

**Senate Select Committee into the Abbott Government's Commission of Audit:
Public hearing (9-9.30am, Tuesday, 18 February 2014)**

Frank Quinlan, CEO Mental Health Council of Australia – Opening statement

Thank you for the invitation to appear today.

The Mental Health Council of Australia is the peak, national non-government organisation representing the interests of the Australian mental health sector.

MHCA members include national organisations representing consumers, carers, special needs groups, professional associations, service providers from clinical, public and private sectors, as well as community mental health peak bodies.

The Commission of Audit is one of several review and implementation processes currently underway that could have significant implications for people with experience of mental illness. Other initiatives include:

- Professor Fels Review of Mental Health Services and Programs
- Patrick McClure's Review of the Social Security System
- the roll out of the National Disability Insurance Scheme
- the ongoing roll out of relatively new programs such as the Partners in Recovery Program

The Mental Health Council of Australia has made representations to these processes, all with a common thread. It is our view that the current mental health system is too often failing those who rely on it for assistance. We invest too much at the acute end (while still letting down many people who are acutely ill), and too little in early intervention and prevention. We routinely fail to monitor the outcomes that we expect from our investments.

The Mental Health Council of Australia has recommended to the Commission of Audit that in order to assess the complex interactions of so many policies and programs at both state and Commonwealth level, changes to mental health should be considered and developed through the broad review being progressed by the National Mental Health Commission.

In our recent letter to Professor Allan Fels, Chair of the National Mental Health Commission, we highlighted a number of important areas in which mental health reform must be advanced.

Firstly, we need a vision for what an optimal mental health system should look like in Australia. This means 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.

Secondly, we need a plan for the reforms that will be required to move us from where we are now toward our shared vision. We need to move away from previous approaches to mental health reform, which have been largely incremental, ad hoc and stop-gap measures.

Finally, we need to identify major gaps in existing services, and investments that are currently not providing the best outcomes. This includes identifying how early intervention and prevention, as well as closer service integration, could deliver more cost-efficient and effective outcomes for consumers in the longer term.

We also argued that two principles should underpin the review:

1. that any inefficiencies or savings that are identified should be reinvested within the mental health system; and
2. that there should be no overall reduction in services that people currently rely on.

In a system where too many people struggle to get access to the services that they need, and too many people do not even seek the assistance that they need, these principles should guide any review processes currently underway, including the Commission of Audit.

This is especially important in light of the implications that the National Disability Insurance Scheme (NDIS) may have for service availability for people with mental illness.

We remain concerned about the significant change and upheaval that the NDIS will bring to the mental health sector, the availability of services, and the way in which they are funded and delivered at both state and Commonwealth level. As we have outlined in more detail elsewhere, there is potential for large numbers of people who experience mental illness to miss out on access to the NDIS, but in the absence of programs that would previously have been available to support them.

It is of concern to the sector and to government that this reform, if poorly implemented, could lead to increased, rather than decreased, demands on broader service systems – including at emergency departments, in crisis accommodation in criminal justice system, just to give examples.

Such a result is clearly neither efficient nor sustainable in the longer-term.

It is critical that any review of mental health services and programs is alive to this structural change, and makes recommendations that enable the mental health sector to navigate a course through the uncertainty that currently exists, in order to address the considerable levels of existing and unmet need for services.

The Mental Health Council of Australia has offered its assistance to contribute to the Commission of Audit, and to any other reviews and processes that might have a positive impact on the availability of mental health services and programs for those who need them. I am pleased to offer the same assistance to this inquiry today.