Mental Health Australia

2021-22 Pre-Budget Submission

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Mentally healthy people,
mentally healthy communities

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Contents

Immediate investment needed in mental health

The 2021-22 Budget is the time for significant investment in mental health reform.

The Australian Government has consistently declared mental health to be a high priority. In releasing the report of the Productivity Commission Inquiry into Mental Health, the Prime Minister declared "Given the breadth of our ambition, mental health will be a feature of the budget not just next year [2021], but it will be a feature for many years to come under the governments that I lead."[1]

The Productivity Commission's report has given the Government clear directions as to where to invest to improve our mental health ecosystem. This detailed review provides a comprehensive set of recommendations on fundamental reforms to create a person-led mental health system, an economic analysis of proposed policy changes, and a list of priority "start now" actions.

Mental Health Australia is calling for the following top three priorities for the Australian Government's action on mental health:

- An implementation plan for the recommendations of the Productivity Commission Inquiry into Mental Health, informed by the mental health sector, which includes all of the Commission's recommendations and any gaps identified through the Department of Health consultation.
- An accompanying budgetary plan that includes Australian, state and territory governments' commitments to fund the Productivity Commission's recommendations over a number of funding cycles.
- An immediate investment in the 2021-22 Commonwealth budget to fund immediately implementable recommendations from the Productivity Commission, and ensure continuity of funding for the psychosocial service sector.

An under-resourced mental health system further impacted by COVID-19

Australia's system of mental health care has for many years been assessed as inadequate to meet our mental health needs. A recent national consultation conducted by the National Mental Health Commission found that people frequently experience barriers to access, stigma, lack of trust in and appropriateness of services, and service gaps when trying to access mental health support.[2]

Further to this, the COVID-19 pandemic has seriously impacted Australians' mental health, with many people losing livelihoods and social connections, and facing increased uncertainty and stress. Australians have shown to have higher rates of mental ill-health with increased psychological distress compared to rates prior to the pandemic.[3]

The Australian Government is to be commended for its recognition of the mental health impacts of the pandemic, and investment to increase mental health phone and online services, telehealth availability, psychological therapy through Better Access and developing a National Mental Health and Wellbeing Pandemic Response Plan. Medicare Benefits Schedule (MBS) subsidised mental health services and mental health support lines saw a 14.3 to 21.3% increase in service use in September 2020 compared to the same time last year[4] — reflecting increased need during the COVID-19 pandemic.

However, the pandemic has also highlighted existing gaps in our mental health system which require strategic and ongoing investment to address.

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[1] Prime Minister Scott Morrison (16 Nov 2020), *Speech – Parkville*. Retrieved 15 Dec 2020 from https://www.pm.gov.au/media/speech-parkville

[2] National Mental Health Commission (2020), *Vision 2030; Blueprint for Mental Health and Suicide Prevention*. Retrieved 22 Dec from https://www.mentalhealthcommission.gov.au/getmedia/27e09cfa-eb88-49ac-b4d3-9669ec74c7c6/NMHC_Vision2030_ConsultationReport_March2020_1.pdf

[3] Biddle, N, Edwards, B, Gray, M & Sollis, K. (2020), *Tracking outcomes during the COVID-19 pandemic*. Retrieved 4 Jan 2021 from http://csrm.cass.anu.edu.au/sites/default/files/docs/2020/9/Tracking_wellbeing_outcomes_during_the_COVID-19_pandemic_February_to_August_2020.pdf

[4] Australian Institute of Health and Welfare (2020), *Mental Health Services in Australia: Mental health impact of COVID-19*. Retrieved 4 Jan 2021 from https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-impact-of-covid-19/impacts-on-australian-government-funded-mental-health-service-activity

The Productivity Commission found that mental ill-health and suicide cost Australia $200-220 billion per year. Despite this enormous human and economic cost, the mental health service system that prevents and responds to these needs has been significantly under-resourced. The scale of investment — up to $4.2 billion per year — required to implement the reforms recommended by the Productivity Commission, demonstrates the extent of the current funding and service delivery gap. The Commission has identified priorities for immediate action, which would cost up to $2.4 billion a year to implement, while generating savings of up to $1.2 billion per year and increasing incomes by up to $1.1billion.[5]

The way forward — building a person-led mental health system

The Productivity Commission's report is a unique take on a mental health system which the community already understands to be facing unsustainable pressures. Consideration of this system through the lens of national productivity and economic impact is the real strength of the Commission's work, and the final report lends itself readily to the Budget process. The Commission's work is built upon decades of previous reviews, research and inquiries and provides economic modelling of well-supported recommendations to address shortfalls and create a person-led mental health ecosystem.

In addition to the Productivity Commission's inquiry, there are several other significant inquiries and planning efforts currently considering the mental health ecosystem from other perspectives — including the National Mental Health Commission's Vision 2030 Roadmap, the National Mental Health and Wellbeing Pandemic Response Plan, interim and final advice from the National Suicide Prevention Adviser, the National Mental Health Workforce Strategy, and the Royal Commission into Victoria's Mental Health System.

There are also strategic developments underway in relation to aspects of the system such as child mental health, research priorities, digital mental health and workplace mental health, and further work to be done in aged care and alcohol and drug treatment systems. Together these inquiries and plans recommend significant structural changes and long-term reform. Rather than contributing further to this 'plandemic', the Australian Government must draw together the findings and recommendations of these inquiries under a cohesive vision to significantly improve Australia's mental health service system.

There are also broader national strategic plans for Australia's health system underway, including the National Preventive Health Strategy, Primary Health Reform and Australian Health Sector Emergency Response Plan for COVID-19. Planning within the social services systems in areas such as disability support, housing, justice and family violence; and the work government is undertaking to support people to recover economically from the impact of the global pandemic are all critical components of the network that supports and promotes mental health and wellbeing.

In the context of this extensive reform agenda and complex policy issues, Mental Health Australia has provided this pre-Budget submission identifying distinct areas of funding for the Australian Government to prioritise in the 2021-22 budget. These proposals sit within this much larger reform context, and should be complementary to other policy changes.

Many funding and policy reforms will need to be established through the negotiation of the new Agreement on mental health and suicide prevention, to be developed by November 2021.[6] It is encouraging that the Australian Government has already committed to the development of this Agreement, recommended by both Mental Health Australia and the Productivity Commission the completion of which will lay the foundational funding, governance and accountability arrangements for delivery of a more effective mental health system.

The Productivity Commission provided considered recommendations of what is needed to move towards a person-led mental health system, many of which are implementable immediately.

There is strong consensus across the mental health and suicide prevention sector about what needs to be done — as outlined in the principles of the sector's Charter for mental health reform,[7] supported by over 110 signatories.

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[5] Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 2, p172. Retrieved 22 Dec 2020 from https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf

[6] Prime Minister (16 Nov 2020), *Speech – Parkville*. Retrieved 22 Dec 2020 from https://www.pm.gov.au/media/speech-parkville

[7] *Charter 2020: Time to Fix Mental Health* (2019). Retrieved 28 Jan 2021 from https://mhaustralia.org/sites/default/files/docs/mhaustralia-charter2020_a1_final_oct_reduce_0.pdf

There are also areas the Productivity Commission did not consider — such as aged care — where there is significant need for improved mental health services.

In delivering the 2021-22 Budget the Australian Government must consider the draft propositions of the Royal Commission into Aged Care Quality and Safety in relation to improving access to mental health services for people receiving aged care services,[8] and provide funding for implementation of the final recommendations of the Royal Commission (final report due to be provided 26 February 2021).

Given the imperatives of the mental health challenges facing our community and the gaps in support services, the Australian Government's commitment to mental health and suicide prevention, and the well-consulted priority actions recommend by the Productivity Commission, there are clear investments the Australian Government should make in the 2021-22 Budget to improve population mental health and progress towards a truly person-led mental health system.

Mental Health Australia has outlined these budget initiatives below, developed in consultation with our membership. While not listed as a proposal, Mental Health Australia strongly supports the advice provided by Gayaa Dhuwi to fund Indigenous mental health, wellbeing and suicide prevention according to need.

Mental Health Australia looks forward to continuing to work with the Australian Government to ensure all Australians have access to the mental health support they need, when and where they need it.

[8] Royal Commission into Aged Care Quality and Safety (2020), *Adelaide Hearing 5 – Draft Propositions.* Retrieved 29 Jan 2021 from https://agedcare.royalcommission.gov.au/system/files/2020-07/RCD.9999.0343.0002_0.pdf

Proposed Budget Initiatives

Establish national consumer and carer peak bodies

Issue

Mental health consumers and carers have the right to participate in, actively contribute to, and influence the development of government policies and programs that affect their lives.[9] Genuine engagement results in greater consumer and carer empowerment and ownership of mental health programs and delivers outcomes that target the issues that matter most to people living with mental illness in the community.[10,11]

In the Fifth National Mental Health and Suicide Prevention Plan: Implementation Plan, consumer and carer co-design is identified as a key commitment, and as a critical success factor. Despite this, very little funding has been allocated to achieve it. At present, there is limited capability for active and diverse consumer and carer engagement and participation due to a lack of well-resourced infrastructure to enable this. Properly resourced arrangements for consumer and carer participation, engagement, and co-design are key enablers to improving mental health outcomes of all Australians.

At the systemic level, this means robust infrastructure and mechanisms to support active and diverse participation by people with lived experience. The Productivity Commission recommended that the Australian Government support the establishment of separate peak bodies for consumers and carers, "that are able to represent the separate views of mental health consumers, and of carers and families, at the national level" (Action 22.4).[12] Mental Health Australia strongly supports this recommendation.

In order to effectively represent consumers and carers, these peak bodies must be properly resourced in each stage of establishment, development and ongoing functioning. These bodies will need to have strong mechanisms to ensure they are informed by the diversity of experiences of consumers and carers, with connections at the local level and across the range of mental health needs and services from low intensity to acute care. These bodies will also need to be inclusive of marginalised groups and groups with particular mental health needs, including children, young people, older people, Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, LGBTIQ+ people and people whose life circumstances create specific mental health risks such as new parents or people living in in rural and remote settings.

The Australian Government must engage with consumers and carers in the design of these peak bodies. There is extensive experience and prior work undertaken across the mental health sector which should be drawn on and built upon. For example, Mental Health Australia and a Consumer Reference Group have previously undertaken work regarding the establishment of a national mental health consumer peak.[13] This project was extensive and engaged a diverse range of people with lived experience and other sector stakeholders. The project developed governance and operational documents to support the establishment of a future independent and sustainable mental health consumer peak organisation, which could be a useful resource for current consideration of appropriate mechanisms for consumer and carer representation.

Action

Provide funding for the establishment, development and ongoing functions of separate peak bodies for mental health consumers and carers, to broadly represent the views of consumers and carers at the national level.

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[9] Adapted from National Consumer and Carer Forum (2004), *Consumer and Carer Participation Policy: a framework for the mental health sector*. Retrieved 29 Jan 2021 from https://nmhccf.org.au/publication/consumer-and-carer-participation-policy
[10] Slay J, Stephens L (2013), *Co-production in mental health: A literature review*. London: New Economics Foundation
[11] World Health Organization (2010), *User empowerment in mental health – a statement by the WHO Regional Office for Europe*. Retrieved 29 Jan 2021 from https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/publications/2010/user-empowerment-in-mental-health-a-statement-by-the-who-regional-office-for-europe
[12] Productivity Commission (2020), *Mental Health: Inquiry Report,* Vol 3 p1113.
[13] Resources developed through the National Mental Health Consumer Organisation Establishment Project are available at: https://mhaustralia.org/national-mental-health-consumer-organisation-nmhco-establishment-project-completed-may-2015/project-resources.

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Meet unmet demand for psychosocial supports

Issue

Psychosocial support services are recovery-oriented services which support people experiencing mental illness to manage daily activities, rebuild and maintain connections, participate in education and employment, live well in their community and work towards their goals and aspirations. These services are an essential component of the mental health ecosystem, particularly in providing person-led, community-based care, preventing avoidable hospitalisations, and supporting recovery, thus reducing potential lifelong impacts on the person and costs to the system.

The Productivity Commission identified the very large service gap that currently exists in psychosocial support services, with estimates that 684,000 Australians require some form of psychosocial support, 64,000 of whom will access services through the NDIS, and 290,000 of whom who will require considerable ongoing support.[14]

The Productivity Commission estimated that expanding provision of psychosocial support to the estimated 154,000 people who may currently miss out on these services would cost approximately $610 million per year, and result in significant improvement in the quality of life of people accessing these services.[15] The Productivity Commission recommended the full extent of the shortfall in psychosocial services outside of the NDIS be estimated, and that the Australian Government support state and territory governments to fund psychosocial supports to meet the shortfall.[16]

The gap in psychosocial supports across the mental health sector is clearly presented in the Productivity Commission's Report. The Australian Government should immediately increase funding for psychosocial services in the 2021-22 Budget, and negotiate future arrangements with states and territories through the National Agreement for Mental Health and Suicide Prevention. Sufficient evidence is available through the National Mental Health Planning Framework to quantify demand and commence funding security and expansion.

Further, it is concerning that a funding cliff is rapidly approaching, with the National Psychosocial Support Measure due to conclude in June 2021. The Australian Government needs to ensure funding certainty for this essential program in the 2021-22 Budget, and communicate as soon as possible with service providers to prevent attrition of experienced staff and uncertainty for clients.

Recognising the impact of short-term funding contracts on staff turnover, efficiency and productivity, the Productivity Commission recommends increasing the length of psychosocial service provider funding contracts to five years.[17] This is strongly supported by the sector and should be immediately implemented in establishment of further contracts.

Action

Ensure security of funding for psychosocial support services with immediate ongoing funding based on five year contracts commencing immediately based on existing estimates of demand for existing services and increased funding to meet the estimated shortfall of services overtime, with increases during the early years of the forward estimates.

[14] Productivity Commission (2019). *Mental Health: Inquiry Report (Draft Report),* p430.
[15] Productivity Commission (2019). *Mental Health: Inquiry Report (Draft Report),* p862.
[16] Productivity Commission (2020). *Mental Health: Inquiry Report (Draft Report),* pp147,826.
[17] Productivity Commission (2020). *Mental Health: Inquiry Report (Draft Report),* p826.

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Ensure universal access to aftercare services

Issue

Suicide has profound and devastating impacts for Australian individuals, families and communities. The rate of suicide deaths has increased over the last decade, and suicide is the leading cause of death for Australians aged 15–44 years.[18] The Prime Minister has declared working towards zero suicide a key national priority.

Factors which contribute to suicidal behaviour are complex. The strongest indicator of future suicide risk is previous suicide attempt.[19] Ensuring availability of appropriate support services for people who have attempted suicide is then crucial in suicide prevention. Aftercare, or provision of follow-up support for people who have been discharged from hospital care following a suicide attempt, has been shown to be effective in reducing future suicide deaths and attempts.[20]

In reviewing this evidence, the Productivity Commission recommended governments implement universal access to aftercare support for people who have attempted suicide. In expanding access to aftercare services, governments should refer to the evidence and evaluations of current trials of aftercare programs including the Hospital Outreach Post-suicidal Engagement (HOPE) program in Victoria and aftercare services being expanded across PHNs. Funding and research should also address increasing the preventive impact of these services, and future expansion of referral pathways for aftercare services to include people expressing suicidal ideation.

The Productivity Commission estimated the quantifiable economic costs of suicide and non-fatal suicide behaviour (medical costs and the value that the community places on lives lost) to be around $30.5 billion each year.[21]

The Productivity Commission further estimated that aftercare would provide a long-term return on investment of $2.37 to $6.90 per dollar invested, and noted this exceeds several high priority infrastructure projects.[22] The Productivity Commission estimated “the provision of aftercare for each person hospitalised due to intentional self-harm would cost between $63 million to $194 million each year (about $2000 to $6200 per person)”, while creating $3 million in additional labour income and $124-213 million in net economic benefit in the year after implementation.[23]

Action

The Australian Government to work with state and territory governments to establish universal access to aftercare, such that effective and culturally responsive aftercare is offered to anyone presenting to a hospital, GP or mental health service following a suicide attempt.

[18] Australian Bureau of Statistics (2020). *Causes of Death, Australia*. Retrieved 8 Jan 2021 from https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019
[19] World Health Organization (2014). *Preventing suicide: a global imperative*. Retrieved 8 Jan from https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf;jsessionid=3B5B8DDF5D045E3EA88571282A8C13D5?sequence=1
[20] World Health Organization (2014). *Preventing suicide: a global imperative.* Retrieved 29 Jan 2021 from https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/
[21] Productivity Commission (2020). *Mental Health Inquiry Report*. p407, p415, table 9.2, Appendix H.
[22] Productivity Commission (2020). *Mental Health Inquiry Report*. p427.
[23] Productivity Commission (2020). *Mental Health Inquiry Report.* p427,173.

Comprehensive child and family mental health support

Issue

Research tells us that very early childhood is a critical developmental stage for young children and their families.[24] Specialist infant and child mental health services are chronically under-resourced, yet face continually growing demand, meaning children miss out or have to wait until they age into youth services, missing the opportunity for early intervention and adversely affecting educational and social development, sometimes irretrievably. These issues are exacerbated in regional and remote locations, especially in Aboriginal and Torres Strait Islander communities and newly arrived migrant families.

Australia needs a comprehensive system of child and family supports, spanning the continuum from prevention and early intervention through to crisis responses and therapeutic interventions for people with established serious conditions, including expanding home visiting programs. A centrepiece to this system should be a "model of integrated child and family care… networked across Australia that provides holistic assessment and treatment for children 0-12 years old and their families" as outlined by the National Mental Health Commission in its draft National Children's Mental Health and Wellbeing Strategy, Action 2.1.c.

The Strategy proposes that the model's multidisciplinary teams include child psychiatrists, paediatricians, general practitioners, mental health nurses, occupational therapists, speech pathologists, physiotherapists, social workers, psychologists, dietitians and peer workers. Rather than centring a model within the tertiary care system, Mental Health Australia calls for the model to be built with primary and community care at its centre, with strong links to clinical care systems but also to child care and educational settings. This model will also necessitate strong connections with social programs such as those that assist children into safe, secure and appropriate housing, parenting programs and programs that deter children at risk from becoming involved in the justice system. This model will need to grow available funding and workforce to respond to child and family mental health needs, rather than further depleting over-stretched existing resources.

Action

In the 2021-22 Budget the Australian Government should commence a national rollout of an integrated model of child and family mental health care that provides locally accessible holistic assessment, support and treatment for children 0-12 years old and their families. This should be an investment to grow the pool of funding available for children's mental health and should be locally commissioned through the primary health care system, with a virtual capacity to create equity of access. It should not come at the cost of the currently chronically underfunded child and adolescent mental health sector.

[24] Osofsky, J. D. (2000) *WAIMH Handbook of Infant Mental Health,* John Wiley & Sons, New York.

Multi-disciplinary care: National rollout of Victorian mental health hubs

Issue

The Productivity Commission's review into mental health identified the missing middle as a significant gap in service delivery for people who present with more complex mental health presentations but who are not unwell enough to qualify for state-based service delivery. The report identified that several hundred thousand people with more acute needs miss out on the mental health care they require — affecting their quality of life and their ability to participate socially and economically.[25]

The Commission found that this was a result of service under-provision whereby people who need significant care and support to manage mental ill-health do not have their needs met until they end up in an emergency department, or they cycle in and out of hospital instead of receiving the continuous support they need.[26]

While there are a number of recommendations made to address this gap including additional Better Access sessions, better referral pathways, low-intensity services, and single complex care plans they lack any clinical integration and replicate the existing siloed service provision that is driven by the MBS funding that underpins it. They also are delivered within a largely privatised mental health primary care system that places additional costs on consumers.

People experiencing more complex mental ill-health or multiple mental and physical health challenges should have access to coordinated care that includes team-based multidisciplinary support. The Victorian mental health clinics funded under the COVID-19 response are an innovative addition to address these gaps by providing access to multidisciplinary teams of mental health workers, including psychologists, mental health nurses, social workers, and alcohol and other drug workers to provide extra support and on-site mental health support with referrals to more intensive care or social supports if needed. Supporting access to peer workers and other allied health professionals including dietitians, speech pathologists, physiotherapists and occupational therapists will also be important in designing the national approach to improving multi-disciplinary care.

The initial funding of these hubs was in response to the increased demand for mental health services during Victoria's extended lockdown to tackle the second wave of COVID-19 infections. However the Productivity Commission's work has clearly identified that this need was already existing pre-COVID and is a national issue. The expansion of these clinics nationally would contribute significantly to addressing the service under-provision identified in the Productivity Commission's report.

Action

The Australian Government fund the national rollout of the Victorian mental health hubs to all states and territories, with provision for adaptation to local need, and data collection and evaluation to determine their ongoing effectiveness .

[25] Productivity Commission (2020). *Mental Health: Inquiry Report,* Vol 2, p523.
[26] Productivity Commission (2020). *Mental Health: Inquiry Report,* Vol 2, p531.

Develop mechanisms for holistic care through a national social prescribing scheme

Issue

Person-led care requires recognition of the interdependence of mental health and other aspects of health and wellbeing. This is particularly important in general practice, where GPs are relied on to navigate and refer consumers to other services to meet their holistic health needs, and where an estimated 20% of patients consult their GP for what are primarily social problems.[27]

A 2019 survey conducted by Royal Australian College of General Practitioners (RACGP) and Consumers Health Forum (CHF) found that over 90% of GPs and allied health professionals believe that referring patients to non-health professional services in the community is extremely helpful for improving health outcomes. This survey also found nearly 70% of consumers are interested in participating in community programs to address health and wellbeing issues.[28]

Despite this strong interest from both consumers and health professionals, only 44% of consumers said they currently participated in such activities and less than 50% of GPs and allied health professionals had formal links with local community services to provide referrals to. Establishing a national social prescribing scheme would improve consumers' access to supports and activities to improve their health and wellbeing, and support health practitioners to address the holistic needs of patients.

Social prescribing is the referral of patients to non-medical services or activities to supplement conventional health care. It is a person-centred approach to care that can address key risk factors for poor health, including social isolation, unstable housing, multiple health challenges and mental health problems, and ensure culturally safe and responsive support. Community enthusiasm for social prescribing is growing rapidly, and a national social prescribing scheme has broad support across the health and social services sectors. Social prescribing is supported by recommendations in the 'Self-care for health' national policy blueprint, the Expert Steering Group informing the development of the 10 Year Primary Health Care Plan, and the Productivity Commissions' inquiry into mental health.

RACGP, CHF and Mental Health Australia have developed a collaborative proposal to implement a national social prescribing scheme in Australia. This proposal builds on the 2019 roundtable and report co-led by RACGP and CHF, which recommended a pathway to a strategic and systematic approach to incorporating social prescribing into the Australian healthcare system, beginning with primary care. Through this proposal, packages of funding would be provided to individual PHNs to design and implement a structured social prescribing model in their area, drawing on existing evidence from pilots in Australia and internationally. The funding packages would cover development, implementation and evaluation of the social prescribing models. Models would include a 'link worker' who facilitates individual referrals and coordinates and maintains a social prescribing network.

Action

Implement the national social prescribing model proposed by RACGP, CHF and Mental Health Australia, by providing $87 million over four years for a staged rollout of 15 social prescribing services across the country, to be designed and implemented by Primary Health Networks (PHNs).

[27] Torjesen I. (2016), Social prescribing could help alleviate pressure on GPs. *BMJ,* 352:i1436.

[28] Royal Australian College of General Practitioners and Consumers Health Forum (2019). *Social Prescribing Roundtable Report*. Retrieved 28 Jan 2021 from https://chf.org.au/sites/default/files/social_prescribing_roundable_report_chf_racgp_v11.pdf

Develop National Digital Mental Health Platform

Issue

It is too difficult for mental health consumers, carers and referring professionals to find an appropriate mental health service. Navigating the disparate and complex mental health ecosystem is a fundamental barrier to accessing services.

Recognising this, the Productivity Commission recommended developing a National Digital Mental Health Platform as a priority reform to improve service navigation and access (Action 10.4). The online platform would be accessible to consumers and carers, GPs, allied health providers and other clinicians. This 'one-stop shop' would provide a clear entryway, assessment and referral pathway to the most appropriate mental health services to match the need presented. As the Productivity Commission describes it, the platform "would offer individuals and service providers, from both health and non-health services, the ability to receive information about services available in their local area and to access evidence-based assessment, which would match people with the services best suited to their needs".[29]

The Digital Mental Health Platform would support access to some services directly, through incorporation of low-intensity digital mental health services, and a gateway to other digital services. It should also include mechanisms for incorporating interpreters and culturally specific and multilingual digital health services.

The Productivity Commission recommends the National Digital Mental Health Platform include an online assessment tool to support informed referral pathways. This assessment tool should be usable by both service providers and people experiencing mental ill-health, and allow planning and referral to be done together to increase consumer choice and control.

The assessment/screening tool should connect to referral pathways. These pathways should be holistic, incorporating clinical, psychosocial and other elements of care, aligning with a social prescribing model. As further recommended by the Productivity Commission, local service directories and appointment booking functions should eventually be integrated into the platform to strengthen these referral pathways. The Productivity Commission recommends that regional commissioning bodies should (either individually or collectively) develop and maintain online service directories and referral pathways, potentially drawing on the HealthPathways portal currently used by most PHNs (Action 15.2). Mental health referral pathways must be integrated with other health referral pathways, to ensure integration and person-led care rather than fragmentation.

Action

As recommended by the Productivity Commission, the Australian Government to fund the development and ongoing provision of a National Digital Mental Health Platform. The government should appoint an expert panel including lived experience representatives to oversee the digital operationalisation of the existing National Independent Assessment and Referral Guidance tool (currently in implementation across Primary Health Networks and integrated with the HealthPathways model) to meet the proposed expanded digital platform parameters. The Australian Government should also support ongoing development of online service navigation portals at the regional level, with a view to integration with the national mental health platform.

[29] Productivity Commission (2020). *Mental Health: Inquiry Report,* p661.

Support establishment of professional association for peer workers

Issue

Peer workers are people with personal lived experience of mental illness and recovery (consumer peer workers), or experience of supporting family or friends with mental illness (carer peer workers). Mental health peer workers uniquely embody hope and recovery, and support the provision of recovery-oriented, person-led and trauma-informed mental health services. There is a growing evidence-base supporting the particular contribution of peer workers, and increasing employment opportunities for peer workers across public, non-government, private and peer-run organisations.[30]

Despite the value of peer workers, there remains significant ongoing barriers to the development and effectiveness of the peer workforce. Outlined by the National Mental Health Commission in 2014, and again reviewed by the Productivity Commission in 2020, these barriers centre around a lack of recognition of the value of peer workers, inadequate supervision and support, and poor professional development and career advancement opportunities.[31]

The Productivity Commission found that peer workers are a valuable but under-utilised component of the mental health workforce, and that establishment of a professional organisation for peer workers "is likely to result in a better supported peer workforce and improved care overall". A feasibility study commissioned by the National Mental Health Commission and undertaken by the Private Mental Health Consumer Carer Network identified that a peer work professional organisation could provide access to resources and training, provide training from lived experience facilitators for non-peer workers, support role clarity and provide access to specialised supervision, training and communities of practice.[32]

Investment in the establishment of a professional association for peer workers is part of moving towards a person-led mental health system, and would promote parity with other mental health professions which are represented by professional associations. It will be important for the professional association for peer workers to have formal connections with the new consumer and carer peak bodies, to capitalise on shared priorities.

The Productivity Commission recommends as a "start now" action that the Australian Government support establishment of a new professional organisation for peer workers, which is strongly supported by Mental Health Australia.

As recognised by the Productivity Commission, "Given the nascent nature of this workforce and their typically low wages, a purely self-funded model for such an organisation may not be feasible in the short run."[33] Given this, the Australian Government should provide initial funding for the establishment of a professional association for peer workers, and ongoing support to enable the core functions of the organisation.

Action

The Australian Government should provide seed funding to create a professional association for peer workers, and ongoing support for the functioning of this organisation.

[30] Mental Health Commission of NSW, Peer Work Hub (2016). *Employer's guide to implementing a peer workforce*. Retrieved 22 Jan 2021 from https://peerworkhub.com.au/wp-content/uploads/2016/05/Business-Case.pdf
[31] Productivity Commission (2020). *Mental Health: Inquiry Report,* p728.
[32] Kaine (2018), as cited in Productivity Commission (2020) *Mental Health: Inquiry Report,* p732.
[33] Productivity Commission (2020). *Mental Health: Inquiry Report,* p732.

Provide safe and secure housing for people experiencing mental illness

Issue

Stable and appropriate housing is a key foundation for positive mental health.

The recently released Trajectories research confirms the strong relationship between financial security, housing security and mental health.[34] This research found that people with a diagnosed mental illness had a much greater likelihood of experiencing financial hardship (44%) and a forced move from their place of residence (39%) over the subsequent year. The research also found that experience of financial hardship in the past one-to-two years elevates the likelihood of a person experiencing deteriorating mental health (to the point where the person experienced symptoms) by 23%, and some evidence that a forced move in the previous two years increased risk of deteriorating mental health.

The quantitative research also showed that mediating factors, including social support and accessing mental health and other health services, can reduce the likelihood of housing instability and shorten the length of time a person experiences mental ill-health. This research demonstrated that many people experiencing severe mental illness can live independently where they have the right support, and maintaining housing security is central to early intervention and prevention of mental ill-health.

In its inquiry into mental health, the Productivity Commission found that integrated housing and mental health services — referred to as supported housing — can be effective in improving mental health and housing outcomes for participants. The Commission also found that the cost of provision of these services is often offset as the participant's use of other high cost services (such as hospitals) often reduces.[35] However, the Commission found that there is an estimated shortfall of 9,000–12,500 supported housing places nationally, and that a key barrier to addressing this gap is the "significant shortage" of social and affordable housing.[36]

Providing additional social housing and supported accommodation and housing options will also help to reduce the demand on already over-stretched acute and hospital based mental health services. Research undertaken in Western Australia in 2019 found that of 656 people occupying a mental health inpatient bed at the time of the survey, 178 (21.7%) could not be discharged due to inadequate community based accommodation and/or mental health community supports.[37]

Despite the inter-relationship between housing security and positive social, economic and mental health outcomes, social housing has continued to decline over the past decade as a proportion of all housing stock in Australia.[38] Supporting genuine choice and control in housing for people with lived experience of mental ill-health will require increasing the availability of a diversity of safe, secure, appropriate and affordable housing.

In its inquiry into mental health, the Productivity Commission recommended that state and territory governments, with support from the Australian Government, address the shortfall in the number of supported housing places for people with severe mental illness, and the gap in homelessness services for people with mental illness, including by scaling up longer-term housing options such as Housing First programs. The Productivity Commission also recommended as part of the next negotiation of the National Housing and Homelessness Agreement, governments should increase the quantum of funding for housing and homelessness services, with particular attention to expanding provision of housing and homelessness services for people with mental illness (Action 20.3).[39]

[34] Brackertz, N., Borrowman, L., Roggenbuck, C., Pollock, S. & Davis, E. (2020). *Trajectories: the interplay between mental health and housing pathways.* Retrieved 8 Jan 2021 from https://www.ahuri.edu.au/housing/trajectories

[35] Productivity Commission (2020). *Mental Health Inquiry Report*. p984.

[36] Productivity Commission (2020). *Mental Health Inquiry Report*. p986.

[37] Western Australian Mental Health Commission (2019), Mental health Inpatient Snapshot Survey 2019 Western Australia Summary Report. Retrieved 29 Jan 2021 from https://www.mhc.wa.gov.au/media/2736/mental-health-inpatient-snapshot-survey-2019-summary-report-wa.pdf

[38] Australian Institute of Health and Welfare (2020), Housing assistance in Australia 2020 (cat. no. HOU 320). Canberra: Australian Government. Retrieved 20 Aug 2020 from https://www.aihw.gov.au/reports/housing-assistance/housingassistance-in-australia-2020/contents/summary

[39] Productivity Commission (2020). *Mental Health Inquiry Report*. p1010.

Action

The Australian Government should co-invest with state and territory governments to increase the availability of social and affordable housing, and increase supported housing and homelessness services for people experiencing mental ill-health.

Expand employment support and financial security for people experiencing mental illness

Issue

There is clear evidence for the need to address the social determinants of mental health in order to reduce the impacts of mental illness.[40] There is a strong relationship between experiences of mental ill-health, financial insecurity and unemployment. Australian research has found people who have recently experienced financial hardship are 23% more likely to experience decreased mental health in the next year, and people experiencing severe psychological distress are 89% more likely to experience financial hardship in the next year.[41]

Financial security and meaningful activity are extremely important for maintaining positive mental health. A fair and equitable income support system is fundamental in providing financial security, keeping people out of poverty and supporting the economic and social participation of all Australians. People experiencing mental ill-health are more likely to also experience economic disadvantage, unemployment and income insecurity. The National Health Survey found 49% of people receiving Newstart (now JobSeeker Payment) reported having "mental or behavioural problems" compared to 21% of the employed population.[42]

Prior to the Coronavirus Supplement, the combined rates of the JobSeeker Payment and Commonwealth Rental Assistance was $96p/week short of estimated average minimum basic essential living costs for a single adult.[43] Mental Health Australia urges the Australian Government to establish mechanisms for income support payments to be set independently at a level to meet reasonable costs of living to support economic and social participation.

Assisting people experiencing barriers to find and maintain employment is also part of a high functioning welfare system, which increases social and economic participation and reduces government expenditure on income support and other services.

People with psychosocial disability currently make up nearly 40% of Disability Employment Services (DES) participants, but have lower employment outcomes compared to participants with other primary disabilities,[44] indicating alternate models of employment support should be explored to pursue better outcomes.

Integrated and personalised employment supports have been found to be both effective and cost-efficient in assisting people with complex, severe or enduring experience of mental illness to gain and sustain employment. The Individual Placement and Support (IPS) model involves personalised care and close integration of employment and clinical support, and has been found to substantially out-perform conventional employment approaches in both vocational and wellbeing outcomes.[45]

In addition to significant quality of life impacts, personalised and integrated employment support services are also expected to provide a significant return on government investment. The Productivity Commission estimated that providing IPS employment supports to a cohort of 40,000 participants for one year would cost $108–286 million, would increase participants' income from additional employment by $42–90 million, result in savings to the healthcare system of $137–575 million and result in savings to DES of about $49 million.[46] This would result in anticipated net economic benefit of $113–437 million in the year following reform implementation.[47]

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[40] World Health Organization and Calouste Gulbenkian Foundation (2014), *Social determinants of mental health*. Geneva, World Health Organization.
[41] Brackertz, N., Wilkinson, A., and Davison, J. (2019),*Trajectories: the interplay between mental health and housing pathways. A short summary of the evidence*, AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Melbourne. Retrieved 29 Jan 2021 from https://www.ahuri.edu.au/research/research-papers/trajectories
[42] Collie, A., Sheehan, L. & Mcallister, A. (2019), The Health of Disability Support Pension and Newstart Allowance Recipients. *Monash Public Health & Preventative Medicine*.
[43] Saunders P & Bedford M (2017), *New Minimum Income for Healthy Living Budget Standards for Low-Paid and Unemployed Australians*. Social Policy Research Centre, UNSW Australia.
[44] Labour Market Information Portal (2020), as cited by Productivity Commission (2020) *Mental Health: Inquiry Report,* p935.
[45] Productivity Commission (2020) *Mental Health: Inquiry Report,* pp947-8.
[46] Productivity Commission (2020) *Mental Health: Inquiry Report,* p949.
[47] Productivity Commission (2020) *Mental Health: Inquiry Report,* p173.

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As such, Mental Health Australia supports the Productivity Commission's recommendation that the Australian, state and territory governments expand access to personalised and integrated employment support services for people experiencing unemployment and mental ill-health. The Australian Government should consider trialling other successful models in addition to IPS, to increase consumer choice and access.

Action

The Australian Government should establish mechanisms for income support payments to be set independently at a level to meet reasonable costs of living to support economic and social participation.

The Australian Government should work with state and territory governments to establish a national rollout of the Individual Placement and Support employment program, and trial other employment support models, for people experiencing mental ill-health and unemployment.

Establish National Carer Strategy

Issue

More than 1 in 10 Australians (2.7 million people) are informal carers.[48] Of these carers, approximately 240,000 people care for someone with mental ill-health, providing an estimated 208 million hours of informal care per year. The total annual replacement cost for this informal mental health care would be $13.2 billion.[49]

Carers are people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. The previous National Carers Strategy lapsed in 2014, which is out-of-step with the states and territories. Current data gaps and a lack of research into carers and their role in health, mental health, aged care, disability care and the broader social capital of our communities has a substantial impact on the development of evidence-based policy, initiatives, service planning and provision. A new stand-alone National Carer Strategy is essential to acknowledge carers and prepare for the growth in demand for informal carers — estimated to increase by 23% by 2030.[50]

Carers have been particularly affected by the COVID-19 pandemic and associated restrictions. 60% of carers surveyed in April–May 2020 reported the person they provide care to lost some or all supports.[51] In addition to losing access to regular supports, many respite services reduced or ceased providing support. As a direct consequence of reduced support and little-to-no respite options, many carers had to increase the hours of unpaid care, as well as provide different types of support to what they usually provide.[52] Further, many carers who also undertake paid employment outside of caring duties reported losses in pay and hours, and 10% of carers lost their job.[53]

Carers of people with mental illness and/or psychosocial disability with 79% reporting their own mental health had deteriorated, and 57% of mental health carers reported their stress had increased by ‘a lot’ or ‘an extreme amount’.[54]

The combination of these compounding issues and the multitude of other stressors caused by COVID-19 have significantly impacted the mental health of carers, with almost all carers experiencing increased stress in their role as a carer due to COVID-19.[55]

Recognising the vital role unpaid carers play in supporting both individuals and communities, the Australian Government must invest in the wellbeing of carers, through a National Carer Strategy and immediate supports.

Action

Develop and resource a stand-alone National Carer Strategy to drive evidence-based, strategic policy and programs to support the wellbeing of carers.

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[48] Australian Institute of Health and Welfare (2019), *Australia’s Welfare 2019: in brief*. Retrieved 22 Jan 2021 from https://www.aihw.gov.au/getmedia/795385cc-6493-45c9-b341-7ddf6006d518/aihw-aus-227.pdf.aspx?inline=true

[49] Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J & Whiteford H. (2016), *The economic value of informal mental health caring in Australia: technical report*. Brisbane: The University of Queensland. Retrieved 22 Jan 2021 from https://www.mindaustralia.org.au/sites/default/files/Mind_value_of_informal_caring_full_report.pdf

[50] Deloitte Access Economics (2020). *The value of informal care in 2020*. Carers Australia.

[51] Muir, G., Beasley, A., Shackleton, F., Davis, E., Armstrong, K., Hayes, L., (2020). *Caring during Coronavirus: Results of the COVID-19 Carer Survey*, Caring Fairly, Melbourne.

[52] Muir, G., Beasley, A., Shackleton, F., Davis, E., Armstrong, K., Hayes, L., (2020). *Caring during Coronavirus: Results of the COVID-19 Carer Survey*, Caring Fairly, Melbourne.

[53] Muir, G., Beasley, A., Shackleton, F., Davis, E., Armstrong, K., Hayes, L., (2020). *Caring during Coronavirus: Results of the COVID-19 Carer Survey*, Caring Fairly, Melbourne.

[54] Muir, G., Beasley, A., Shackleton, F., Davis, E., Armstrong, K., Hayes, L., (2020). *Caring during Coronavirus: Results of the COVID-19 Carer Survey*, Caring Fairly, Melbourne.

[55] Muir, G., Beasley, A., Shackleton, F., Davis, E., Armstrong, K., Hayes, L., (2020). *Caring during Coronavirus: Results of the COVID-19 Carer Survey*, Caring Fairly, Melbourne.

Mental Health Australia

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Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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