



**DRAFT TEN YEAR NATIONAL ROADMAP
FOR MENTAL HEALTH REFORM -
FEEDBACK**

In September 2011, the Mental Health Council of Australia (MHCA) was engaged to coordinate and deliver a workshop seeking feedback and views from mental health consumers, carers, service providers and stakeholders about the establishment and priorities of a Ten Year Roadmap for national mental health reform.

Rather than present a separate response in this submission regarding the consultation for the Draft Ten Year Roadmap, the MHCA has highlighted and reiterated recommendations that emerged from the workshops. The areas already incorporated in the Draft Roadmap have been indicated as have the gaps that still exist.

A number of priority themes and issues emerged from the workshop and these have been listed below.

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. This issue of having targets was seen as a critical issue for any successful Roadmap and 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; and
- promoting early intervention as part of the “norm”.

Summary: The current draft Roadmap does outline the characteristic it envisions 10 years from now, although it does not feature a WHO-style service pyramid as recommended. Consumer and carer involvement and a recovery focus is addressed in Key Direction 3.

Critically, the Draft Roadmap does not contain specific targets or recovery standards that are clearly defined and measurable. This was a key issue for participants at the workshops and is a grave omission in the current draft.

In the area of employment, the Roadmap does outline employment issues in Key Direction 4, however it proposes actions to increase employment for people with mental illness in broad terms and leaves out the salient aspect identified in the workshop – that is employment must be ‘meaningful’.

While stigma reduction is noted as a priority in Key Direction 1, it is not clear who or how a “national stigma reduction and anti-discrimination campaign” will be developed, delivered and assessed. This is also considered a grave omission.

2. Priority areas and actions to be undertaken

Roadmap Forum 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; and
- Accountability: measuring and 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 (e.g. 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 government 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, certainty 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 forthcoming National Report Card 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; and
- highlight issues relating to suicide and suicide clustering.

Summary: Key Direction 5 of the Draft Roadmap does nominate both short and long-term actions, however these do contain established goals, targets or outcomes, as suggested by workshop participants. The wording of the Draft is vague, using terms like ‘improve’, ‘developing’ and ‘expanding’ without any specific goals or targets. Details about change management, including;

communication and consultation, engagement with other portfolios/sectors and how change-management practices will improve outcomes for consumers and carers is also missing. This is a grave omission.

The Draft does set a number of measures/proportions that address the issues of data sets, reporting and identifying system gaps, but would benefit from information about how historic and entrenched barriers to participation will be overcome.

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 carers, 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; and
- improving links between data from mental health and other relevant sectors, including outcomes.

Other specific 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 the table from the start;
- develop systems so that individual consumer journeys through the system can be monitored and tracked over time; and
- 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)

Summary: The Draft Roadmap states that the information needed “to assess progress in achieving the objectives of the Roadmap will be drawn chiefly from existing data collections”. The issues identified by participants at the workshop (listed above) clearly show the need for new data sets and monitoring to be included in the accountability process. While the Draft does call for “stronger accountability for continuous improvement against accepted standards, quality, sustainability and value for money”, again, the specific examples raised in the workshop, including key areas such as privacy, longitudinal studies and consistent baseline measures are not identified.

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; and
- having demonstrated experience in delivering complex services.

Summary: In Key Direction 5, the Draft notes that governments need to work together with NGOs and service providers and to develop evidence, based on the recovery needs of consumers and that a suitable, skilled and appropriate workforce is required for services to improve. Given the emphasis placed by workshop participants on the need to include NGOs as integral to the reform process, the Draft appears to have bypassed an opportunity to clearly articulate the role of NGOs in both service provision, reform and workforce issues. It is also unclear what the role of the NGO sector will be in “improving” coordination and integration, “supporting” education and training and “improving service delivery”. Given the importance that forum participants placed on “co-ownership” and “co-creation” of the 10 Year Roadmap – rather than being simply a product of government, this is a grave omission.

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; and
- 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.

Summary: Most of the principles raised by stakeholders are discussed in the Draft Roadmap and the Draft's strength is its vision and key directions, which outlines in broad-brush terms many of the issues and principles identified by stakeholders at the workshop. The Draft Roadmap's weakness is its failure to provide a pathway to overcome or address the 'one-size-fits-all' policy approach, nor does it pick up on the critical issue of tailoring programs and policies to either communities of need, regional and rural Australia, or the life-stages. Without clearly detailed steps to achieve the Draft's vision, substantial progress is unlikely to be made.

Key Issues

During the course of discussions about the structured topics that the group was asked to consider, a number of issues emerged as requiring particular emphasis.

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; and
 - Workforce education
- Instigate opportunities for positive discrimination
- Relate mental health to general health and “fitness”

Summary:

The Draft Roadmap provides a relatively comprehensive overview of mental health issues and priorities in Australia. It identifies five Key Directions and provides a broad outline of the issues and actions that are needed to engender ‘improvement’ and better links between government agencies.

However, the overwhelming criticism of the Draft Roadmap is that it does not contain any specific goals, targets, funding commitments or specific measurements that show what the Australian mental health system will look in 10 years time, and how it will make progress from where it is now. Much of the feedback uses terms like ‘vague’ and there is concern that while the Draft “identifies the key directions and actions” to be implemented over the next 10 years, it provides scant details or concrete outcomes and deliverables.

It is unclear how the proposed actions will be implemented as there are few if any details about the workforce that will be required to deliver these reforms, how they will be trained and funded and what specific and transparent

measurements will be used to assess the implementation of the Key Directions.

The Draft also has also failed to include some of the salient recommendations from workshop participants, such as: workforce development, the role NGOs will play in the reform process, creating policies that are not a one-size-fits-all but actually meet the specific needs of groups and communities and how an stigma reduction campaign will be developed and assessed.

It is recommended that a much longer consultation period, with clear process to engage various stakeholders, be undertaken to develop a clearer set of goals and targets. Commitments could then be sought from various governments through the COAG process to ensure funding is committed to these goals and targets and that appropriate and transparent monitoring and review is implemented.