

Wednesday 30th October 2019

Media Release

Productivity Commission Inquiry into Mental Health Draft Report Release

The Northern Territory Mental Health Coalition is the Peak Body for community managed mental health services in the Northern Territory and is a member of Mental Health Australia (MHA). The Coalition has a network of 200 individuals, organisations and stakeholders across the Northern Territory, including 35 member organisations.

The Productivity Commission has been conducting an inquiry into the social and economic benefits of improving mental health in Australia. The Draft Report is set to be released on October 31. According to Mental Health Australia the release of the Productivity Commission's Inquiry into Mental Health Draft Report marks a once in a lifetime opportunity for much-needed reform.

Executive Officer of the Northern Territory Mental Health Coalition, Vanessa Harris said *"we are keenly anticipating the release of the draft report as a means of driving forward the mental health reform agenda nationally and in the Northern Territory"*

Over 560 submissions were made nationally to the Productivity Commission Inquiry, approximately 20 were from Northern Territory based organisations¹.

The mental health burden of disease is much higher in the NT compared to the national average. In the NT mental health conditions contribute to 16.3% of the burden of disease, compared to 7.4% in Australia as a whole².

The mental health system in the Northern Territory operates at the intersection of complex interrelated social, cultural and historical determinants in a primarily remote context. Mental health system reform should be considered across health, justice, housing and social support including families and community sectors and leads to a better integrated and coordinated mental health system.

Executive Officer of the Northern Territory Mental Health Coalition Vanessa Harris, said, *"People seeking mental health treatment and care in the Northern Territory need consistent access to high quality specialist clinical care across all the age ranges, genders and locations, as well as access to robust psychosocial supports, personal and peer-based recovery networks. Carers need to be well supported and people with lived experience of mental health should have a voice, with roles that are embedded into the system"*.

The mental health sector stands ready to support Government to seize this opportunity to improve Australia's mental health" Mental Health Australia's Acting CEO Melanie Cantwell.

¹ Northern Territory submissions include: Top End Association for Mental Health (TeamHealth); Central Australian Aboriginal Congress; NT Shelter; NTCOSS; Anglicare NT; AMSNT; PAIN NT; Top End Women's Legal Service; NT Legal Aid Commission; NT PHN; Northern Community Legal Centre

² 1 Department of Health (2016) Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN <https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf>

In anticipation of the publication of the Productivity Commission's draft report and recommendations, key mental health stakeholders across Australia have agreed upon a Mental Health Australia initiative titled: Charter 2020³. Charter 2020 outlines the need for a national agreement for mental health informed by the 9 key principles (see appendix).

The NT Mental Health Coalition encourages all mental health stakeholders to embrace this significant opportunity to progress reform of the mental health sector.

"There is an overwhelming consensus for the Charter 2020 principles, in that they provide Government with a lens to view the Productivity Commission's Draft Report through," said Mental Health Australia's Acting CEO Melanie Cantwell.

Media Enquiries: Vanessa Harris: 0408 588 904 or eo@ntmhc.org.au www.ntmhc.org.au



³ Charter 2020 and Consensus statement: <https://mhaustralia.org/media-releases/over-100-organisations-unify-launch-charter-2020-mental-health>

This is our Charter 2020: Time To Fix Mental Health

STRIKE A NEW NATIONAL AGREEMENT FOR MENTAL HEALTH

An agreement that delivers integration and coordination of mental health services, including agreed objectives, indicators, monitoring arrangements and funding between all levels of government.

BUILD A MENTAL HEALTH SYSTEM THAT IS TRULY PERSON LED

A system centred on what people with lived experience mental health issues and their carers say they need, including the structures and processes required to ensure codesign of services and programs.

ADDRESS THE ROOT CAUSES OF MENTAL HEALTH ISSUES

Eliminate stigma and discrimination and address the social and environmental determinants of poor mental health including housing, employment, trauma, physical health, income support, and environment.

INVEST IN EARLY INTERVENTION AND PREVENTION

Programs and supports that intervene early to prevent people from becoming mentally ill and stop emerging mental illnesses from becoming more severe. **FUND INDIGENOUS MENTAL HEALTH,**

WELLBEING AND SUICIDE PREVENTION ACCORDING TO NEED

Including dedicated strategic responses co-designed and co-implemented with Indigenous leaders, consumers and communities. This should be guided by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013, and the Gayaa Dhuwi (Proud Spirit) Declaration.

PROVIDE INTEGRATED, COMPREHENSIVE SUPPORT SERVICES AND PROGRAMS

Full suites of services and programs required to support mental health and ensure intensive, team based and integrated care is available for all those experiencing a mental health crisis, and addressing the needs of people who have traditionally missed out, such as culturally and linguistically diverse, LGBTIQ+ populations, and people living with intellectual disability.

EXPAND COMMUNITY BASED MENTAL HEALTH CARE

Ensure there are psychosocial programs and team based care options to provide community based care and to avoid hospitalisation wherever possible. **SUPPORT**

WORKFORCE DEVELOPMENT

Invest in systematic workforce development, including peer workers, volunteers, paid and unpaid carers, community workers and clinicians.

BUILD AN EVIDENCE BASED, ACCOUNTABLE AND RESPONSIVE SYSTEM

Ensure constant research and evaluation, transparent monitoring of prevalence, availability of services and programs, system performance and gaps. Ensure targeted and timely response to identified gaps, system failures and poor performance.