Mental Health Australia

Submission to the Select Committee on Mental Health and Suicide Prevention

24 March 2021

Mentally healthy people,
mentally healthy communities

mhaustralia.org

Contents

Introduction

Mental health is fundamental to our wellbeing and our social and economic participation. For too long Australia's mental health system has failed to provide adequate services for the Australian community to realise these benefits. There is strong consensus across the mental health and suicide prevention sector about what needs to be done to address the gaps in the current system — as outlined by the nine principles of the sector's Charter for mental health reform (supported by over 110 signatories).[1] The Charter principles are reflected in the findings and recommendations of the Productivity Commission Inquiry into Mental Health Final Report (PC Report), Vision 2030, and the Royal Commission into Victoria's Mental Health System Final Report (Victorian Royal Commission Final Report).

It is clear the Australian Government is acutely aware of the relationship between Australian's mental health, social participation, and the economy, demonstrated through the broad reaching terms of reference it established for the Productivity Commission Inquiry into Mental Health. The Australian Government has also shown its intention to instigate long-term mental health reform through its tasking the National Mental Health Commission with developing a long-term vision for the mental health sector (Vision 2030). It has shown its ambition to act particularly on suicide prevention through the establishment of the position of the first National Suicide Prevention Adviser to the Prime Minister, and subsequent request for advice on moving towards a goal of zero suicides.

While this investigation into the economic case for population-scale investment in mental health and visioning of what national long-term change might look like were underway, Australia experienced two significant threats to population mental health through the 2019 Bushfires and the COVID-19 pandemic. These disasters shone a light on the pre-existing inadequacies of our mental health system. They also provided an opportunity. They triggered innovation in mental health service delivery at great speed. Suddenly, mental health was everyone's business. The momentum for change is now palpable.

In addition, through this difficult period, the Royal Commission into Victoria's Mental Health System delivered a clear and tangible plan to reform mental health in that state and the National Mental Health Commission is in the process of developing a National Children's Mental Health and Wellbeing Strategy. Outside of mental health-specific reviews, there are processes underway across the social determinants of mental health. Outcomes of these processes — such as the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and multiple inquiries conducted by the Joint Standing Committee on the National Disability Insurance Scheme — should also inform Government's thinking on long-term mental health reform.

The Australian Government now has a robust economic argument for investment in mental health, a grand vision of the end state the mental health system is striving for, and an example of a clear and tangible plan for long-term reform. It could not be clearer that the time to act is now. No more reviews are necessary.

Mental Health Australia has welcomed the Australian Government's commitment to improving our nation's mental health system, and urges the federal, state, and territory governments to work together to provide the necessary resources, leadership and coordination to deliver on this commitment.

---

[1] Mental Health Australia (2019). *Charter 2020: Time to Fix Mental Health*. Retrieved 19 March 2021 from https://mhaustralia.org/sites/default/files/docs/mhaustralia-charter2020_a1_final_oct_reduce_0.pdf

Mental Health Australia has written extensively on issues covered by the Select Committee on Mental Health and Suicide Prevention's Terms of Reference previously. We have provided four submissions to the Productivity Commission Inquiry into Mental Health, an issues paper for the National Mental Health and Wellbeing Pandemic Response Plan, and submissions to parliamentary inquiries regarding the impacts of the 2019 bushfires and COIVD-19 pandemic. These resources are available on the Mental Health Australia website: https://mhaustralia.org/resources/submissions.

What follows is a submission highlighting the key points of this previous work. However, Mental Health Australia strongly urges the government to resist the temptation for quick wins and early runs on the board. The myriad of recommendations from the reports it has received to date have been carefully considered. Their rationale should not be revisited. They are necessarily complex and an accurate reflection of the level of reform required to move the Australian mental health system from one which is chronically underfunded and fragmented to a world-leading, person-led system that keeps Australians well.

The findings of systemic inquiries and reports

Select Committee Term of Reference:

the findings of the Productivity Commission Inquiry Report into Mental Health, the Report of the National Suicide Prevention Officer, the Victorian Royal Commission, the National Mental Health Workforce Strategy and other recent strategic reviews of the current mental health system in light of events such as the 2019 bushfires and COVID-19 pandemic, including the capacity of the mental health workforce to respond to such events

The mental health sector's support of the PC Report remains one of the most powerful enablers governments can build on. The PC Report is the most substantive review undertaken by the Productivity Commission and is informed by extensive and rigorous consultation with the mental health and suicide prevention sector. The PC Report provides the Australian Government with clear direction as to where to act to improve our mental health ecosystem so people can access the services they need when and where they need them, and progress towards person-led mental health care.

The PC Report provides 21 highly considered recommendations with 103 associated actions, prioritised and sequenced for implementation, with associated costings where calculable.

Implementation of the PC Report priority reforms will require expenditure of up to $2.4 billion per year, and provide enormous benefits in quality of life and increased social and economic participation. This investment will generate savings of up to $1.2 billion.[2]

Mental Health Australia is calling for the following top three priorities for the Australian Government's action on mental health:

- The development of an implementation plan for the PC Report's recommendations (including any identified gaps), well informed by mental health consumers, carers, and the broader sector.
- The provision of an accompanying budgetary plan that identifies the key components of the future mental health system, clarifies which level/s of government will be

[2] Productivity Commission (2020). *Mental Health*: *Volume 1*, p.2.

responsible for delivering each of the components, and articulates the Australian, state, and territory governments' commitments to fund these recommendations over a number of funding cycles.

» Immediate investment to fund the PC Report recommendations that can be implemented immediately, and to ensure continuity of funding for the psychosocial service sector.

The PC Report provides direction on how to improve the current system, but does not articulate an overarching framework for the creation of a community-based mental health system, which should be the driving principle of mental health reform. The Victorian Royal Commission Final Report fills this space by providing a tangible plan for mental health reform at the state-wide level that could also inform national responses. Mental Health Australia also anticipates that the National Mental Health Commission's Vision 2030 and the reports from the National Suicide Prevention Adviser will provide the lens through which the PC Report's recommendations should be strategically implemented.

In addition to the Reports proposed to be considered by the Select Committee, there are other strategic reviews and processes which should fundamentally inform the Australian Government's action on mental health reform. For example, considering mental health across the lifespan, there are critical recommendations in both the National Children's Mental Health and Wellbeing Strategy and the Royal Commission into Aged Care Quality and Safety. There are also review processes underway across the social determinants, which will directly address mental health such as the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and multiple inquiries conducted by the Joint Standing Committee on the National Disability Insurance Scheme.

Many funding and policy reforms will need to be established through the negotiation of the new National Agreement on Mental Health and Suicide Prevention, to be developed by November 2021. Ensuring appropriate sector engagement with and input to the National Agreement, and expediting its delivery, should be a critical short-term priority.

At the heart of this agreement — which covers a wide continuum of care, from prevention through to clinical treatment for the most acutely unwell — must be clarity about which level of government is responsible for what aspect of the system of care, how that will be funded and governed, and how outcomes for those who access care will be monitored. A regime of accountability for delivery is a critical enabler for change.

Through this process the Australian Government must show national leadership by spearheading discussions that reach clarity on national- and state-funded regional governance structures, how these will ensure seamless integration of services for consumers, and how they will be held accountable for ensuring an appropriate suite of services is commissioned in the area for which they are responsible.

The Victorian Royal Commission Final Report has provided further impetus for immediate reform, by illuminating the fundamental brokenness of the mental health system. The Royal Commission found that Victoria's mental health system has "catastrophically failed to meet expectations", where "demand has outstripped supply; the system reacts to mental health crises rather than preventing them; and the preferences of people living with mental illness or psychological distress are often ignored".[3]

Unfortunately, these failures are reflective of the mental health system nationally. A recent consultation conducted by the National Mental Health Commission found that across

[3] Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 1: A new approach to mental health and wellbeing in Victoria,* p.ix.

Australia people frequently experience barriers to access, stigma, lack of trust in and appropriateness of services, and service gaps when trying to access mental health support.[4]

The failures of our mental health system impact all Australians, and are the collective responsibility of governments and community to resolve.

Australia needs strategic and ongoing investment to increase the capacity of the system, and act on the once-in-a-generation opportunity presented by the PC Report to establish a mental health system we can all rely on.

Recommendations

The Australian Government should prioritise:

- The development of an implementation plan for the PC Report's recommendations including any gaps identified in the other reviews and well informed by mental health consumers, carers, and the broader sector.
- The provision of an accompanying budgetary plan that identifies the key components of the future mental health system, clarifies which level/s of government will be responsible for delivering each of the components, and articulates the Australian, state and territory governments' commitments to fund these recommendations over a number of funding cycles.
- Immediate investment to fund the PC Report recommendations that can be implemented immediately, and to ensure continuity of funding for the psychosocial service sector.

Related Mental Health Australia advice:

- **Response to the Department of Health survey on the final recommendations of the Productivity Commission Inquiry into Mental Health**
- **Submissions to the Productivity Commission Inquiry into Mental Health and analysis of the draft and final reports**
- **Submission to the Senate Finance and Public Administration References Committee Inquiry into lessons to be learned in relation to the Australian Bushfire Season**
- **Issues Paper for the National Mental Health Commission – Mental Health Response Plan for COVID-19**

[4] National Mental Health Commission (2020). *Vision 2030: Blueprint for Mental Health and Suicide Prevention.*

Emerging evidence-based approaches

Select Committee Term of Reference:

emerging evidence-based approaches to effective early detection, diagnosis, treatment and recovery across the general population and at-risk groups, including drawing on international experience and directions

In relation to emerging evidence-based approaches, Mental Health Australia's focus, as the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, is on how to encourage a whole-of-system distribution of evidence-based knowledge and best practices. Mental Health Australia has commissioned two major reports over the past few years with this point of focus in mind:

- *Investing to Save* (2018) analyses and presents an economic case for investment-driven reform, articulating a range of tangible options to deliver economic and productivity gains for individuals and communities. This report's findings and recommendations informed the economic analysis completed by the Productivity Commission Inquiry into Mental Health.
- *Global Evidence Review - Mental Health Australia's second submission to the Productivity Commission Inquiry into Mental Health* (2019) is a targeted global evidence review of innovative and best practice service delivery models in mental health. It emphasises key learnings in relation to the suite and mix of mental health services, enabling systems and structures and addressing the social determinants of health.

It is important that Australia's mental health system enables robust research (particularly consumer-led research) and research translation into policy and practice in a systemic manner. With this in mind, Mental Health Australia has welcomed the Australian Government's announcement of a new national Academy of Lived Experience (ALIVE). This will enable collaborations with researchers across population health, primary care, and community and hospital-based specialist care settings to embed the expertise of those with lived experience as part of their research co-design.

The Victorian Royal Commission's Interim Report proposed creating a Victorian Collaborative Centre for Mental Health and Wellbeing. It proposes the Collaborative Centre would "bring together people with lived experience (including consumers, their carers and families), researchers and clinicians to work together to improve service delivery and research" as well as "provide a range of adult mental health clinical services, including specialist services, and non-clinical care and support to its local population" through multidisciplinary care.[5] This would enable a systemic approach to building the evidence base and translating the evidence into policy and practice. Victoria's mental health hubs, established during the COVID-19 pandemic through existing GP clinics, also provide recent examples of using emerging evidence-based treatment within a model of holistic, coordinated care.

Over reliance, or over emphasis on a biomedical approach to mental healthcare provides limited opportunities to optimise health outcomes.[6] Conversely, systems that promote holistic and coordinated approaches have been shown to empower people living with mental

[5] Royal Commission into Victoria's Mental Health System (2019). *Interim Report*, p.353.
[6] United Nations Human Rights Council (2017). *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*.

illness, and improve their overall health and wellbeing.[7] Holistic and coordinated care aligns with the Fifth National Mental Health and Suicide Prevention Plan, but due to the complexity of delivering collaborative treatment in a siloed health system, it remains an emerging approach in most parts of Australia.

Within a model of collaborative, multidisciplinary care, a core feature of a truly world-class mental health system is adequate early intervention and prevention services. Several studies have shown the negative effects of failing to provide adequate early intervention and prevention services.[8] Despite widespread recognition of the protective power of early detection, prevention, and intervention in health and social services sectors, governments have struggled to modernise funding models to enable these aspects of mental health care.

Approaches to effective early detection and diagnosis can be divided into three core areas:

1. Promotional interventions. Universally-targeted interventions that aim to increase public awareness and understanding of mental illness.
2. Preventative intervention. Either universally- or specifically-targeted interventions that aim to reduce the likelihood of mental illness by building up protective factors.
3. Early interventions. Interventions usually targeted towards individuals who are exhibiting early symptoms of mental illness by both building up protective factors and lowering psychological risks.[9]

Early intervention can begin before birth, through supporting expectant parents' mental health. The PC Report states "there is a clear case for investment in child mental health and wellbeing. Such investment would not only improve the wellbeing of children and their families, both immediately and in the future; it would also save significant future government expenditure by lowering the risk of children disengaging from their education and could reduce the need for more intensive medical care and other supports."[10] Australia needs a comprehensive system of child and family supports, spanning the continuum from prevention and early intervention through to crisis responses and therapeutic interventions for those with established serious conditions. This system should address barriers to and build on protective factors for children's mental health across the social determinants. Mental Health Australia's submission to the National Mental Health Commission's consultation on its draft National Children's Mental Health and Wellbeing Strategy outlines a set of recommendations designed to ensure the final Strategy drives towards a comprehensive system of child and family support.

Of course, early intervention is not just about intervening early in life but also about intervening early in the emergence of mental illness or early identification of worsening symptoms for an episodic illness. Early intervention approaches developed for individuals at-risk of psychosis have several decades of high-quality evidence demonstrating their value.[11]

---

[7] Delaney, L. (2018). Patient-centred care as an approach to improving health care in Australia, *The Australian Journal of Nursing Practice, Scholarship and Research*, 25:1, pp.119-123.
[8] Goodman, A., Joyce, R., & Smith, J.P. (2011). The long shadow cast by childhood physical and mental problems on adult life. *Proceedings of the National Academy of Sciences of the United States of America*, 108:15, pp. 6032-6037 & Smith, J. & Smith, G. (2010). Long-term economic costs of psychological problems during childhood. *Social Science and Medicine*, 71, pp110-115 in Mental Health Australia and KPMG (2018). *Investing to Save,* p.57.
[9] Mental Health Australia and KPMG (2018). *Investing to Save,* p.65.
[10] Productivity Commission (2020). *Mental Health*: *Volume 2*, p.195.
[11] Correll CU, Galling B, Pawar A, et al. (2018). Comparison of Early Intervention Services vs Treatment as Usual for Early-Phase Psychosis: A Systematic Review, Meta-analysis, and Meta-regression. *JAMA Psychiatry*, 75:6, pp.555-565.

There is also emerging evidence showing its benefit in non-psychotic mood-based disorders, with a particular focus in Australia on intervening during adolescence.[12]

In addition to mental health-specific services, it is critical that non-health wraparound support services are provided to consumers to assist their recovery journey. For example, the success of 'Housing First' models are emerging internationally and throughout Australia. Housing First initiatives are targeted to individuals with a severe or complex mental illness who have experiences of homelessness or are at risk of homelessness.

A systemic review of Housing First models identified that the international evidence underpinning the Housing First model is strong and shows its effectiveness. The evaluation of New South Wales' Housing Accommodation Support Initiative (HASI) has shown positive individual outcomes, as well as good rates of return on investment in reducing inpatient stays, reducing contact with the justice system, and better long-term employment outcomes. Housing First models provide an opportunity to apply an evidence-based solution to an intractable problem in a way that generates considerable long-term savings, positive individual recovery journeys, and positive community outcomes.[13]

Evidence also points toward addressing the specific needs of people who belong to communities that experience high rates of mental illness. In order to ensure this is built into system design the Australian Government should encourage intersectional representation in system and service design. The PC Final Report acknowledged the role of societal exclusion and stigma in the disproportionate experience of mental illness amongst Aboriginal and Torres Strait Islander people, LGBTIQ+ communities, people with disability, culturally and linguistically diverse (CALD) communities and other marginalised groups. Noting that the root causes of mental health issues transcend the health sector, cross-sector holistic mental health care which addresses the needs of at-risk cohorts is required. This must be achieved through both cohort-specific measures, and more inclusive and culturally-safe mainstream services.

Aboriginal and Torres Strait Islander suicide rates are increasing. In 2018 the Aboriginal and Torres Strait Islander suicide rate was over double that of non-Indigenous Australians.[14] All models of suicide prevention support for Aboriginal and Torres Strait Islander people must be culturally appropriate. Further, Indigenous leadership is essential to promote the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people and communities. This goes beyond co-design with Aboriginal and Torres Strait Islander people, and includes funding of Aboriginal organisations to autonomously design, develop, and implement services that meet the needs of their people. The Federal Government must be led by Gayaa Dhuwi (Proud Spirit) Australia, and Aboriginal Community Controlled Health Organisations (ACCHOs), in identifying emerging evidence-based therapies and interventions that work for Aboriginal and Torres Strait Islander peoples and communities.

There is little connection, coordination, and communication between mental health services and social services for people from culturally and linguistically diverse (CALD) backgrounds. This creates fractured and disjointed service experience for CALD consumers and carers who may already be finding it difficult to navigate the health system. Online services can allow individuals within CALD communities to find clinicians who speak their language

[12] McGorry PD, Hickie IB, Yung AR, et al. (2006) Clinical staging of psychiatric disorders: a heuristic framework for choosing earlier, safer and more effective interventions. *Australian New Zealand Journal of Psychiatry* 40, pp.616–622.
[13] Bruce, J., McDermott, S., Ramia, I., Bullen, J., and Fisher, K.R. (2012). *Evaluation of the Housing and Accommodation Support Initiative (HASI) Final Report.*
[14] Dudgeon P, Holland C, & Walker R. (2019). *Fact Sheet 2 Indigenous Suicide Deaths 1981 to 2018*. Retrieved 22 March 2021 from https://www.cbpatsisp.com.au/wp-content/uploads/2020/03/Fact-Sheet-2.pdf

and/or understand their cultural norms and values around mental health and wellbeing. However, it is imperative these support services are co-designed with CALD communities to ensure they are culturally relevant.

LGBTIQ+ people are at much greater risk of mental illness and suicide than other Australians,[15] but face significant barriers to accessing mental health care.[16] As such, LGBTIQ+ people should be a priority population for reducing mental illness. Discrimination and exclusion are the key causal factors of mental ill health and suicidality for LGBTQI+ people,[17] therefore addressing discrimination is a substantive prevention technique for reducing LGBTQI+ peoples' suicide and mental health disparity.

Finally, there must be specific approaches to suicide aftercare treatments complementary to holistic, coordinated models of early intervention, prevention, and ongoing mental health care for whole-of-population and specific cohorts. International evaluations into community-based assertive outreach for people who have attempted suicide have conservatively estimated a 20% reduction in suicide rates.[18]

Recommendations

Drawing on the Victorian Royal Commission's Interim Report recommendation to establish a Victorian Collaborative Centre for Mental Health and Wellbeing, the Australian Government should consider how best to harness emerging evidence and translate it into evidence-based policy and practice nationally.

Related Mental Health Australia advice:

- **Investing to Save Report**
- **Analysis of the Productivity Commission Inquiry into Mental Health Final Report**
- **Response to the Department of Health survey on the final recommendations in the Productivity Commission Inquiry into Mental Health**
- **Submission to the Productivity Commission Inquiry into Mental Health**
- **Submission to the Productivity Commission Inquiry into Mental Health – Global Evidence Review**
- **Submission to the Draft National Children's Mental Health and Wellbeing Strategy**
- **2021-22 Pre-Budget Submission**
- **Mental Health Australia, Federation of Ethnic Communities Councils of Australia and National Ethnic Disability Alliance (2019) Inclusive Mental Health Reform: Highlighting issues and opportunities for Australians from culturally and linguistically diverse backgrounds**

[15] National LGBTI Health Alliance (2016). *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People*.
[16] Waling, A., Lim, G., Dhalla, S., Lyons, A. & Bourne, A. (2019). *Understanding LGBTI+ lives in crisis.*
[17] National LGBTI Health Alliance (2019). *Submission on the Productivity Commission Review of the Economic Benefits of Improving Mental Health*, p10.
[18] Mental Health Australia and KPMG. (2018). *Investing to Save,* p48.

Consumer, carer, and system capacity building

Select Committee Term of Reference:

effective system-wide strategies for encouraging emotional resilience building, improving mental health literacy and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services

Currently, in order to adequately engage in their mental healthcare, consumers are required to increase their health literacy. This state of affairs highlights the fractured nature of the mental health system. It tells us that, far from being person-led, the system is difficult for people even to access. The best solution to building awareness, literacy, capacity, and engagement of consumers and the community more broadly is to work towards a reformed mental health system which is truly person-led. A person-led system (also called a consumer-led system) would shift from a 'one-size-fits-all' approach to a system that better serves individual and community needs, while respecting and sensitively responding to the diversity of communities.

Building a system which is truly person-led starts with ensuring consumers and carers are deeply engaged in system design. Both the PC Report and the Victorian Royal Commission Final Report make recommendations aimed towards increases the engagement of mental health consumers and carers in systemic decision making. The Productivity Commission recommended the establishment of new, separate peak bodies for consumers and carers.[19] The Victorian Royal Commission Final Report recommends that the Victorian Government develops "key roles across the mental health and wellbeing system for people with lived experience of mental illness or psychological distress".[20] It also recommends a range of roles to enable the proposed Mental Health and Wellbeing Commission to increase consumer leadership and participation in decision making, raise awareness about mental health experiences, and reduce stigma.[21] In addition, The Victorian Royal Commission Final Report recommended the Victorian Government establish a new non-government agency led by people with mental illness and psychological distress to develop and deliver consumer-led services, and encourage collaboration amongst people with lived experience.[22]

There are also a range of recommendations scattered throughout both the PC Report and the Victorian Royal Commission Final Report aimed at building the ability of services to be delivered in a person-led manner. For example, the PC Report recommends the introduction of "single care plans for people with moderate-to-severe mental illness who receive services from multiple clinical and non-clinical providers", to better involve consumers in developing their care plan and increase information sharing between services.[23] Similarly, the Victorian Royal Commission Final Report recommends the establishment of a responsive and integrated mental health and wellbeing system, in which people "receive most services

[19] Productivity Commission (2020). *Mental Health*: *Volume 3*, Action 22.4.
[20] Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 3: Promoting inclusion and addressing inequities,* Recommendation 28, p.11
[21] Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 3: Promoting inclusion and addressing inequities*, Recommendation 28, p.11.
[22] Victorian Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 3: Promoting inclusion and addressing inequities*, Recommendation 29.
[23] Productivity Commission (2020). *Mental Health*: *Volume 2*, Action 15.3, p.683.

locally and in the community throughout Victoria, close to their families, carers, supporters and networks".[24] Such a system would be delivered based on a philosophy of 'how can we help?' to enable people to be supported from their first to their last contact with mental health and wellbeing services.[25]

Until there is widespread system reform addressing disincentives to access services, people with mental illness should be offered assistance to engage with services. Disincentives to access services include stigma, lack of available services, long wait times, high costs, and culturally-inappropriate services. The role of assertive outreach is to reach out to consumers who are unconnected to services and may not know about or access services they need unless assertive outreach is in place to actively engage them. Mental Health Australia has previously proposed a model of assertive outreach[26] which, while specific to psychosocial disability as defined by the NDIA, could apply more broadly to engaging people with mental ill health in services. Assertive outreach could include:

- Mapping places where people with mental illness and or psychosocial disability who would normally be considered 'hard-to-reach' are likely to be in their local area.
- Conducting site visits to these places to engage with people with service providers in locations where they feel comfortable to discuss available mental health services.
- Working with local community and public mental health services (including mental health facilities, hospitals, GPs, community services, etc.) to upskill them in identifying and providing information and advice about services available to people experiencing mental illness and or psychosocial disability.
- Providing a "warm referral" (where the referring agent plays a role in directly connecting a consumer to another service) to a support service (whether it is into a general mental health service, or to begin accessing the NDIS).[27]

An example of this engagement model is the Community Connectors program, which uses an active outreach model to help consumers engage with, understand, and apply for the NDIS, however it is due to conclude on 30 June 2021. In addition to outreach workers, the PC Report found that peer workers are a valuable but under-utilised component of the mental health workforce.[28]

In relation to building Australians' resilience specifically, there is a high quality evidence-base which shows CBT-based resilience training and stress management is an effective intervention. Several systemic reviews have identified individual-level interventions are effective in reducing stress and improving wellbeing.[29] In Australia, there are minimal examples of generalised community-wide resilience building interventions; community-specific interventions usually related to adverse experience by that community, such as

[24] Victorian Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 1: A new approach to mental health and wellbeing in Victoria,* Recommendation 3, p.191.
[25] Victorian Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 1: A new approach to mental health and wellbeing in Victoria,* Recommendation 7, p.452.
[26] Mental Health Australia (2018). *National Disability Insurance Scheme: Psychosocial Disability Pathway*. Retrieved 19 March 2021 from https://mhaustralia.org/sites/default/files/docs/ndis_psychosocial_pathway_consultation_project_-_final_report_-_may_2018.pdf
[27] Mental Health Australia (2018). *National Disability Insurance Scheme: Psychosocial Disability Pathway.*
[28] Productivity Commission (2020). *Mental Health*: *Volume 2,* p.732.
[29] Mental Health Australia and KPMG (2018). *Investing to Save*, p.25.

bushfires or other natural disasters. When communities and individuals are rebuilding after disasters, resilience-building activities must be included in recovery planning.[30]

In relation to reducing stigma, Mental Health Australia supports the PC Report's recommendation for the development of a National Stigma Reduction Strategy to achieve community-wide attitude change.[31] Similarly, the Victorian Royal Commission Final Report recommended its proposed Mental Health and Wellbeing Commission lead the design and delivery of anti-stigma grants programs, evaluate anti-stigma efforts, and address systemic and individual mental health discrimination issues.[32]

Recommendations

That the Australian Government implement the PC Report recommendations related to:

- Designing a person-led mental health system including but not limited to Action 22.4, the establishment of peak bodies to represent mental health consumers and carers.
- Addressing stigma, including but not limited to, the creation of a National Stigma Reduction Strategy (Action 8.1).

Related Mental Health Australia advice:

- **Analysis of the PC Report**
- **Submission to the Productivity Commission Inquiry into Mental Health**
- **2021-22 Pre-Budget Submission**
- **NDIS Psychosocial Pathway Project Final Report**
- **Investing to Save Report**

[30] Department for Health and Wellbeing (2018). *Mental health recovery for communities after a disaster.* Retrieved 19 March 2021 from https://pir.sa.gov.au/__data/assets/pdf_file/0010/338716/Mental_health_recoveryinformationforpartnersandstak... .pdf

[31] Productivity Commission (2020). *Mental Health*: *Volume 2*, Action 8.1.

[32] Victorian Royal Commission (2021). *Final Report: Volume 3: Promoting inclusion and addressing inequities*, p.517.

Mental health workforce

Select Committee Term of Reference:

Building on the work of the Mental Health Workforce Taskforce and forthcoming National Medical Workforce Strategy, the roles, training and standards for all health and allied health professionals who contribute to mental health care, including peer workers, that are required to deliver quality care at different levels of severity and complexity, and across the spectrum of prevention, early intervention, treatment and recovery support;

The Australian Government's approach to workforce development must anticipate the needs of a future mental health system. Vision 2030, the PC Report and the Victorian Royal Commission Final Report all envisage a consumer-driven mental health system with emphasis on supports delivered in the community via holistic, multi-disciplinary teams; growing use of digital supports; and with hospital bed-based care reserved as a last resort. However, we do not as yet have a clear national picture of the workforce required to deliver this new system.

Mental Health Australia has provided advice in relation to the development of the National Mental Health Workforce Strategy. The lack of a clear and specific plan that outlines the set of services to be delivered — based on the Vision set out in the above-mentioned strategic reviews — hampers the ability of the National Mental Health Workforce Strategy to adequately plan for the workforce for the future. This is also the case for the National Medical Workforce Strategy, which should explicitly address the medical section of the mental health workforce and cross-reference the National Mental Health Workforce Strategy. In addition, national strategies should align with state-based workforce strategies (such as the Workforce Strategy and Implementation Plan recommended by the Victorian Royal Commission Final Report[33]) to ensure shared strategic direction on workforce reform.

A precursor to the development of effective workforce strategies is a clear system design. Without this, workforce strategies are likely to only address urgent gaps in traditional models of care, but not enable the consumer-driven system outlined in Vision 2030, the PC Report and the Victorian Royal Commission Final Report.

The Victorian Royal Commission Final Report rightly points out that workforce reform to deliver its newly envisaged mental health and wellbeing system for Victoria will require both growing the workforce to match its proposed system and developing capabilities within the workforce to develop new ways of working. This is true nationally, if Vision 2030 is to be achieved.

Both the PC Report and the Victorian Royal Commission Final Report highlighted workforce shortages. The Productivity Commission makes specific recommendations in relation to increasing the number of psychiatrists and mental health nurses. The Victorian Royal Commission Final Report highlights growing workforce shortages across the mental health and wellbeing workforce into the future. However, the ability of the Productivity Commission and Victorian Royal Commission to analyse the workforce were hampered by the lack of a nationally-consolidated mental health and wellbeing workforce dataset, alongside the need to use the National Mental Health Service Planning Framework (a highly-regarded tool but

[33] Royal Commission into Victoria's Mental Health System (2021). *Final Report: The fundamentals for enduring reform,* Recommendation 57.

one based on traditional models of care) to create projections. In particular, both final reports highlighted data gaps in relation to the community mental health sector's workforce.

Given the emphasis on community-based support in Vision 2030, the PC Report, and the Victorian Royal Commission Final Report, it is now urgent that data gaps in relation to the community mental health workforce are addressed. The Productivity Commission recommended that "Australian, State and Territory Governments should ensure a nationally consistent dataset is established in all States and Territories of non-government organisations that provide mental health services."[34] The Australian Government should implement this recommendation in full as a priority. As it stands the lack of data is contributing to a negative cycle. A of lack of understanding of the community mental health workforce leads to a lack of analysis of this workforce, and therefore a lack of strategy to grow the workforce to match need.

As a part of any analysis of the community mental health workforce, the impact of the transition to the NDIS on the psychosocial disability workforce cannot be ignored, with the Victorian Royal Commission highlighting its negative impacts. These issues are described in detail in multiple Mental Health Australia reports and submissions.[35]

An integral function of the envisioned mental health system will be multidisciplinary care. The Victorian Royal Commission notes the erosion of genuine multidisciplinary teams as a result of increased service demand and insufficient funding. It states that "over time, an emphasis on more generic roles, and employment of skilled specialist professionals into them, appears to have limited the ability of those professionals to meaningfully apply their skills as part of multidisciplinary approaches."[36] The Victorian Royal Commission Final Report concludes that in order to "ensure that consumers receive genuine multidisciplinary treatment, care and support, the contemporary system will need to increase its support for mental health and wellbeing workers to be able to use their diverse skillsets, by optimising scopes of practice across a broad range of professions."[37]

In addition to enabling members of multidisciplinary teams to reach the full potential of their individual professions, the Victorian Royal Commission has also highlighted gaps in core skills that will be required of all members of the envisioned mental health and wellbeing workforces. The Victorian Royal Commission Final Report rightly points out that "there is not collective, workforce-wide approach to developing workers' capabilities in areas of priority focus" and that "core skills, knowledge and attributes are no longer consistently developed across the workforce".[38] The Victorian Royal Commission shows national leadership by recommending the development of a Victorian Mental Health and Wellbeing Workforce Capability Framework.[39] Further, its proposed establishment of the Victorian Collaborative Centre for Mental Health and Wellbeing,[40] would drive exemplary practice across the sector;

---

[34] Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 3,* p.1204.
[35] See for example: Community Mental Health Australia, Mental Illness Fellowship of Australia and Mental Health Australia (2020). *Submission to the Joint Standing Committee on the NDIS – Inquiry into NDIS Workforce and Mental Health Australia* and Community Mental Health Australia and Mental Health Australia (2015). *Developing the workforce*.
[36] Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 4: The fundamentals for enduring reform,* p.481.
[37] Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 4: The fundamentals for enduring reform*, p.484.
[38] Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 4: The fundamentals for enduring reform,* p.485.
[39] Royal Commission into Victoria's Mental Health System (2021). *Final Report: Volume 4: The fundamentals for enduring reform.* Recommendation 58, p.452.
[40] Royal Commission into Victoria's Mental Health System (2021). *Interim Report,* p.342.

conduct interdisciplinary, translational research; and educate the mental health and wellbeing workforce.

Mental Health Australia recommended consideration of a similar (but national) function in its submission to the Productivity Commission Inquiry into Mental Health Draft Report. The mental health workforce would benefit from the establishment of a national centre of evidence-based workforce development similar to that of **Te Pou** in New Zealand that supports the mental health, addiction and disability sectors in that country. Such a cross-sectoral workforce planning and training centre could be the driver of workforce changes and strategies to meet future challenges in delivering a person-led mental health service system. This would include undertaking research, developing and coordinating education and training for service providers and trainers, as well as providing resources, tools and support to improve service delivery.

Such a centre could also be the catalyst for developing supporting workforce strategies to better manage future disasters as experienced by the devastation caused by recent bushfires. This could include the development of contingency plans to ensure that there is a workforce capable of meeting the needs of these communities without impacting upon current service delivery.

In addition, action on the workforce should not be limited to mental health, health, and disability professionals. There are a range of professionals who come into contact with people with mental ill health regularly and workers in these professions should have the skills, knowledge and expertise to work with people with mental illness in a way that is safe, trauma-informed, recovery-oriented, and consumer-led.

It will be important that the Australian Government shows national leadership in nurturing the existing mental health and wellbeing workforce through major workforce reform. Both the Victorian Royal Commission Final Report and the PC Report highlighted the specific risks to the physical and psychological safety of people working within the mental health sector. These risks should be mitigated through system-wide implementation of professional supports known to help build workforce resilience and support wellbeing such as “reflective practice, professional and clinical practice supervision and formal and informal debriefing.”[41]

In addition, it is not just what is implemented but how it is implemented that will be a determining factor for enduring reform. The Australian Government must approach workforce reform using a collaborative approach with the many stakeholders involved in workforce development. Its approach must be underpinned by sound change management, avoiding at all costs further uncertainty for a fragile sector.

Recommendations

The National Mental Health Workforce Strategy should:

- Be developed collaboratively with the range of key stakeholders both impacted by and able to influence mental health workforce development.
- Address workforce needs for a future mental health system that is consumer-driven, with emphasis on supports delivered in the community via holistic, multi-disciplinary teams, and incorporates a growing use of digital supports, with hospital bed-based care reserved as a last resort.
- Consider the specific needs for professional support within the workforce.
- Be implemented using a measured change management approach.

[41] Royal Commission into Victoria’s Mental Health System (2021). *Final Report: Volume 4: The fundamentals for enduring reform,* p.477.

The Australian Government should urgently establish a national dataset of non-government organisations that provide mental health services, as described in PC Report Action 24.3.

The Australian Government should create a national workforce institute to drive national mental health workforce reform, professional development, and leadership across the mental health sector.

Related Mental Health Australia advice:

- **Submission to the Productivity Commission Inquiry into Mental Health, pp.33-35**
- Submission to the Productivity Commission Inquiry into Mental Health Draft Report, pp.39-43
- **Submission to the Parliamentary Joint Standing Committee on the NDIS – Inquiry into NDIS Workforce**
- **Developing the Workforce Report**

Funding arrangements

Select Committee Term of Reference:

the funding arrangements for all mental health services, including through the MBS and PHNs, and whether they are structured in a way that supports safe, high quality and effective care in line with the qualifications of practitioners and needs of consumers across whole of population;

The funding arrangements that enable Australia's mental health system, should clearly delineate between state, territory, and federal responsibilities and incentivise person-led, team-based care within the community alongside safe hospital-based support as a last resort.

There is chronic and significant underfunding across mental health services, most recently outlined in both the PC Report and the Victorian Royal Commission Final Report. Funding gaps outlined in both of these reports should be addressed urgently so that those who need services receive them. As the Victorian Secretary of the Department of Treasury and Finance told the Victorian Royal Commission, "Generally there's only three ways that governments can pay for things: you either cut spending in another area to fund more spending in a particular area; you either raise taxes to fund something, or you increase borrowing."[42] The Victorian Royal Commission Final Report has recommended the State Government implement a new revenue mechanism (a levy or tax) for the provision of operational funding for mental health services.[43] The Australian Government is yet to identify the funding source or envelope to address chronic systemic underfunding of those mental health services, which are Australian Government funded. The PC Report has made clear recommendations about increasing funding to match need of particular services and workforce positions so there is no need for the Australian Government to wait for the Final Report from this Select Committee to commence addressing chronic underfunding of mental health services.

In addition to chronic underfunding, national and state funding arrangements in mental health are also unclear, with responsibility shared in many instances. This can lead to cost (and responsibility) shifting, resulting in gaps in service provision. This issue is clearly articulated in Mental Health Australia's submission to the Productivity Commission Inquiry into Mental Health on Intergovernmental Arrangements, the PC Report, and the Victorian Royal Commission Final Report. Australian and state government funding arrangements should be clearly articulated in the National Mental Health and Suicide Prevention Agreement, due to be finalised in November 2021.

Within states, mental health funding also suffers from a lack of line of sight between funding allocated and services delivered. This was most recently described in the Victorian Royal Commission Interim Report which outlined that this led to mental health funding subsidising physical health services delivery, and community mental health funding subsidising hospital-based services.[44]

The lack of transparency around both Australian and state government mental health funding has made accountability difficult and may encourage cost-shifting and cross-

[42] Royal Commission into Victoria's Mental Health System (2019). *Interim Report,* p.478.
[43] Royal Commission into Victoria's Mental Health System (2019). *Interim Report,* p.468.
[44] Royal Commission into Victoria's Mental Health System (2021). *Interim Report,* p.108-109.

subsidisation to occur unchecked, potentially contributing to the already chronic underfunding of the mental health system. The new National Agreement on Mental Health and Suicide Prevention needs to provide improved public accountability for mental health funding nationally. Mental Health funding lines should be so clear and publicly transparent that mental health consumers and carers can hold governments to account for the services they have been promised.

In addition to the lack of clarity around funding structures, both the PC Report and the Victorian Royal Commission Final Report acknowledge the multiple funding models used to fund mental health services, describing each model's benefits and risks. Both reports appear to acknowledge the need for funding models to move from models which incentivise delivery of inputs to models which incentivise outcomes and value-based healthcare. Both reports see Activity-Based Funding models as a step in the right direction towards funding models which incentivise outcomes and value, although both reports acknowledge Activity-Based Funding is not the endpoint in this journey. They also acknowledge that other funding models, for example block funding, fee-for-service, and capitation would need to supplement Activity-Based funding models for services, which suit these models better.

There is clearly more work to do on funding models. Mental Health Australia therefore supports the PC Report Action 23.8 that the Australian Government "establish a Mental Health Innovation Fund to trial innovative service delivery, system organisation and payment models."[45] In Victoria, the Royal Commission has recommended the development and trial of bundled and capitation models of funding.[46]

As an overarching approach, it is important that governments carefully consider funding models which:

- Incentivise person-led and multidisciplinary team-based care.
- Account for higher costs of delivering some variations of service types (e.g. delivering services in rural and remote areas).
- Offer long-term certainty of service provision.

Of course, funding models need to consider at their core improving accessibility for consumers. Both the PC Report and the Victorian Royal Commission Final Report make mention of high out-of-pocket costs for mental health services delivered in the private sector as a barrier to access. Levers to lower out-of-pocket costs for consumers must therefore be considered as a part of any model designed to fund mental health care delivered through the private sector.

The combination of the PC Final Report and the Victorian Royal Commission Final Report paint a picture of a broken and convoluted funding structure lacking clear lines of responsibility and promulgating perverse incentives. The Australian, state, and territory governments have an opportunity to fix this through by developing a clear National Agreement on Mental Health and Suicide Prevention and establishing an Innovation Fund designed to shift funding models toward incentivising outcomes- and values-based care.

Recommendations

» The Australian Government should start to address major and chronic underfunding of the mental health system, identified in the PC Report, immediately but in a targeted way.

[45] Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 3,* p.1174.
[46] Royal Commission into Victoria's Mental Health System (2021).*Final Report: Volume 4,* Recommendation 48, p.102

- The Australian, state, and territory governments should clarify funding roles and responsibilities through the National Agreement on Mental Health and Suicide Prevention, currently being developed.
- The Australian, state, and territory governments should ensure lines of funding for mental health are clear and transparent enough to enable consumer-focussed accountability.
- Funding models used to fund mental health services should:
    - incentivise person-led and multidisciplinary team-based care
    - account for higher costs of delivering some variations of service types (e.g. delivering services in rural and remote areas; hospital-based care)
    - offer long-term certainty of service provision
- The government should consider levers to lower out-of-pocket costs for access to private mental health care.

Related Mental Health Australia advice:

- **Submission to the Productivity Commission Inquiry into Mental Health – Intergovernmental Arrangements**

Ensuring telehealth and online services quality and safety

Select Committee Term of Reference:

the use, standards, safety and regulation of telehealth services and the role and regulation of domestic and international digital and online mental health service providers in delivering safe and high quality care in Australia

Mental Health Australia strongly supported the Australian Government's expansion of telehealth to support access to essential mental health services during the initial stages of the COVID-19 pandemic. The provision of Medicare Benefits Schedule (MBS) rebates for a greater range of telehealth services was well received by health professionals, people with lived experience, and the wider community, and has accelerated the uptake of telehealth exponentially. In relation to mental health support, telehealth services have provided a lifeline for many people, some of whom have experienced the need for mental health services for the first time as a result of the pandemic or the 2019 bushfires. Older people and especially people living in residential aged care have also been particularly affected by the pandemic, and have also benefited from access to services through telehealth.

Mental Health Australia has called for continuation of these expanded telehealth items, which increase the accessibility and responsiveness of the health system.[47] Mental Health Australia also advocates for continuous improvement to telehealth quality and efficacy. Telehealth should be located within a model of care as determined by the relevant mental health professions, according to clear standards; be low cost; and include a system of accountability for safety and quality.

Similarly, online and digital services have significant potential to increase consumer choice, flexibility, and access to mental health services. Mental Health Australia and KPMG's report *Investing to Save* found that given the effectiveness of e-Mental health programs, "they should now be considered part of the mainstream service delivery portfolio, not an add-on".[48]

Digital mental health services can address barriers or weaknesses experienced in traditional face-to-face interventions including: cost, flexibility of access, fidelity of the intervention process (that is, that the intervention is delivered as intended), and consumer privacy. These types of mental health services have the potential to be particularly beneficial for people who are not accessing other mental health services, and can facilitate greater engagement with people from CALD backgrounds by allowing individuals to connect with mental health workers who speak their preferred language and/or understand their cultural norms relating to mental health and wellbeing.

The PC Report recommended the development of a National Digital Mental Health Platform, which would provide individuals and service providers with up-to-date information about services available in their local area and access to evidence-based assessment to match people to most appropriate services.[49] This would greatly improve accessibility and navigation of the mental health ecosystem.

---

[47] Mental Health Australia (2020). *Pre-Budget Submission 2020-21 – Addendum*. Retrieved 5 March 2021 from https://mhaustralia.org/sites/default/files/docs/mha_2020-21_pre-budget_submission_addendum_-_final.pdf

[48] Mental Health Australia and KPMG (2018). *Investing to Save: the economic benefits for Australia of investment in mental health reform*, p.70. Retrieved 5 March 2021 from https://mhaustralia.org/sites/default/files/docs/investing_to_save_may_2018_-_kpmg_mental_health_australia.pdf

[49] Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 2,* Action 10.4, p.488.

The PC Report also recommended the Australian Government increase funding to expand online supported mental health treatment.[50] The Commission found that research has demonstrated supported online treatment is as effective as face-to-face therapy. Online services would increase consumer choice and access, and provide additional benefits around fidelity and increased outcomes measurement. The PC Report also recognised the importance of access to evidence-based, safe, and effective self-help online treatments as an option, in addition to the clinician-supported online treatment formats, as consumers can prefer self-guided supports. E-mental health interventions have the potential to deliver a short-term return on investment of $1.60 for every $1 spent.[51]

The Australian Government is currently developing a National Digital Mental Health Framework, to "provide an integrated and strategic approach to digital mental health service delivery within the broader context of Australia's mental health system".[52] The Australian Commission on Safety and Quality in Health Care recently developed National Safety and Quality Digital Mental Health Standards, released in November 2020, and are developing an independent assessment scheme for the standards.[53]

To enable better use of digital mental health service delivery, referring professionals and consumers awareness of and trust in online treatment services must be increased. The PC Report recommended that the Australian Government "instigate two separate information campaigns or consumers and health professionals to raise awareness of the effectiveness, quality, and safety of government funded, supported online treatment."[54] Mental Health Australia encourages the Australian Government to act on this recommendation.

Although there is an opportunity to increase access to mental health services through the increase of telehealth and online mental health services, some consumers experience barriers in accessing these services. For example, people who are poor may not be able to afford access to the relevant technology to engage in telehealth and online services, people who do not have a high level of computer literacy may find it difficult to realise the full potential of telehealth and online services, some parts of rural and remote Australia may not have adequate internet connectivity to effectively participate, and people from some CALD communities may not see telehealth and online services as a viable mode of service delivery. Accordingly, telehealth can only be used to increase consumer choice and service access, it should not entirely replace other service models.

Recommendations:

The Australian Government should:

- Continue to fund telehealth services for people experiencing mental health issues and expand telehealth services to include residential aged care facilities during and after the COVID-19 pandemic.
- Implement the PC Report recommendations in relation to the development of a National Digital Mental Health Platform (Action 10.4) and funding to expand online supported mental health treatment (Action 11.1) and information campaigns for

[50] Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 2,* Action 11.1, p.518.
[51] Mental Health Australia and KPMG (2018). *Investing to Save: the economic benefits for Australia of investment in mental health reform*, p.70.
[52] Department of Health and PWC (2020). *Scoping and development of a National Digital Mental Health Framework: Consultation Paper*, p.3.
[53] Australian Safety and Quality Digital Mental Health Standards (ND). *National Safety and Quality Digital Mental Health Standards*. Retrieved 11 March 2021 from https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards
[54] Productivity Commission (2020). *Inquiry into Mental Health: Volume 2*, p.518.

consumers and health professionals to raise awareness about online treatment (Action 11.1).

Related Mental Health Australia advice:

- **Mental Health Australia 2020-21 Pre-Budget Submission Addendum**
- **Mental Health Australia and KPMG Investing to Save Report**
- **Mental Health Australia issues paper on the Mental Health Response Plan for COVID-19**

Conclusion

The Australian Government now has reports from a comprehensive set of recent reviews to reform mental health service delivery in Australia. The task before the Government is to navigate the complex interplay between the myriad of recommendations that will move Australia beyond a mental health system which is chronically underfunded and fragmented to a world-leading, person-led system that keeps Australians well. This is not a meagre challenge, and to meet it the Government will need the help of the mental health sector. Consumers and carers should be at the forefront on implementation design. Those delivering mental health and wellbeing related services, researchers and academics also need to be at the table, alongside peak bodies who represent these important sections of the sector. Reforming mental health requires collective efforts from across sectors.

Mental Health Australia urges Government to engage deeply with the complexity of the recommendations across the reports considered by the Select Committee, to consult widely, and to consider carefully the design of their implementation. Australian's mental health and wellbeing will not be improved through piecemeal implementation of few recommendations. Systemic reform is required for this fundamentally broken system and will only be achieved through a systemic approach to implementation of reform recommendations.