TEN YEAR ROADMAP WORKSHOP

Report of key issues and themes

Old Parliament House Canberra
6 September 2011

Acronyms and Abbreviations

COAG	Council of Australian Governments
DEEWR	Department of Education, Employment and Workplace Relations
DoHA	Department of Health and Ageing
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
MHCA	Mental Health Council of Australia
NGO	Non-Government Organisation
PM&C	Department of Prime Minister and Cabinet

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Executive Summary

The Ten Year Roadmap Workshop brought together Government, service providers, consumers and carers from around Australia, to discuss the establishment and priority focus for development of a Roadmap, to build on the 4th Mental Health Plan and to direct policy, planning and implementation in relation to the 2011-12 Federal Budget mental health package.

Five key areas were discussed in relation to the development of a Roadmap, including:

1. Desired characteristics of Australia's mental health system in 10 years
2. Priority areas and actions to be undertaken
3. Increased accountability
4. NGO sector engagement
5. Other guiding principles

When participants were asked to provide group feedback about the priority issues for consideration in the development of a Roadmap, five main areas emerged:

- The way the **change process** is received will be directly related to the promotion and supports put in place during the implementation of the Roadmap
- The Roadmap must be **holistic** and inclusive of all aspects of the person's life and their carers at any given point in time ie: must cross all the relevant portfolios of governments
- The **workforce** must be developed and supported through the implementation of the Roadmap
- Consumers and workplaces should be supported when a person with a mental illness is seeking or maintaining **employment**
- **Stigma and discrimination reduction** could be achieved through improved community awareness, particularly around the use of more recovery oriented language.

It is not the intention of this report to outline every issue raised, but the priorities listed above and key issues discussed below give a good sense of the themes raised throughout the workshop. This summary report is based on notes taken by the scribe throughout the day.

Priority considerations

1.   Desired characteristics of Australia's mental health system in 10 years

Participants were asked:
> ➤ *Thinking ahead, what should be the characteristics of Australia's Mental Health system by 2021?*

When workshop attendees were asked to look forward to 2021 and imagine the characteristics of the mental health system, they focussed on improving mental health services and creating a major shift from the current acute and hospital focus to one of community recovery and self care. It was agreed that the World Health Organization's service pyramid provided the right model to follow – building services on a base of self-care and informal care, with use of acute services minimised by strong community mental health services and primary mental health care.

The second key characteristic was an integrated system that works for and is organised around the people using it – a system that is recovery focused, holistic, collaborative and inclusive. Cross sectoral collaboration and partnerships were seen as key achievements in bridging the divide between many of the programs and services experienced by mental health consumers and carers currently.

Members were keen for the Roadmap to be a genuinely aspirational document, and to contain targets that are clear, forward-looking and include recovery standards. It was suggested that targets could be set around areas like reduction in emergency department presentations, involuntary orders, suicide and incarceration.

At the service delivery level, the forum recommended having well-established systems, policies, procedures, standards and data in place across jurisdictions, backed with regular holistic reviews and evaluations.

Other issues discussed by the group included the following:

* maintaining a direct focus on mental health consumers and carers
* services that measure consumer and carer outcomes and experiences, and value their views and contribution
* ensuring whole of life support services
* reducing stigma and discrimination
* improving access to information and advice
* supporting evidence based treatment
* increasing the number of people with mental illness in meaningful employment
* developing a system that is understandable and accessible
* promoting early intervention as part of the "norm"

2. Priority areas and actions to be undertaken

Participants were asked:
> ➤ *The Fourth Mental Health Plan identifies a number of priority areas – are there other issues or areas that need to be considered for inclusion into the future?*
> ➤ *What are the most important actions that need to be taken to achieve the ten year vision and any other identified priority areas?*

The group supported the priority areas identified by the Fourth Mental Health Plan:

- Social inclusion and recovery
- Prevention and early intervention
- Service access, coordination and continuity of care
- Quality improvement and innovation
- Accountability: measuring an reporting progress.

The group emphasised the cross-sectoral nature of mental health services and supports and the importance of providing these in a wrap-around way for consumers. They also suggested that other priority areas could include the centrality of services in the community, and providing services in a different way (eg. greater use of peer workers).

Participants also wanted to see the development of an effective change management strategy that would build high level collaboration across portfolios, with identified "reform leaders" who can translate policy intent into operations and service delivery.

In relation to important actions to achieve the ten year vision, surety of funding was one action identified that would drive change. There was consensus that to achieve change, it was important to set a number of short, medium and long term outcomes, goals and targets and measure and evaluate these against a framework.

The National Mental Health Commission and its National Report Card (or something similar) was seen as one mechanism for achieving change as it could, amongst other things:

- link data sets and undertake cross sector reporting
- undertake quantitative and qualitative evaluations, including quality of life factors and personal stories
- establish a schedule of regional communications and consultation
- document actions on identified priority issues
- engage other portfolios, sectors and systems
- identify and discuss system gaps, and barriers to participation
- highlight good, evidence based practice, and share information about models of service that work
- highlight issues relating to suicide and suicide clustering

3.   Increased accountability

Participants were asked:
> *What can be done to ensure greater accountability and transparency in mental health reform between now and 2021?*

The forum wanted to ensure that the Roadmap drives accountability and transparency by building in strong review and evaluation requirements and processes. The group also emphasised the importance of including key stakeholders, including consumers and careers, non-government organisations and other service providers, in its development. Monitoring and evaluation were seen as key components to be incorporated into the Roadmap, including:

- monitoring consistency and synergy with other national strategies and policies (e.g. national disability and employment policies)
- evaluation using quantitative and qualitative processes
- longitudinal personalised studies to measure long-term life outcomes and experiences

- improved and usable interface for national mental health data and reporting
- improving links between data from mental health and other relevant sectors, including outcomes.

Other suggestions for improved accountability and transparency included:

- review and assess work already done but not implemented (e.g. MHISS report released in May 2011)
- develop a national baseline for gathering information about mental health
- develop minimum quality standards, accreditation and quality processes across sectors, and report on the compliance of providers.
- consider issues such as privacy, ethics, data linkages
- align related policies and plans at all levels of government
- ensure all sectors are required to abide by consistent standards and report appropriately
- involve consumers and carers in developing the Roadmap – at table from the start
- develop systems so that individual consumer journeys through the system can be monitored and tracked over time
- commit to public reporting of data - look at other sectors to see what has been done already (e.g. the MySchool website, which allows users to compare schools and provide user reviews)

4. NGO sector engagement

Participants were asked:
> *What is the non-government sector's role in achieving ongoing reform between now and 2021?*

The group had many ideas about ways for the NGO sector to participate in the reform process, particularly in areas that would be difficult for Government. There are already many models of best practice being delivered by the NGO sector as well as opportunities for developing and driving innovation.

The NGO sector was seen as an integral part of the service system and therefore is a major stakeholder in the reform process. It has the advantage of being able to adapt quickly through its existing knowledge base and strong networks. The sector has long demonstrated its ability to connect with socially isolated individuals to support their transition back into the community, as well as being able to provide services to rural and remote communities (including to Indigenous and culturally and linguistically diverse people). Other key areas that the NGO sector is well placed to contribute include:

- being able to drive change where it might be politically sensitive for Government
- having the potential to help shape a multi-disciplinary future (with further training and development and information sharing in some areas)
- policy, planning and evaluation at the local, state and national levels
- potentially being best placed to manage care coordination; as a purchaser or broker of services
- being well placed in relation to advocacy
- having demonstrated experience in delivering complex services.

5.   Other guiding principles

Participants were asked:
> ➢ *The background paper listed a number of structural and content principles. Are there other factors that should be included within the Roadmap?*

The group had many suggestions, particularly related to the importance of stating aspirational goals and objectives for the Roadmap. Attendees emphasised that mental health cannot have a one size fits all approach and must be individually and locally focused, throughout the various stages of life. Another major issue identified was the need to ensure that mental health services are connected to other support services such as housing and employment, during the prevention, intervention and recovery stages. The key issues raised against the principles proposed in the background paper included:

- recognising that mental illness is experienced across the lifespan, and at disproportionately high levels by young people: the benefit of developing community profiles and research by life stage
- ensuring a person-centred and holistic view of mental health: identifying the full range of relevant services by life stage and for disadvantaged groups (eg Indigenous Australians) and carers/families
- recognising that the full range of services needed by people with mental illness is not confined to clinical care: include consideration of housing, safety, employment, social/recreational and emotional/spiritual elements
- recognising the important role of community-based services, rather than hospital-centric systems: the importance of high level relationships with key community stakeholders
- ensuring better integration in the planning and delivery of Commonwealth and State services: establish cross-sectoral planning, implementation, review and evaluation. Expectations should be clear so they can be interpreted and recognised at the coalface
- recognising the impact of mental illness on families and carers: but requiring action, not simply recognition
- recognising the opportunity for mental health reform to progress the achievement of COAG's shared *Closing the Gap* objectives for Indigenous Australians: the importance of improving access and reducing inequity.

Group discussions – thematic analysis

The forum discussed many topics and issues to be considered in the reform process over the next decade. There were five key themes that the group highlighted as requiring particular emphasis into the future.

1.   Change process

- This type of system reform is a huge change process and should be acknowledged, promoted and supported with strategic thinking and funding
- There is a need to change the way reform is perceived, particularly within the medical profession, to recognise important opportunities to improve mental health service delivery.

2.   Holistic focus

- Establishing a holistic focus will require us to develop new models to deliver truly integrated services and programs
- We need a clear understanding about how safe, healthy places look and feel

3.   Workforce development

- Ensure workers feel valued and that their role is being enhanced and supported by any change processes

4.   Employment

- Employment can be an important part of recovery the process – mindsets need to be changed
- Consumers understand that employment is positive and life changing
- Employers should be provided with the evidence that people with mental illness are capable workers who add value
- Employment agencies to be reviewed - most are not adequately supporting or marketing people with mental illness

5.   Stigma reduction

- Stigma or discrimination: we need to change the language to focus on the discrimination implicit in stigma
- Improve communication around discrimination:
  ° Broaden community awareness
  ° Show what non-discriminatory language looks like through nationally consistent messaging
  ° Early education
  ° Workforce education
- Instigate opportunities for positive discrimination
- Relate mental health to general health and "fitness"

Appendix 1 – Background paper provided to workshop attendees

Development of the Ten Year Roadmap for National Mental Health Reform

Background Paper

The Roadmap

"The longer-term roadmap will signpost a vision for the system, ground our investments in the advice of experts and stakeholders and commit the Government to ongoing action."

Ministers Roxon, Macklin and Butler 2011-12
Ministerial Budget Statement

As part of its *Delivering National Mental Health Reform* package announced in the 2011-12 Federal Budget, the Commonwealth committed $1.5 billion in immediate investments over the next five years to build the foundation of a better mental health system. When combined with the Commonwealth's 2010-11 Budget and election commitments, the Government is providing a total of $2.2 billion over five years in new mental health investment.

However, the Government also acknowledged that a longer term vision to build on these investments, the work of the states, and other leveraging opportunities with an aim of continually improving mental health in Australia was required.

This *Ten Year Roadmap for National Mental Health Reform* ('the Roadmap') will provide the architecture which will guide the ongoing reform of our mental health system. It will not, in and of itself, provide the investment in new mental health measures – but will give governments a path to follow for the future, and increase transparency and accountability for the reforms we know are necessary.

That is not to say that the Roadmap will be a static document. The Roadmap must have the capacity to evolve further and be adaptable and responsive to new priorities, pressures and opportunities, as well as any wider systemic changes that impact the mental health system over the next ten years. As such, the Commonwealth expects Australia's first National Mental Health Commission to play a major ongoing role in monitoring the progress of the Roadmap and evaluating its currency to ensure that investments are being directed most appropriately.

What has COAG agreed?

"We not only understand the need to lift effort, but we understand the need to be working together and to have a long range vision here, which is why the roadmap is expressed as a ten year roadmap."

Prime Minister Julia Gillard
COAG Press Conference,
19 August 2011

At its meeting of 19 August 2011, the Council of Australian Governments (COAG) had a detailed discussion (including with a number of eminent mental health experts) on mental health reform. This discussion recognised the increases in government investment in recent years, but also acknowledged that there was a need to continue to improve and integrate mental health and other support services, and to ensure a better response to the needs of people with severe and debilitating mental illness so they stay well. This was viewed as particularly important in attending to the mental health needs of young and Indigenous Australians, and remote communities.

This discussion led to COAG agreeing to commence work on the Roadmap to set out the vision for mental health in Australia, as well as the priorities and main steps to achieve that vision.

COAG has requested that the Roadmap be brought back for consideration before the end of 2011.

The relationship of the Fourth National Health Plan with the Roadmap

The Fourth National Mental Health Plan was agreed by Health Ministers in 2009 following consultation within and across the mental health sector and other relevant government portfolios. It comprehensively outlines some key priority areas for mental health reform and a range of actions for governments to consider.

However, the Plan is a Health Ministers' plan for the mental health system. The impact of mental illness, and issues affecting mental health and the mental health system stretch beyond traditional health sector boundaries and responsibilities. The Roadmap, through the guidance of COAG and the ongoing involvement of the National Mental Health Commission, will provide the necessary cross-portfolio and multi-jurisdictional focus to ensure that the pathway it sets for mental health reform in Australia over the next ten years is appropriately positioned and acknowledges the full spectrum of issues impacting mental illness and mental health.

That is not to say that the Roadmap replaces the need for the Fourth National Mental Health Plan, but that the Roadmap should build on the foundation of the Plan.

What's next?

The Commonwealth and states have started work on the development of the Roadmap, and are seeking the views of those with an interest in mental health to assist with formulating the vision for Australia's mental health system over the next ten years.

The following questions have been identified to help stakeholders consider their views:

3. What should be the characteristics of Australia's mental health system in 2021?

4. Are there other priority areas to those already identified in the Fourth National Mental Health Plan (below)?

   - *Social inclusion and recovery;*

   - *Prevention and early intervention;*

   - *Service access, coordination and continuity of care;*

   - *Quality improvement and innovation; and*

   - *Accountability: measuring and reporting progress.*

5. What are the most important actions to take over the next ten years to achieve the ten year vision and address these priorities?

6. How can the Roadmap drive greater accountability and transparency?

7. What can / should the non-government sector contribute to the ongoing reform process over the next ten years.

8. It is expected that the Roadmap will be underpinned by a number of guiding structural and content principles (below). Are there other principles which should also be considered in guiding the development of the Roadmap?

The Ten Year Roadmap for Mental Health Reform ('the Roadmap') should include:

Structure:

- *identify key goals (or endpoints) to guide investment and reform priorities for mental health over the next 10 years and practical, sustainable pathways to achieve these goals including the setting of clear milestones;*

- *provide a clear indication of the changes that are required for each pathway and a sense of their timing, while leaving flexibility to implement measures according to budgetary conditions;*

- *have a strong action focus including discussion of governance roles and responsibilities; and*

- *acknowledge what is realistic (including limitations of government) and not simply repeat existing strategies / plans.*

Content:

- *recognise mental illness is experienced across the lifespan, and disproportionately experienced by young people;*

- *be person-centred and take a holistic view of mental health;*

- *cover the full range of services needed by people with mental illness, and not be confined to health care, as well as recognise in particular the important role of community-based services;*

- *ensure better integration in planning and delivery of Commonwealth and State services;*

- *have a focus on early intervention and prevention;*

- *be underpinned by the recovery process;*

- *recognise the impact of mental illness on families and carers;*

- *recognise the opportunity for mental health reform to progress the achievement of COAG's shared Closing the Gap objectives for Indigenous Australians;*

- *seek to improve access and reduce inequity for Australians in regional, rural and remote areas;*

- *acknowledge existing activity and the investments already made by governments and their effects;*

- *reflect available evidence; and*

- *be measurable and implementable, recognising that jurisdictions have varying service gaps and needs.*

Appendix 2 – Ten Year Roadmap for mental health reform agenda

10 YEAR ROADMAP FOR MENTAL HEALTH REFORM WORKSHOP

Members Dining Room One, Old Parliament House,
(entrance from Queen Victoria Terrace), Parkes, Canberra
9:00am – 4:45pm, Tuesday 6 September, 2011

0900-0930   Registration including tea/coffee

0930-0935   Welcome by Frank Quinlan, CEO, MHCA

0935-0950   Background and scene setting

> Overview of the Government's development of the 10 year roadmap for mental health reform.

0950-1030   Where do we want to be in 10 years?

> Thinking ahead, what should be the characteristics of Australia's Mental Health system by 2021?
> The Fourth Mental Health Plan identifies a number of priority areas – are there other issues or areas that need to be considered for inclusion into the future?

1030-1045   *Morning tea*

1045-1300   How do we get there?

> What are the most important actions that need to be taken to achieve the ten year vision and any other identified priority areas?

> What can be done to ensure greater accountability and transparency in mental health reform between now and 2021?

1300-1330   *Lunch*

1330-1430   Contributing factors & structure of the Roadmap

> What is the non-government sector's role in achieving ongoing reform between now and 2021?
> The background paper listed a number of structural and content principles. Are there other factors that should be included within the Roadmap?

1430-1500   Summary and priority issues

1500-1515 *Afternoon tea*

1515-1645 **Feedback and questions for Minister Butler**