Mental Health Council of Australia

MENTAL HEALTH COUNCIL OF AUSTRALIA SUBMISSION

To the National Mental Health Commission's Review of Existing Mental Health Programmes and Services

April 2014

Mentally healthy people, mentally healthy communities

The Mental Health Council of Australia (MHCA) welcomes the opportunity to make a submission to the National Mental Health Commission's (NMHC) review of mental health programmes and services. The MHCA is currently developing its long-term vision for national mental health reform, in collaboration with our members, consumers and carers, and other key stakeholders. We hope to articulate this vision over the course of the NMHC's review and beyond.

In this submission, the MHCA has attempted to identify structural and systemic levers for reform, while still being practical and achievable in a reasonable timeframe. The recommendations below are based on the MHCA's vision of a world-class mental health 'system' characterised by several fundamental features to drive better consumer and carer outcomes: prevention and early intervention, a recovery focus, service integration, and increased participation and inclusion of mental health consumers and carers. We look forward to a process of constructive engagement with mental health commissions and governments to make this vision a reality.

RECOMMENDATION 1

That the Australian Government work with consumers and carers, agencies across governments, professional groups and non-government organisations to develop and fund a national peer workforce strategy.

To build more effective services for consumers and carers, it is important to move beyond well-established theories of recovery towards approaches that incorporate recovery in practice. The role of a professional, well-integrated and supported peer workforce has been consistently identified in past reviews and consultation processes as the way to move from theory to practice in this regard. A stronger and more highly valued peer workforce would be an efficient and self-sustaining mechanism to address the stigma in services that is so often at the heart of poor outcomes and experiences of care. Providing appropriate employment opportunities for people with lived experience of mental illness would also assist in harnessing their potential to make a major contribution to the Australian economy and social fabric – a potential that is so often unrealised at present.

RECOMMENDATION 2

That the NMHC closely examine financial and other structural incentives that may be perpetuating investment in acute and hospital-based care, restricting investment in recovery-based approaches, and preventing efficient and effective early intervention and prevention services, particularly services based in the community, from thriving and growing.

For example, some services (such as those funded under the National Disability Insurance Scheme) require that a consumer have a 'permanent impairment' before they can access services. In many contexts, less expensive, and potentially better fit-for-purpose, non-clinical supports, such as in housing, employment support and assistance in navigating other service systems, should be preferentially favoured over expensive clinical supports. A systematic and population-based approach to prevention and early intervention should be promoted, including through the implementation of population-specific, evidence-based strategies in a variety of settings, commencing in early childhood and primary and secondary

school curriculums and including youth friendly settings, workplaces, and aged care services and facilities.

RECOMMENDATION 3

That Australian and State/Territory Governments adopt outcome-based, whole-of-life targets that are ambitious and achievable over the long term and are tracked through indicators that measure progress towards those targets. These indicators should include, as a priority, nationally consistent measures of consumer and carer experiences. Information systems should be developed to allow the efficient and timely collection, analysis and publication of these data.

The MHCA broadly endorses the framework for targets and indicators recommended to COAG by its Expert Reference Group. Experience has shown that outcome frameworks can drive progress and provide a direction for reform that is shared consistently at national, state/territory, local and service levels (for example, the Closing the Gap in Indigenous Disadvantage strategy). Outcomes reporting can drive reform by enhancing accountability on the part of funders and service providers, and provides a way to incentivise and measure the impact of reforms in specific areas.

In addition, measures of consumer and carer experiences and satisfaction would provide an important mechanism for promoting recovery principles and embed consumer and carer perspectives in service design and delivery. Collection of such information should be required from all services that interact regularly with people with mental illness, regardless of funder type, and be monitored and reported upon regularly.

RECOMMENDATION 4

That Australian and State/Territory Governments agree to release the latest version of the National Mental Health Service Planning Framework (NMHSPF) and support its ongoing development so that future reforms and service planning be informed by the NMHSPF and its subsequent iterations.

Arising out of the Fourth National Mental Health Plan, the NMHSPF is the most comprehensive planning tool currently available in relation to mental health, developed through a comprehensive process of consultation with the mental health sector.

Through careful use, the NMHSPF could drive investment in mental health promotion, prevention and early intervention, which over the long term should ease demand on acute and crisis-driven services – a goal that many stakeholders share but is difficult to achieve in practice.

If the NMHSPF is not released in the near future, there is a risk of undermining the substantial contribution that many stakeholders made to its development and consequent loss of goodwill towards the jurisdictions involved.

RECOMMENDATION 5

That the NMHC carefully consider the practicalities and implications of applying Activity Based Funding (ABF) to community-based mental health services funded outside of the hospital system.

If applied appropriately, ABF may have the potential to improve transparency and efficiency in mental health services through standardising reporting, clarifying where money is spent, and enabling benchmarking and comparison of different approaches and outcomes. It could also be a driver for innovative service models that can demonstrate better outcomes. Supported by appropriate infrastructure and training, accurate and comprehensive ABF models would also recognise and properly fund the important role of the community sector in relieving pressure on hospitals. Without these and other ways of allocating resources efficiently, we risk perpetuating the hospital-centric nature of the mental health 'system', for example through perverse incentives for states and territories to prioritise services they already provide at the expense of more efficient and more effective services.

RECOMMENDATION 6

That the NMHC consider and define the optimal roles and responsibilities of Commonwealth and State/Territory Governments in relation to mental health.

Services available to consumers and carers are currently provided through a maze of fragmented and often ad hoc programs and service streams, with little national coordination or clear lines of accountability for outcomes. At a broad level, State/Territory Governments should have responsibility for service planning and delivery to ensure local needs are being met, and also for service management, including contracting and procurement with a focus on outcomes rather than activity.

For its part, the Commonwealth should provide national leadership and hold responsibility for areas in which national consistency is critical. This would include, for example, minimum standards of service delivery, workforce accreditation, and data specifications. It should also ensure monitoring and reporting on those standards and against agreed outcome measures through an independent national mental health 'watch-dog', to which jurisdictions would be required to regularly provide data as a condition for ongoing funding. The Commonwealth should also take the lead in areas that do not require or recognise state boundaries, such as where nationally-consistent information technology platforms and quality standards are used or required.

RECOMMENDATION 7

That the NMHC consider the potential efficiencies in improving information management systems regarding mental health, including consistency in system standards and interoperability and data exchange between systems (including but not limited to personally controlled electronic health records).

Service providers consistently report considerable duplication and inefficiency across services and programs in the collection, management and reporting of information, requiring significant resources in terms of both time and financial investment. Consumers and carers

also express frustration that existing systems are not accessible to or controlled by consumers, or portable between services. A better coordinated approach to data management, including for recording service history and outcomes information, would facilitate service integration and coordination. While issues around privacy and confidentiality would need careful consideration, a more coordinated approach would ultimately increase the effectiveness of services and provide better insight into progress towards better outcomes for consumers and carers.

RECOMMENDATION 8

That the NMHC consider how better use of information technology could deliver more diverse and more effectively targeted services, and better manage demand for services.

Wide penetration of web technology provides significant potential to provide effective and efficient services in ways that go beyond traditional service models. Interactive online services, internet resources, mobile apps and other avenues for self-managed care should be openly accessible, given that they are easily scalable and therefore have capacity to meet virtually unlimited levels of demand.

Improving the effectiveness and awareness of such services, integrating them into service models and pathways, and using them as a first line of care where possible, could deliver significant efficiencies through early intervention. Importantly, such services need to be aligned with other pathways to care to ensure that people with higher-level needs are quickly identified and referred to more appropriate services. Such approaches would also help to efficiently divert demand from more expensive services, so that clinical and other professional services can target their specialist skills towards those consumers who would benefit most.

RECOMMENDATION 9

That COAG develop and agree to a new National Agreement for Mental Health as a nationally unifying and authoritative strategy for mental health reform over the longer-term.

A new National Agreement should be the primary mechanism for a sustained and coordinated approach to mental health in Australia. It would have much the same role, structure, authority and operation as the National Indigenous Reform Agreement (NIRA). That is, it would:

- commit all governments to the achievement of high-level objectives and outcomes in mental health;
- provide an authoritative mechanism for specific targets and indicators for reform;
- enshrine key principles such as the centrality of the recovery framework, consumer and carer engagement, and prevention and early intervention;
- clearly set out the roles and responsibilities of each level of government;
- shift incentives towards more effective, evidence based outcomes;

- explicitly state that achieving mental health outcomes requires coordinated and integrated efforts across all jurisdictions, all portfolios and all sectors (including in physical health, early childhood, education, employment and housing); and
- guide planning and implementation of reforms over the longer-term (including, for example, by reference to minimum service standards).

Also consistent with the NIRA model, a Specific Purpose Payment would not necessarily be attached to a new National Agreement for Mental Health. Instead, jurisdictions would be accountable for progressing mental health outcomes in various service contexts and across portfolios, leveraging existing streams of funding (including existing Specific Purpose Payments), and activity across mainstream social services.

As with other COAG agreements, the specific activities to be pursued under a new National Agreement would be outlined in detail in individual State and Territory Implementation Plans. The National Agreement would also guide the content of any bilateral or multi-lateral arrangements between the Commonwealth and States/Territories in relation to specific reforms. For example, National Partnership Agreements could provide reward funding for jurisdictions that achieve certain milestones in progressing towards agreed mental health targets, or provide incentives for jurisdictions to explore more efficient and sustainable models of funding for non-government organisations across all social service areas, with trials or pilots conducted on a regional-basis.

RECOMMENDATION 10

That government responses to the outcomes of the NMHC's review should occur over a period of carefully managed transition.

This submission has identified a number of complex, high-level, system-wide options for reform that are likely to drive progress towards a better mental health system and ultimately towards better outcomes for consumers and carers. These options are not quick fixes, and will require sustained effort and commitment from governments and non-government organisations across the health, mental health and social services sectors, as well as from consumers and carers.

The NMHC's review is taking place in a period of great uncertainty, particularly given the potential impact of the National Disability Insurance Scheme on the service landscape. It will be important to learn from the lessons of implementing psychosocial disability support through the NDIS, and ensure that any future directions are consistent with efforts to improve those processes.

Any decisions made in the near term should be consistent with a long-term vision, ensure that service capability is maintained, and, especially, should provide continuity of support for mental health consumers and carers. Importantly, this means that:

- any savings identified in the course of the NMHC's review should be reinvested within the mental health system; and
- the recommendations of the NMHC's review should stipulate that there be no overall reduction in services for people with experience of mental illness compared with the status quo.

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