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# MENTAL HEALTH AUSTRALIA

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2024-25 Pre-Budget Submission  
January 2024



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## Introduction

Australia needs urgent mental health reform.

The rate of young people experiencing mental health conditions has increased dramatically, from 25% in 2007<sup>1</sup> to 40% in 2021.<sup>2</sup> Mental health issues are the most common reason people see a GP, and the health issue that is concerning GPs the most looking to the future.<sup>3</sup>

Investment in mental health does not match this emergency. Despite overall increases, mental health expenditure has decreased as a proportion of total health expenditure (8% in 2019-20 to 7% in 2020-21), and is still well below the equivalent 13% burden of disease.<sup>4</sup> The Productivity Commission recommended governments invest an extra \$1.2 billion per year nationally, to deliver priority mental health system reforms.<sup>5</sup>

The current cost of living crisis is also putting further strain on peoples' mental health. Mental Health Australia's 2023 Report to the Nation found 1 in 2 people in Australia say rising cost of living is having a big impact on their mental health, and 1 in 5 say cost is a barrier to accessing mental health support. Rising out-of-pocket health care fees are also increasing barriers to mental health support, and exacerbating health inequalities.<sup>6</sup> Research shows out-of-pocket costs for mental health care have risen much faster than government expenditure on mental health care.<sup>7</sup>

The Australian Government has made progress in some key areas of mental health reform in 2023, with welcome investments to establish new lived experience and family, carer and kin peak bodies; continue rollout of Head to Health Centres and Kids Hubs; progress mental health workforce development; improve access to GP and allied health mental health support through the Strengthening Medicare initiative; and continue core national digital mental health services.

The Government must now build on this work, and partner with the mental health sector, and people with lived experience, and their family, carers and supporters, to fundamentally reform the mental health system, and improve Australia's mental health. Immediate imperatives include responding to the Better Access evaluation and NDIS Review, implementing the National Mental Health Workforce Strategy, and embedding mental health into the National Health Reform Agreement.

Ultimately, we need to design and deliver on our shared vision for a mental health system that both prevents mental health conditions, and is available to support everyone in Australia when we need it, regardless of our income or where we live. We need committed and long-term reform, backed by long-term funding. This will ensure that the community can access support, and the sector can invest in initiatives to improve the efficiency and impact of programs and services, with a continual focus on innovation. This investment will provide vast returns in quality-of-life improvements for people across Australia, as well as cost savings and boosts to economic productivity.<sup>8</sup>

Given the strong relationship between mental health and other key priorities of the Albanese Government, including responding to cost-of-living pressures and housing security, it is critical that a whole-of-government approach is adopted to improve mental health. Investments in mental health will also help to enable the Albanese Government to deliver on the Measuring What Matters Framework, so that we are progressing towards a more healthy, secure, sustainable, cohesive and prosperous Australia.

It's time to put mental health reform on the agenda.

The following recommendations and priorities are informed by consultations with Mental Health Australia members and stakeholders, unimplemented recommendations of the Productivity Commission inquiry into mental health, recommendations from the Evaluation of Better Access, and priority areas of the Mental Health Reform Advisory Committee.



Mental Health  
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Mentally healthy people  
Mentally healthy communities



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## National leadership and accountability

A rights-based approach to mental health support is internationally recognised as ideal practice. As the World Health Organisation articulates, “Everywhere, countries need mental health services that reject coercive practices, that support people to make their own decisions about their treatment and care, and that promote participation and community inclusion by addressing all important areas of a person’s life – including relationships, work, family, housing and education – rather than focusing only on symptom reduction.”<sup>9</sup>

As a signatory to the United Nations Declaration of Human Rights and Convention on the Rights of Persons with Disability, Australia has committed to upholding the rights of people experiencing mental ill-health and their family, carers and supporters. However, both nationally and across jurisdictions our country has a long way to go in aligning our mental health policies and systems with these human rights commitments. National leadership, coordination and accountability is needed to drive reform towards a rights-based, integrated national mental health system.

With the conclusion of the National Mental Health and Suicide Prevention Plan and dissolution of the Council of Australian Governments mechanisms, Australia has lacked an overarching long-term vision for our mental health system and accountability structures for delivering reform. While the National Mental Health and Suicide Prevention Agreement establishes groundbreaking joint funding arrangements and new governance mechanisms between the Australian, State and Territory Governments, it does not provide a broad vision or comprehensive pathway for mental health reform implementation. Further, public accountability and sector involvement in these governance mechanisms remains limited.

As such, Mental Health Australia is calling on the Australian Government to develop and fund implementation of a **multi-year mental health reform roadmap**, which is co-designed with the sector and people with lived experience and their family, carers and supporters; and is backed by outcomes data and strong accountability mechanisms. This roadmap should articulate a shared vision and pathway to progress mental health reform, including aligning with human rights commitments. The recommendations of this Pre-Budget Submission should be delivered as part of this reform roadmap.

For reform to be successful, it must be underpinned by the insights and expertise of people with lived experience, and their family, carers and supporters. However, these groups have traditionally had limited input to reform design and implementation. Mental Health Australia continues to advocate for **lived experience leadership** to be embedded across the system.

Further, there is limited accountability for governments in the delivery of mental health services and system reform. The National Mental Health Commission should be refocused on **mental health system monitoring and reporting** to address this gap, with a focus on the mental health outcomes and experiences of people accessing services, and importantly, identifying who is missing out on support.

Adequately resourced **research and evaluation** is also crucial to continuing to develop the evidence base to guide mental health system investment, along with the continual evolution and improvement of reform implementation. This must include experiential knowledge as an equal form of evidence, a focus on translation of research into practice, and support for lived experience research leadership.

### **Proposed 2024-25 Budget measure:**

Develop and fund implementation of a multi-year mental health reform roadmap, which is co-designed with the sector and people with lived experience and their family, carers and supporters; and is backed by outcomes data and strong accountability mechanisms.



## Reform funding models

Ensuring the capacity of the mental health sector to both meet urgent need and deliver long-term reform requires funding certainty. As recognised by the Productivity Commission Inquiry into Mental Health, chronic short-term funding cycles across government-funded community mental health services has created perpetual uncertainty for providers, impacting on continuity of care for people accessing crucial supports, and staff retention in a competitive health and social service system environment.

Service providers need funding certainty to meet community need and invest in continual improvement and innovation. As recommended by the Productivity Commission, funding cycles for community mental health services should be for a minimum of five years, with providers aware of funding decisions at least six months ahead of the end of this cycle.<sup>10</sup> The Australian Government should also work with the sector to commence transitioning to outcome-based funding models, that incentivise collaboration.

### Proposed 2024-25 Budget measure:

Adjust Australian Government funding for community mental health services to five-year funding cycles to ensure certainty in service delivery for both the community and the sector.

# Embed lived experience leadership

As the Albanese Government has recognised, involving people with lived experience of mental ill-health and their family, carers and supporters at the centre of decision-making is critical in creating a fairer and more equitable mental health system.

Mental Health Australia strongly supports the establishment of the new independent peak bodies to represent people with lived experience of mental health challenges and their carers, families and kin. This has been long called for across the mental health sector and represents a systemic shift in lived experience leadership and representation.

Establishment of these peaks will, however, take time. It is imperative that lived experience representatives continue to contribute to and shape existing reforms underway, including those delivered through the National Mental Health and Suicide Prevention Agreement, while the new peaks are in their establishment phase. Further, it is important that the considerable network of existing lived experience representative organisations and groups are continued to be supported, as new leadership and governance structures are formed through the peaks.

Mental Health Australia is currently funded to deliver essential activities to embed lived experience representation and leadership across a range of Australian Government activities, with funding due to cease on 30 June 2024. These include:

1. Supporting lived experience members appointed to the Mental Health and Suicide Prevention Senior Officials Group
2. Forming and operating a dedicated Lived Experience Group under the National Mental Health and Suicide Prevention Agreement
3. Supporting and auspicing the National Mental Health Consumer and Carer Forum to advocate in mental health reform, including those priorities outlined under the National Agreement. The Forum is the combined national voice for mental health consumers and carers.
4. Supporting the National Register of Mental Health Consumer and Carer Representatives to participate in national consultation activities. The National Register is a pool of 60 trained mental health consumer and carer representatives from across Australia, who can provide a strong consumer and carer voices in national mental health policy, program delivery and mental health reform activities.

To ensure continuity of lived experience representation, it is critical that existing lived experience representation and leadership activities continue to be funded in 2024-25.

## Proposed 2024-25 Budget measure:

Provide \$953,830 (GST exclusive) in continued funding in 2024-25, for Mental Health Australia to continue to support lived experience leadership and representation during the establishment phases of the two new lived experience peak bodies.





## **Ensure people can get support for their mental health early, before problems snowball**

so that people seeking mental health support are directed to appropriate supports the first time they reach out, and are able to get support for their mental health early.

# Improve screening, assessment and referral

Australia’s current mental health “system” is complex and disjointed, making it difficult for people seeking support to find an appropriate service. Similarly, health professionals can find it challenging to know where best to refer people seeking support.

Without an appropriate approach in primary care for assessing and triaging people seeking mental health support, our limited mental health resources are not being allocated most effectively.<sup>11</sup> The current Initial Assessment and Referral Decision Support Tool is underutilised and not fit-for-purpose.

Mental Health Australia recommends the Australian Government work with the sector to develop and implement a robust mental health assessment and referral tool. This tool could build on the existing Initial Assessment and Referral tool, and be co-designed by people with lived experience and clinicians and service providers.

The mental health assessment and referral tool should:

- Be used by GPs; the Head to Health online platform, phone line and centres; and over time, by state-based services. Depending on the outcomes of co-design, and considerations of data and safety risks, it should enable self-completion, stepping community members up to a clinician-assisted tool if required.
- Refer people to the service that best meets their needs, in line with their preferences, the evidence base, and availability of services.
- Be supported by a comprehensive development and implementation package, that includes:
  1. Progressive roll out – starting small, and building on the tool and its implementation in different regions over time
  2. Development of an online platform, to support its use and tracking of user data overtime. This would require significant considerations of data, privacy, cyber security and safety risks and behavioural changes
  3. Training to support its use
  4. Integration into practice management software
  5. Tied funding arrangements to ensure appropriate incentives for use.

## Proposed 2024-25 Budget measure:

Fund development of a robust mental health assessment and referral tool, to be used across the range of services people first seek mental health support, and from 2025-26 include ongoing funding for implementation and continual improvement.



## Improve access and uptake of digital and early intervention supports

In 2023, half of Australians reported experiencing a barrier to accessing mental health care, including long wait times and high costs.<sup>12</sup> Digital and time-limited early intervention supports could increase access to effective, affordable and timely care, both supporting people before problems are exacerbated and reducing pressure on other services.

However there has been relatively low uptake of such services, potentially due to a lack of awareness and trust from referrers and individuals seeking support. A piecemeal approach to funding digital services and supports for people with ‘low intensity’ needs has also contributed to a fragmented and confusing service landscape.

The Productivity Commission estimated up to 50,000 people not accessing any other mental health services would benefit from low intensity supports, and up to 2 million people accessing medication or other more costly and time-consuming supports could have their needs and preferences better met through low intensity services.<sup>13</sup> The Evaluation of Better Access also found that “Better Access may not be ideal for people who have lower levels of need” and that less intensive service options that better suit this cohort should be explored.<sup>14</sup>

Mental Health Australia recommends the Australian Government work with the sector to increase access to high-quality low intensity services, by:

**Funding delivery of a national low intensity service, that:**

- Is easily available, and has no cost, no waiting lists, and no requirement for a diagnosis or referral
- Has a clearly defined, evidence-based, service delivery model, that demonstrates improvement in mental health outcomes (e.g. based on Talking Therapies in the UK)
- Includes collecting and using mental health outcome data at every service point, and includes clear processes to step people up to higher intensity services if needed
- Is delivered by new and existing workforces, that are trained to deliver the service model
- Is delivered via telephone and video initially, and may include scope for face-to-face delivery overtime
- Has a clear, recognisable and trusted brand.

**Promoting the uptake of digital and low intensity services by:**

- Ensuring long-term funding for digital and low intensity service providers, to enable certainty for service users and investment in continuous improvement and innovation
- Working with community members and health professionals to understand barriers to use of digital mental health and low intensity supports, and co-develop and implement a strategy to address these barriers to increase community and health professionals' awareness, confidence and use of digital and low intensity mental health supports
- Supporting GPs to refer to high quality digital and low intensity services according to client preferences, including through the mental health assessment and referral tool, noting that self-referral will also be critical
- Increasing provider accreditation through the National Safety and Quality Digital Mental Health Standards and promoting up-to-date databases of accredited digital services.

**Monitoring and adjusting the approach to low intensity support over time by:**

- Collecting and regularly monitoring data on who is and is not accessing services, to inform continued evolution of the policy and service response.

**Proposed 2024-25 Budget measures:**

- Fund the establishment and ongoing delivery of a national low intensity support service.
- Fund the collection and monitoring of low intensity and digital mental health service data, to enable continual evolution of low intensity and digital supports.
- Fund initiatives and incentives to promote awareness and use of digital and low intensity services, informed by research with community members and referring professionals on specific barriers to uptake.

A photograph of two men in a rural setting. One man, older with a white beard and wearing a black hat and shirt, leans on a metal gate. The other man, younger, wearing a tan hat and dark shirt, stands with his hands on his hips, looking at the first man. They are in a grassy field with trees in the background. A blue text box is overlaid on the top half of the image.

## **Ensure people can access appropriate mental health support, regardless of their income or postcode**

so that everyone in Australia is able to access appropriate mental health supports where and when we need them.

# Address the psychosocial support service gap

Psychosocial services are an essential component of the mental health ecosystem. They provide person-led, community-based care; prevent avoidable hospitalisations; and support recovery,<sup>15</sup> whilst also enabling family and carers' social and economic participation and wellbeing.

Mental Health Australia welcomes the Australian Government's acknowledgement of the gap in psychosocial services outside of the National Disability Insurance Scheme (NDIS),<sup>16</sup> and the recent agreement of National Cabinet to jointly design and commission additional Foundational Supports outside the NDIS.<sup>17</sup> Mental Health Australia supports the recommendation of the NDIS Review that targeted psychosocial Foundational Supports should be managed and delivered under the National Mental Health and Suicide Prevention Agreement.<sup>18</sup> Mental Health Australia looks forward to seeing this National Cabinet commitment reflected in the Federal Budget.

The contribution of people with lived experience to service design and implementation is critical. The NDIS Review recommends a dedicated advisory group of Disability Representative Organisations and people with disability to support a Foundational Supports Strategy. In development of targeted Foundational Supports for people with severe and persistent mental illness, the Australian Government should commit to undertake genuine and thorough consultation with people with lived experience of mental ill-health, their family, carers, and supporters, service providers and other key stakeholders. People with lived experience, and family, carer and supporter representatives should have ongoing involvement in monitoring program implementation and outcomes through governance mechanisms under the National Mental Health and Suicide Prevention Agreement.

## Proposed 2024-25 Budget measures:

- Together with State and Territory Governments, invest in psychosocial supports outside the NDIS to assist people with severe and persistent mental ill-health currently unable to access supports.
- Commit funding to undertake a thorough consultation on new psychosocial service arrangements with people with lived experience of mental ill-health, family, carers and supporters, service providers and other stakeholders.

# Fix the missing middle – solutions for people with complex care needs

People with complex mental health care needs continue to be stranded in the gaping ‘missing middle’ between the supports primary care services can provide, and emergency hospital support.<sup>19</sup> Previous governments have continually failed to address this chasm in Australia’s mental health system. Urgent collaboration across governments is needed to increase access to community-based, multidisciplinary mental health care.

As the independent Evaluation of Better Access recommended, the program “should be supplemented by other multidisciplinary models that not only provide more intensive, longer-term clinical care but also offer holistic support for dealing with life’s complexities.”<sup>20</sup>

Mental Health Australia looks forward to the Australian Government’s full response to this Evaluation in the 2024-25 Budget, and recommends the Government leverages existing infrastructure to deliver more intensive, multidisciplinary supports for people with complex care needs. This should include:

- Ongoing evaluation and refinement of the Head to Health hubs model, to ensure this service delivers the supports communities need, as centres continue to be rolled out
- Scaling up of successful models supporting multidisciplinary care commissioned by PHNs<sup>21</sup>
- Leveraging primary care reforms through the Strengthening Medicare and MyMedicare initiatives
- Expanding social prescribing models through primary care.

## Proposed 2024-25 Budget measure:

Increase access to multidisciplinary care for people with complex mental health needs, through leveraging Head to Health and other PHN commissioned service models, and primary care reforms.

## Deliver greater equity in access to supports

Inequity in access to mental health services is increasing – both between people who live in different regions and people with different income levels.<sup>22</sup>

Primary Health Networks (PHNs) have a significant role to play in improving equity in access, through addressing gaps in primary care services, improving service integration, and commissioning health services to meet population needs at the local level. PHNs already commission local mental health services, but as yet are only reaching very small proportions of the population,<sup>23</sup> and effective service delivery and coordination is hampered by current funding processes.

The Australian Government should increase the capacity of PHNs to improve equitable access to mental health services, through additional resourcing for block-funded mental health services to meet local needs. Further, the Australian Government should revise PHN funding models to be proportionate to varying needs (rather than simply population levels) across different regions.

To ensure appropriate implementation of additional resources, the Australian Government must also ensure appropriate indexation is included for commissioned providers to deliver these services. Along with the broader mental health sector, longer funding contracts are also required to better support service planning, workforce retention and grant efficiency.<sup>24</sup>

To support effective and efficient implementation of these measures, the Australian Government should also improve national consistency in outcome measurement and data collection across PHN commissioned services, and transparency and accountability in monitoring effective PHN commissioning processes.

### Proposed 2024-25 Budget measure:

Improve equity in access to mental health services by reforming PHN funding models, including increasing PHNs capacity to meet local mental health needs; adjusting funding to be based on need not just population; and addressing indexation and contracting issues in PHN commissioning processes.





## **Grow the mental health workforce**

so that people can access quality mental health supports where and when they need them.

# Implement the National Mental Health Workforce Strategy

There is currently a 32% shortfall in mental health workers compared to the National Mental Health Service Planning Framework, anticipated to grow to 42% by 2030 if current shortages are not addressed.<sup>25</sup>

Workforce shortages are impacting both peoples' access to mental health services, and the wellbeing of the existing workforce. There are particular workforce challenges in remote and very remote areas of Australia,<sup>26</sup> and ongoing challenges in training and adaptation of the workforce to deliver new and innovative approaches to mental health care.

Mental Health Australia commends the Australian Government's acknowledgement of the need for focused efforts on expanding and retaining the mental health workforce through release of the National Mental Health Workforce Strategy. The Australian Government must now play its part in resourcing implementation of this Strategy, and ensuring lived experience and sector involvement in ongoing monitoring and implementation.

Due to data gaps, core mental health professional groups, including lived experience (peer) workers, self-regulated allied health professionals and community mental health workforces are often invisible and underutilised in national workforce planning. The Australian Government must work urgently with the sector and State and Territory governments to improve data collection to address these gaps, and ensure the full diversity of the mental health workforce is considered in implementation of the National Mental Health Workforce Strategy.<sup>27</sup>

## Proposed 2024-25 Budget measure:

Commit funding to implement the National Mental Health Workforce Strategy, in partnership with States and Territories, and establish a mechanism for lived experience and sector involvement to evolve the Strategy and monitor its implementation.

# Provide seed funding to establish a Lived Experience (Peer) workforce professional association

Lived Experience (Peer) workers are a highly valuable but under-utilised profession in the mental health workforce. Despite significant progress through development of the National Lived Experience (Peer) Workforce Development Guidelines,<sup>28</sup> the Lived Experience (Peer) workforce continues to face challenges in lack of professional recognition, barriers to integration across the mental health system, lack of organisational support and readiness for Lived Experience (Peer) workers, and lack of career progression and development opportunities.

Mental Health Australia, along with the National Mental Health Consumer and Carer Forum<sup>29</sup> and other lived experience representatives, strongly support the establishment of a professional association for the Lived Experience (Peer) workforce to address these challenges, as recommended by the Productivity Commission Inquiry into Mental Health<sup>30</sup> and identified as a key action under the National Mental Health Workforce Strategy.<sup>31</sup>

This association should drive efforts to address structural and cultural challenges to expansion and integration of the Lived Experience (Peer) workforce, including by:

- supporting development of a range of qualifications and training
- clarifying competencies and scopes of practice
- supporting career development options within Lived Experience (Peer) workforce
- working with State and Territory Lived Experience workforce associations
- working with other mental health professional associations to promote integration of the Lived Experience (Peer) workforce across the mental health ecosystem
- improving the distribution of the peer workforce and the proportion of family and carer peer workers
- supporting development of Lived Experience (Peer) worker networks or communities of practice to support development of Lived Experience specialisations.

## Proposed 2024-25 Budget measure:

Provide seed funding to establish a professional association for the Lived Experience (Peer) workforce.



## Address blockages in training pathways

Increasing the uptake and completion of mental health professional training is imperative in addressing workforce shortages. As acknowledged in the National Mental Health Workforce Strategy, the Australian Government has a unique role in the training system and there are opportunities to collaborate with the higher education and vocational training sectors, State and Territory governments, colleges, and across government departments to strengthen training pathways. This should include expansion of training places and better support for student placements.

Building on previous investments, the Australian Government should:<sup>32</sup>

- appropriately fund Higher Education Commonwealth Supported Places in mental health disciplines
- fund conjoint university-health teaching positions to ensure universities increase the number of places in key workforces
- incentivise and set targets for student placements in mental health settings and fund appropriate placement supports and supervision (including paid student placements)
- expand allied health graduate programs in Australian Government-funded services and support the development of allied health graduate programs and standards in community non-government organisations
- expand university debt reduction schemes for health practitioners in rural and regional areas to include allied health practitioners working in public mental health settings
- expand the workforce incentive program to allow allied health to employ mental health workforces in rural locations
- increase permitted paid working hours for students
- work with culturally and linguistically diverse (CALD) and First Nations communities across Australia to invest in uptake of mental health training opportunities by local people from CALD and First Nations backgrounds, to sustainably develop local culturally-appropriate mental health workforces
- increase age-limits for eligibility for permanent residency, expedite permanent residency and graduate visa applications, include mental health disciplines in the priority list, and fund support programs for Senior International Medical Graduates

### **Proposed 2024-25 Budget measures:**

Continue to address blockages in mental health workforce training pathways by

- expanding funding for Commonwealth Supported Places for mental health disciplines
- investing in training uptake by CALD and First Nations community members
- increasing support for paid student placements and graduate programs, and
- streamlining processes for graduates from international backgrounds.



## Develop the workforce to provide low-intensity services

As outlined above, low-intensity mental health services can increase access to timely and effective mental health supports and are cost-efficient to deliver, but are currently underutilised across Australia. Expansion of these services depends upon development of an appropriately trained and supported workforce.

Early evaluation of a low-intensity mental health model in Australia pointed to recognition of the legitimate role of the low-intensity workforce as a critical factor for ongoing success of this service model, through accrediting training and supporting career pathways for this workforce.<sup>33</sup> Similarly, recent evaluation of a New Access low intensity mental health program delivered by Comcare found the program to be highly effective, and recommended pathways for low-intensity Cognitive Behaviour Therapy training should be created and maintained to ensure a sustainable workforce to deliver these services.<sup>34</sup>

While investment in low-intensity services is expanding, a piecemeal approach to commissioning these services has created a fragmented environment with no consistent workforce model or pipeline. The Australian Government must work with low-intensity service providers and the education and training sector to grow this workforce through nationally consistent training and recognised career pathways, to develop a sustainable workforce to deliver low-intensity supports.

### Proposed 2024-25 Budget measure:

Support sustainable development of the workforce to deliver low-intensity mental health services by developing national standards and accreditation.



**Address social, cultural and environmental factors to holistically respond to and prevent mental ill-health**

so that we prevent mental health ill-health where possible, and more holistically support people experiencing mental health conditions.

# Implement the National Children's Mental Health and Wellbeing Strategy

While around half of mental illness begins before the age of 14, Australia has had no real integrated system to provide affordable, needs-based support for children experiencing mental ill-health.<sup>35</sup> Early intervention and prevention, and holistic family supports are fundamental to support children's mental health and wellbeing – both in the immediate term and preventing further impacts over their lifetime.

The National Children's Mental Health and Wellbeing Strategy, released in 2021, outlined priority actions for Australian governments, service providers and other stakeholders to address this gap and promote mental health and wellbeing across family and community, service systems and education settings for Australia's children.

Australian Government commitment to establish a network of Head to Health Kids Hubs across the country in partnership with State and Territory Governments has been very welcome, alongside other investments in perinatal mental health screening and improving measurement and screening of children's wellbeing. However, implementation of the Kids Hubs is an ongoing process that will need to be accompanied by workforce programs to increase the child mental health workforce to deliver these services. Further, there are many other recommendations of the National Children's Mental Health and Wellbeing Strategy that the Australian Government has responsibility for, that are yet to be delivered.

## Proposed 2024-25 Budget measure:

Fund full implementation of the National Children's Mental Health and Wellbeing Strategy.







## Support First Nations-led approaches to mental health and social and emotional wellbeing

Along with First Nations leaders, Mental Health Australia is deeply concerned about the ongoing mental health impacts of the Voice Referendum for Aboriginal and Torres Strait Islander people. Gayaa Dhuwi (Proud Spirit) Australia has highlighted the impacts particularly for young people, and developed a proposal for a range of forums to support Aboriginal and Torres Strait Islander young people to work through the impacts of the referendum and highlight locally available social and emotional wellbeing and mental health supports.<sup>36</sup> Mental Health Australia urges the Australian Government to support this work through the 2024-25 Budget.

Further, we need ongoing commitments to address the gap in mental health and wellbeing outcomes for First Nations peoples in Australia. The Gayaa Dhuwi (Proud Spirit) Declaration is the touchstone for national efforts to promote First Nation's social and emotional wellbeing, mental health and suicide prevention.<sup>37</sup> Australian governments together committed to supporting the implementation of this Declaration through the National Mental Health and Suicide Prevention Agreement.

Gayaa Dhuwi (Proud Spirit) Australia has developed an implementation plan, in consultation with First Nations communities, service providers and government stakeholders, setting out a 10-year plan to implement the Gayaa Dhuwi (Proud Spirit) Declaration. The plan outlines five key themes to achieve the best possible mental health and social and emotional wellbeing system for First Nations peoples; promoting Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system; and outlining the need for the best of cultural and clinical approaches. Resourcing implementation of this First-Nations led plan is imperative in progressing the systemic work needed to improve mental health and wellbeing outcomes for First Nations peoples.

Gayaa Dhuwi (Proud Spirit) Australia is also working to renew the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, and has undertaken significant consultations with community members and other stakeholders, as part of this process. Through the National Mental Health and Suicide Prevention Agreement, Australian, State and Territory Governments also committed to “ensure alignment” with “national commitments and agreements for Aboriginal and Torres Strait Islander mental health and suicide prevention including the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy”. Clear commitment and resourcing from the Australian Government, in partnership with the State and Territory Governments, is required to support finalisation and implementation of the renewed Strategy.

### **Proposed 2024-25 Budget measures:**

Provide immediate and ongoing support for First Nations peoples’ mental health and social and emotional wellbeing, through:

- supporting Gayaa Dhuwi (Proud Spirit) Australia’s proposal to support Aboriginal and Torres Strait Islander young people following the referendum
- funding delivery of the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan and renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, in partnership with State and Territory Governments and working closely with Gayaa Dhuwi (Proud Spirit) Australia.

# Increase access to culturally safe mental health supports

Australia is a highly culturally diverse community, with the most recent census finding that just over half of people in Australia were either born overseas or have a parent who was born overseas.<sup>38</sup> The mental health needs of communities within this diverse population are highly varied.

People from refugee and migrant backgrounds face numerous challenges in accessing culturally safe mental health care,<sup>39</sup> and as acknowledged by the Australian Government, international conflicts are significantly affecting many people in Australia.<sup>40</sup> Recent consultations with the Embrace Multicultural Mental Health Lived Experience Group identified greater access to culturally safe mental health services as one of the highest priorities for this group.

To address this, Mental Health Australia recommends the development of a national, accredited cultural safety training package for mental health services. A systematic review of cultural competence training for mental health providers found that such training is an effective method of shifting attitudes, increasing knowledge, and developing skills of mental health providers to support the mental health needs of culturally diverse and underserved communities.<sup>41</sup> There is currently no national accredited CALD mental health training package available for the Australian mental health workforce.

The development and implementation of a national accredited training package would complement the Framework for Mental Health in Multicultural Australia, an organisational quality improvement tool for mental health services, currently being used by over 2,000 registered entities across Australia. In supporting many organisations to implement the Framework, the Embrace Multicultural Mental Health Project (led by Mental Health Australia) has found that lack of access to cultural responsiveness training is a key barrier for many organisations to implementing the Framework and improving cultural safety.

## Proposed 2024-25 Budget measure:

Fund development of an online, national, accredited cultural safety training package for the Australian mental health workforce, to increase access to culturally safe mental health care.



## Tackle cost of living issues

There is a strong relationship between financial insecurity and mental ill-health.<sup>42</sup> Mental Health Australia's 2023 Report to the Nation found of a representative sample of people in Australia, over half said rising cost of living is having a big impact on their mental health, with these rates even higher among people living with a mental health condition or providing informal care for someone with mental ill-health.<sup>43</sup>

Some Australians experiencing severe and persistent mental ill-health, or providing significant caring support, are reliant on income support payments. However, the pressures of surviving on income support payments below the recognised poverty rate exacerbates experiences of mental illness and financial stressors of caring responsibilities.

Income support relief through the Coronavirus Supplement and JobKeeper Payment have been recognised as some of the most effective strategies for mitigating mental health impacts of the COVID-19 pandemic.<sup>44</sup> The Australian Government's modest increases to income support payments and Commonwealth Rent Assistance through the 2023 Budget was welcome, along with measures to improve affordability of medicines and primary care, and establishment of an Economic Inclusion Advisory Committee.

Mental Health Australia urges the Australian Government to build on these measures in ensuring lasting reform to address cost of living pressures for people in Australia feeling it most, including people living with mental health conditions and providing ongoing informal care for people experiencing mental ill-health.

### **Proposed 2024-25 Budget measure:**

Review income support payments to meet ongoing reasonable costs of living, including health costs.

## Address the critical housing needs of people with mental ill-health

Australia is in a housing crisis – it's impacting our mental health and people living with mental health conditions are disproportionately impacted by housing instability.<sup>45</sup> Appropriate housing is a critical foundation for people to recover and maintain mental health, and can prevent further deterioration of mental ill-health and reliance on other services.

The Australian Government's commitments to improving supply of affordable housing are extremely welcome. Given the inter-relationship, an integrated response to mental health, housing insecurity and homelessness is most effective. Wrap-around support is required for people with complex challenges, including trauma and mental ill-health, to maintain housing and live well in the community.

Supported housing models provide stable housing integrated with mental health supports for people experiencing severe mental ill-health and homelessness or housing instability. Evaluations have shown that supported housing models are effective in assisting people in their mental health recovery, sustaining tenancies and decreasing hospital usage, while also being cost effective to deliver.<sup>46</sup>

The Productivity Commission Inquiry into Mental Health reviewed the effectiveness and availability of supported housing, and recommended that Australian, State and Territory Governments address the shortfall in supported housing places and homelessness services for people with severe mental illness. This is further supported by policy priorities developed by the Australian Housing and Urban Research Institute with Mind and Mental Health Australia.<sup>47</sup>

### Proposed 2024-25 Budget measure:

Working with State and Territory Governments, commit funding to expand access to existing, effective integrated housing and mental health support.



## Expand access to mental health carer respite

Recent research undertaken by the National Mental Health Consumer and Carer Forum indicates the COVID-19 pandemic has further exacerbated existing disparities in mental wellbeing between mental health carers and the general population. The research found the pandemic further exposed systemic gaps in support for carers.<sup>48</sup>

Mental health carers previously had access to respite services, however the Australian Government-funded **Mental Health Respite: Carer Support program** was rolled into the NDIS along with other psychosocial support programs. While the NDIS has improved supports for many Australians with psychosocial disability, the focus on individualised funding and supports has often disregarded the needs and contributions of family, carers and supporters. Unfortunately, the Carer Gateway has not addressed this gap in carer respite supports.

As mental health carers and service providers have continually emphasised to Mental Health Australia, mental health carers need access to respite supports in their own right – not just supports for the person they are caring for. As acknowledged by the Australian Government in the Draft National Care and Support Economy Strategy 2023,<sup>49</sup> respite support is essential in supporting the mental health of carers, the sustainability of their caring role, and carer’s engagement in employment and social participation. The Draft Strategy says “respite, which gives carers important breaks from caring, must be available, high quality and support smooth transitions in order to provide its intended benefits.”

### Proposed 2024-25 Budget measure:

Invest in expansion of mental health carer respite services.

## Conclusion

At a time when over half of people in Australia indicate experiencing a barrier to accessing mental health support, rates of mental ill-health amongst young people are increasing and cost of living is impacting significantly on people's wellbeing,<sup>50</sup> the Australian Government must prioritise mental health supports and prevention of further mental ill-health.

The Productivity Commission Inquiry into Mental Health has clearly established that only significant and sustained investment in Australia's mental health ecosystem will produce the reform required, so that all Australians needing mental health support can access care when and where they need it.

The Australian Government has a strong evidence base to inform investments in mental health reform. With the Better Access Evaluation, NDIS Review and ongoing recommendations of the Productivity Commission still to be acted upon, the mental health sector is looking to the Australian Government to partner with us to deliver significant investment in mental health reforms in the 2024-25 Budget.



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