Mental Health
Council of Australia

Summary Report

State and Territory Consultations

May 2013

Introduction

In the lead up to the Federal Budget and a Federal Election in 2013, and following COAG's late 2012 decision to establish indicators to monitor the progress of national mental health reform, the Mental Health Council of Australia (MHCA) conducted consultation workshops with members and stakeholders in all states and territories during April.

Workshops were held in Brisbane, Sydney, Canberra, Melbourne, Hobart, Adelaide, Perth and Alice Springs and attended by a total of 401 people including consumers, carers, policy officers, researchers and service providers.

The aim of these workshops was to identify areas where the MHCA and its members can capitalise on their unique position as advocates to progress mental health reform and improve the lives of people affected by mental illness in Australia. The workshops have provided a strong set of priority areas for the MHCA and each state and territory peak mental health organisation to consider when planning future advocacy efforts.

Participants raised a broad range of concerns and issues at each of the consultations and while there were some issues that were specific to individual States/Territories and some issues were of greater concern in particular jurisdictions than others. That said, there was a great deal of consistency across all of the workshops.

Consumers

- Want a federally funded peer workforce development and recruitment strategy.
- Despite rhetoric around person-centred care and individualised funding and choice, consumers feel excluded from decision-making around the NDIS and other major reform agendas
- There is a need to ensure consumer voices are strong as there are well-grounded fears about threats to advocacy by consumer peaks and organisations especially in some jurisdictions.
- There needs to be more focus on peer support, particularly in relation to facilitating recovery, resilience and relapse prevention.
- There needs to be consistent practices around reporting of seclusion and restraint and we need to commit to ending seclusion and restraint by a given year (i.e. 2020).

Carers

- Carers continue to feel that they are by and large excluded from the decision making process, particularly in relation to care, support and 'treatment' options.
- The emotional wellbeing and physical health of carers can suffer greatly and we need to ensure carers are 'managing their role'.
- There needs to be greater investment in respite options for carers
- Information about carers is not adequately captured in any of the current datasets
- Need to develop indicators that capture the experience of carers

Certainty

- There was a clear desire among participants in all States and Territories for greater certainty about funding, particularly in relation to the roll-out of the National Disability Insurance Scheme, Partners in Recovery and the family focussed mental health services announced in the 2011 May Budget.
- There was a desire for greater certainty around directions for mental health reform generally both at an Australian Government and State/Territory level.
- Participants wanted greater clarity around the role of mental health services in Medicare Locals and around the role of Medicare Locals in general.

Funding models/financial viability

- There is a great deal of anxiety within the sector and concern about the viability of community-based not-for-profit mental health services.
- There are concerns about the shift to unit costing and activity based funding. Participants expressed the view that it would not work in the mental health sector.
- In this environment it was felt that NFP services needed to take greater risks in order to grow and to look beyond government for sources of funding.
- There are grave concerns about the gap between the numbers of people the Government estimates are eligible for NDIS funding due to psycho-social disability (60,000) and the number the sector estimates (230,000). This goes to a broader concern that the NDIS will be left underfunded.
- There is a disparity in all States and Territories between funding levels and service capacity in metropolitan areas compared with regional, rural and remote areas.

System access and Coordination

- There was general consensus that it remains incredibly difficult to access services, both community and clinical within appropriate time-frames.
- Service access in rural and remote areas is almost non-existent and is often done on a 'fly in, fly out' basis or generalist community services are expected to take mental health clients and without the expertise or capacity to address complex needs.
- Discharge planning and after care support and follow-up must be improved.
- Participants expressed the view that it was difficult to conceive of Australia as having a mental health 'system' as it is too disjointed/fragmented.

Promotion, Prevention and Early Intervention

- There should be a significant, federally funded public awareness campaign around mental health and wellbeing.
- A component of the campaign would be a federally funded anti-stigma initiative with in-reach into schools, workplaces and community and sporting groups.
- The campaign should focus on the promotion of good mental health and wellbeing across the life-course, not just amongst young people, especially in relation to early intervention and prevention.
- There needs to be an increase in the proportion of mental health dollars allocated to health promotion, prevention and early intervention.
- There needs to be a strong focus on the social determinants of health (housing options, adequate income support, community/family connections, social capital, education and employment, etc.) as these have a significant impact on physical and mental health.

Workforce

- Concerns about the capacity to meet current and future demand.
- Difficulties with attraction, recruitment and retention.
- There is a need for a federally funded workforce strategy including a consumer and carer peer workforce development and recruitment strategy. This would ensure the expertise of consumers and carers is harnessed to drive improved service delivery and outcomes and moves beyond 'tokenistic' and voluntary advisory positions.

Priority areas for MHCA advocacy in the lead up to the election and beyond

- More affordable, safe and secure housing options for consumers that are well located and appropriate to need.
- Greater access 'step up, step down' continuum of care models (flexible tenure).
- A national anti-stigma and mental health promotion campaign.
- Ensuring continued bi-partisan support for mental health as a priority area.
- Increased focus on people experiencing mental illness and their interactions with the criminal justice system, including the high incidence of incarceration of people experiencing mental illness and the disproportionate number of people experiencing mental illness who are victims of crime.
- Re-iterate that the 2011 investments in mental health do not mean the work is 'done'. We need sustained ongoing investment to ensure system access and coordination and consumer outcomes improve over time.
- Work towards ensuring that mental health is equal to primary health in importance and ensure that proportion health dollars allocated to mental health is equal to its estimated % of overall disease burden.
- Continue to advocate for increased investment in prevention, promotion and early intervention services so the system isn't just crisis driven.
- Advocate for increased investment in initiatives and programs that will lead to increased access to education, training and meaningful employment opportunities for people experiencing mental illness who seek them.

Conclusion

The MHCA would like to thank all those who attended and provided invaluable input into the development of policy agendas at both the national and state/territory levels. Many thanks are also extended to state and territory peak organisations who co-hosted these consultation workshops and for enabling access to a broad range of stakeholders, in particular the consumers and carers who attended each workshop.