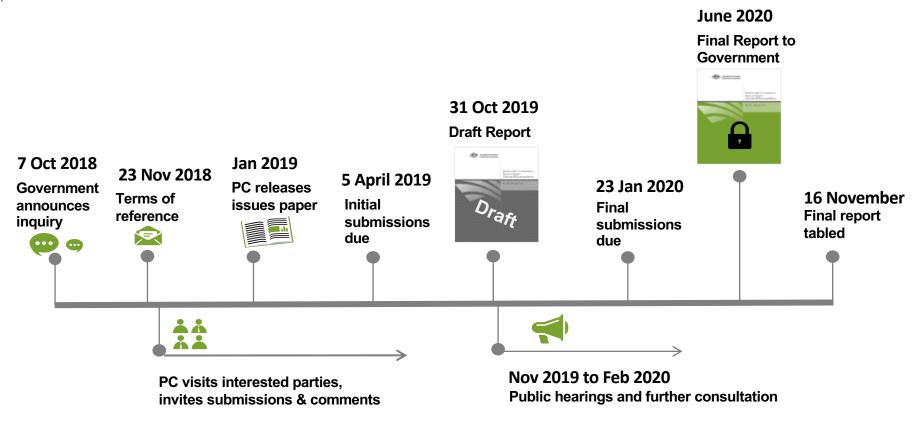




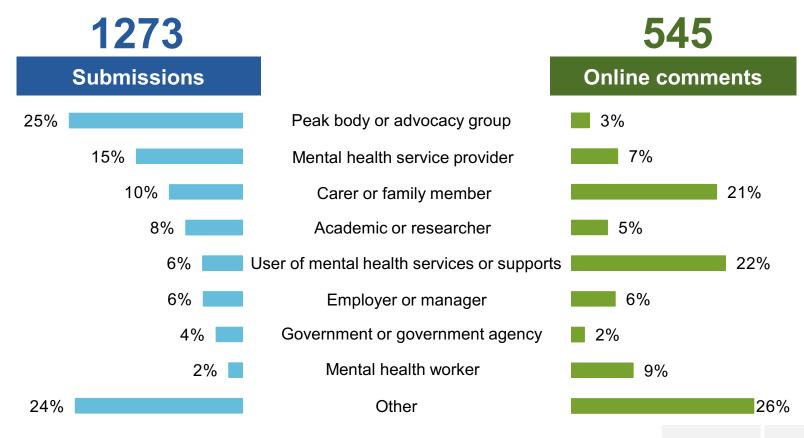




Timeline



Consultations



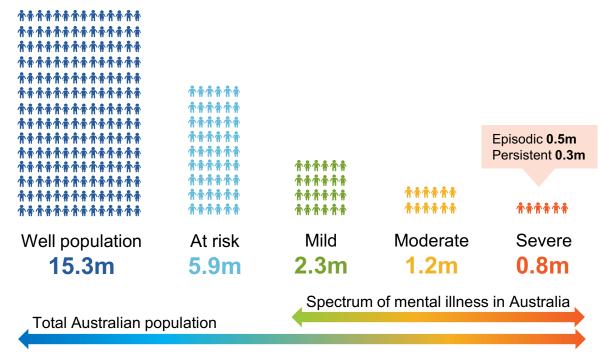
Consultations



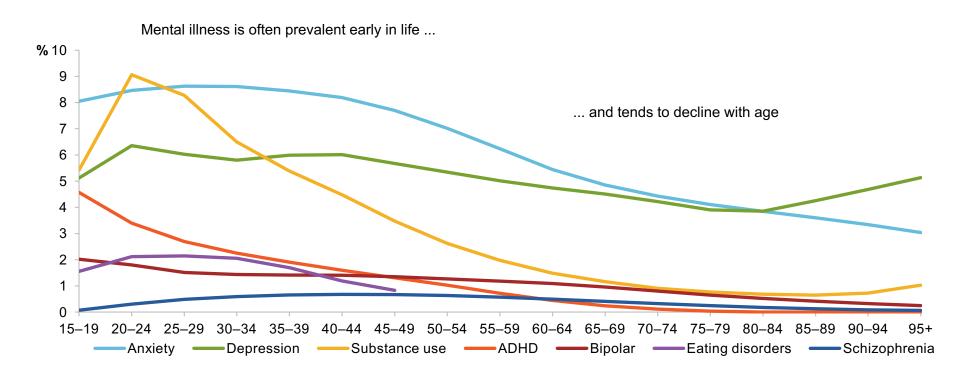


▶ What is the prevalence of mental illness?

Almost half of all Australian adults have met the diagnostic criteria for a mental illness at some point in their lives. Almost one in five Australians have met the criteria in a given year.

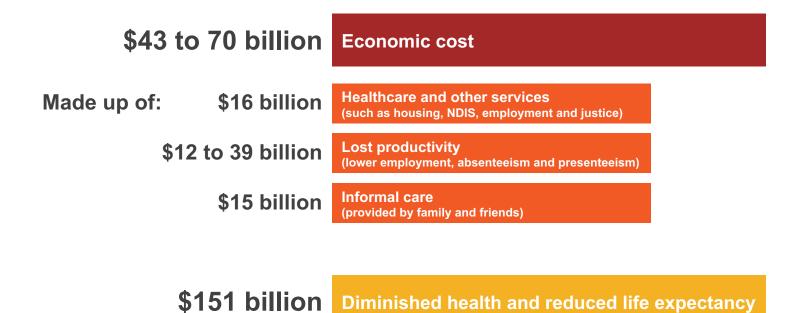


What is the prevalence of mental illness?



Source: Institute for Health Metrics and Evaluation (2019).

What is the annual cost of mental ill-health and suicide?



Source: Productivity Commission estimates.



Reform directions

- People are at the centre of design and delivery of all community and clinical services.
 - A whole of life approach
 - Early intervention and prevention
- Support people to maintain health and recovery in the community
- Access to the right mix of clinical and community services at the right time
- Value of the service is the value of the outcome to the consumer

Reform areas



1. Prevention and early help for people



2. Improve people's experiences with mental healthcare



3. Improve support within the community



4. Equip workplaces to be mentally healthy



5. Instil incentives and accountability for improved outcomes

▶ 1. Prevention and early help for people



Support the mental health of new parents



Make the social and emotional development of school children a national priority



National stigma reduction strategy



Follow-up care for people after suicide attempts



Empower Indigenous communities to prevent suicide

Follow-up care for people after suicide attempts



The cost of suicide and non-fatal suicide attempts each year

3046 deaths
30 000 to 90 000 attempts
\$30 billion

Follow-up care	Prevent	Deliver
	33 suicide deaths	\$2.37 to \$6.90 per dollar invested
	6150 suicide attempts	\$3.2 million in employment income

▶ 2. Improve people's experiences with mental healthcare

Create a person-centred mental health system:

- Evidence-based mental health assessment and referral processes that help people find the services that are best for them
- Identify, support and include families and carers as part of mental healthcare

Improve mental healthcare outcomes:

- Address adverse outcomes from prescribing practices of mental health medication
- Reduce the gap in life expectancy for people with severe mental illness and physical illness

2. Improve people's experiences with mental healthcare

Care continuity and coordination

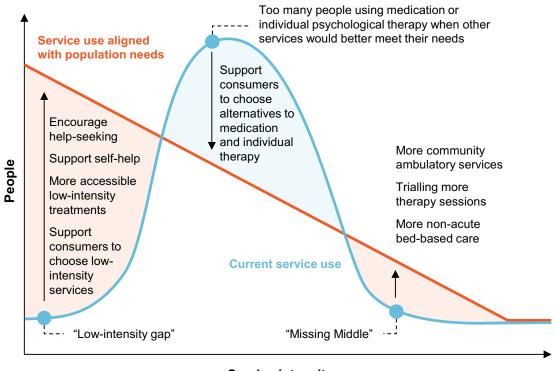
Coordination services and care services based on individual needs and preferences

Get people the right services at the right time:

- Expand supported online treatment, group therapies and access to mental healthcare via telehealth
- Review limits on psychological treatment funded through Medicare and trial variations
- Alternatives to emergency departments that are designed for people with mental illness
- Expand community-based mental healthcare, including hospital outpatient clinics and outreach services

Get people the right services at the right time





Service intensity



3. Improve support within the community

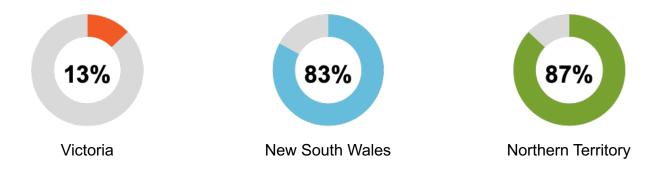
- Meet demand for community support services that help people with mental illness recover and live well in the community
- Commit to no discharge from care into homelessness
- Increase assistance for police responding to mental illness related incidents
- Legal representation for people facing mental health tribunals



Legal representation for people facing mental health tribunals



Proportion of hearings with legal representation at mental health tribunals



Data suggests there are differences in outcomes if people are legally represented:

- Longer hearings
- Shorter periods of compulsory treatment orders
- Higher rates of attendance by individuals
- Applications for electro-convulsive treatment more likely to be refused



4. Equip workplaces to be mentally healthy



Elevate importance of psychological health and safety in workplaces



No liability clinical treatment for mental health related workers compensation claims



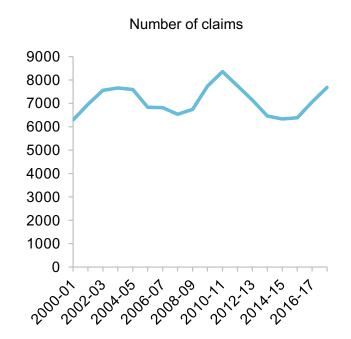
Expand the individual placement and support program for people with mental illness

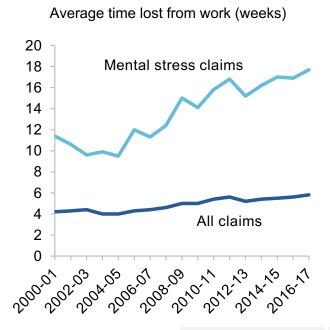


No liability clinical treatment for mental health related workers compensation claims



Serious accepted workers compensation claims caused by mental stress





5. Instil incentives and accountability for improved outcomes



Develop implementation plans for national strategies that integrate healthcare and other services



Commit to regional planning, decision making and commissioning, with systemic cooperation and creation of new commissioning agencies if outcomes not improved



Expand the remit and independence of the National Mental Health Commission



Consumer and carer participation and advocacy in all aspects of the mental health system



Strengthen evaluation culture, focusing on outcomes that matter to people and reporting at service provider level



▶ 5. Instil incentives and accountability for improved outcomes





Strategy

Develop a new whole-of-government *National Mental Health and Suicide Prevention Strategy* that aligns the collective efforts of health and non-health sectors.



Funding and commissioning of services

Bolster cooperative arrangements between PHNs and LHNs through rigorous joint regional planning and stronger oversight.

If PHN–LHN cooperation fails to improve outcomes, State and Territory Governments to establish *Regional Commissioning Authorities* on a State/Territory-specific basis to pool mental health funds from both levels of government and undertake all commissioning.

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Monitoring, reporting and evaluation

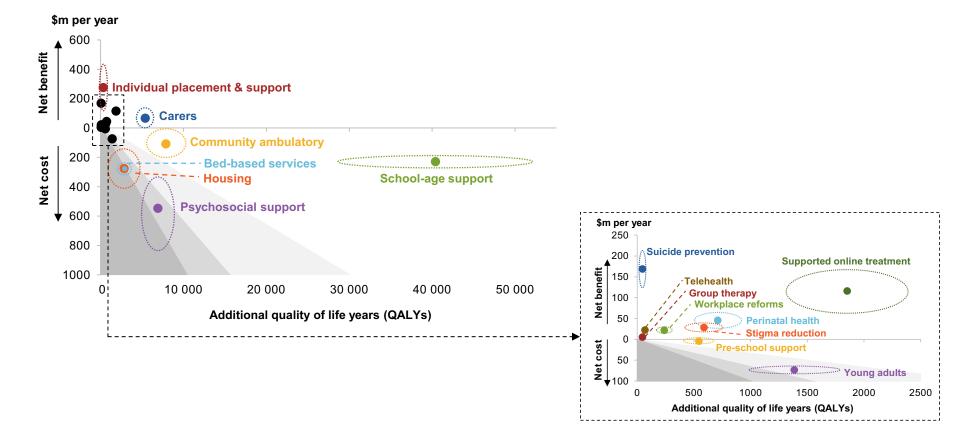
Give the National Mental Health Commission statutory authority to:

- monitor and report on progress towards achieving system-wide outcomes across health and non-health portfolios
- monitor and report on PHN–LHN cooperation or development of Regional Commissioning Authorities
- lead transparent evaluation of priority mental health and suicide prevention programs funded by governments, including non-health related programs.





Benefits and costs of recommended reforms



How we prioritised reforms

- Potential to improve lives at either the individual or community level
- Benefits to the economy and expenditure required to achieve these
- Ease of implementation
- **Sequencing**

Annual benefits and costs of reforms

Benefits	All reforms	Priority reforms
Increased quality of life	\$18 billion (84 000 QALYs)	\$16 billion (77 000 QALYs)
Savings	\$1.3 to 1.7 billion	\$0.9 to 1.2 billion
Increased economic participation	up to \$1.3 billion	up to \$1.1 billion
Costs		
Additional expenditure	\$3.5 to 4.2 billion	\$1.9 to 2.4 billion

What next?

- Some recommendations have already been done
 - Eg. Access to telehealth, additional funding for children/young people's mental health
- Australia Government said they will:
 - consider other key reports. Eg. National Suicide Prevention Taskforce (Dec 2020); Royal Commission into Victoria's Mental Health System (Feb 2021)
 - consult until February 2021
 - issue a comprehensive response by May 2021 budget
- Consider the recommendations as a package:
 - Cherry-picking recommendations will not achieve systemic reform.





