



**Mental Health
Victoria**

Collaboration • Knowledge • Leadership

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The Hon. Greg Hunt MP
Minister Assisting the Prime Minister for the Public Service
and Cabinet
Minister for Health and Aged Care
Parliament House
Canberra ACT 2600

Dear Minister,

2021 Federal Budget Submission

On behalf of the mental health sector in Victoria, we welcome this opportunity to provide input for Budget 2021—2022.

As the Final Report of the Productivity Commission's Inquiry into Mental Health has shown, investing in mental health is a cost-effective way of supporting the Australian economy. Now more than ever, the nation needs better investment in mental health to assist the recovery of our wellbeing and economy. We believe Victoria, still recovering from the psychological tolls of COVID-19, requires special attention.

MHV has engaged with its extensive stakeholder network to prepare the following list of 11 key initiatives that will support the mental health and economic recovery of the nation.

- 1. Develop an Implementation Plan for the Productivity Commission's Final Report into Mental Health, accompanied by an intergovernmental Budgetary Plan.**
 - 2. Fast-track the Commonwealth's Adult Mental Centre Program with a particular focus on the needs of Victoria.**
 - 3. Work with the states and territories to expand access to psychosocial support services.**
 - 4. Extend the Individual Placement and Support model to community mental health providers to ensure access for job seekers of all ages.**
 - 5. Develop a National Digital Mental Health Platform to provide assessment, referral, and direct access to low-cost low-intensity evidence-based digital mental health services.**
 - 6. Support the development of a mental health workforce by establishing a national association for peer workers.**
 - 7. Implement self-determined strategies to support Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing and suicide prevention.**
 - 8. Develop a National Carer Strategy that can provide for the unpaid family and friend carers of people living with mental illness.**
 - 9. Develop an Implementation Plan and Budgetary Plan for the National Children's Mental Health and Wellbeing Strategy.**
 - 10. Expand and develop youth specialist mental health services.**
 - 11. Provide targeted financial support for businesses and individuals**
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- 1. Develop an Implementation Plan for the Productivity Commission's Final Report into Mental Health, accompanied by an intergovernmental Budgetary Plan.**

The Productivity Commission's Inquiry into Mental Health was one of the most extensive inquiries into mental health nationally. The resulting Report provides a reasoned, holistic vision of systemic reform. Such reforms provide a solid foundation for a national mental health system that can guarantee not only the wellbeing of our nation, but also of our

national economy. The Productivity Commission estimated the economic benefits of its recommended reforms to be up to \$1.3 billion per year.

An implementation plan is required to shape how and when each of the recommendations will be implemented. The Plan must be accompanied by a budgetary plan that addresses Australian, State and Territory Government funding for the recommendations across funding cycles.

2. Fast-track the expansion of the Adult Mental Health Centre Program with a particular focus on the needs of Victoria.

There is very strong support in the community for the Adult Mental Health Centre (AMHC) Program as a means of addressing the 'missing middle' gap between primary and specialist mental healthcare.

Hundreds of thousands of Australians cannot access the care they need, and this is placing unnecessary strain on other parts of the mental health system, as well as emergency services, first responders and the economy more broadly. The need is particularly felt by some of Australia's most vulnerable communities, including LGBTIQ+ and Aboriginal and Torres Strait Islander communities who have a need for services available through their communities.

Adult Mental Health Centres will be a critical part of Australia's future system architecture. We strongly recommend that the expansion of the program be fast-tracked to include more locations across Australia to ensure that everyone can access the care they need regardless of where they live.

The rapid establishment of the 15 temporary Victorian HeadtoHelp Clinics in September 2020 has provided great support in this time of need and provided a solid foundation for future centres in Victoria. We recommend that the HeadtoHelp Clinics be transitioned to permanent AMHCs from September 2021 and that some AMHCs be delivered by Aboriginal Community Controlled Organisations and LGBTIQ+ community health organisations.

A jurisdictional approach like that undertaken to commission the Victorian HeadtoHelp Clinics is important to provide consistency in access and care quality across regions supported by a nationally recognisable brand.

3. Work with the states and territories to expand access to psychosocial support services.

As highlighted in the Productivity Commission's Final Report, the delivery of psychosocial supports — including a range of services to help people manage daily activities, rebuild and maintain social connections, build social skills and participate in education and employment — has been hampered by inefficient funding arrangements and service gaps. This is affecting the recovery of people with mental illness and their families, who can benefit substantially from improved access to psychosocial supports.

We support the Productivity Commission's recommendations that:

- Governments should ensure that all people who have psychosocial needs arising from mental illness receive adequate psychosocial support.
- As contracts come up for renewal, commissioning agencies should extend the length of the funding cycle for psychosocial supports from a one-year term to a minimum of five years.

- Commissioning agencies should ensure that the outcome for each subsequent funding cycle is known by providers at least six months prior to the end of the previous cycle.

4. Extend the Individual Placement and Support model to community mental health providers to ensure access for job seekers of all ages.

There is a direct relationship between mental health and employment. Attaining employment is a protective factor against mental health issues, while experiencing unemployment can create or exacerbate them. Experiences of mental ill health can limit a person's ability to attain and retain ongoing employment.

Numerous studies have found Individual Placement and Support (IPS) programs to be two-to-three times as effective as traditional vocational rehabilitation in getting people with mental health issues into competitive work. However, while young people may have access to IPS via headspace sites, people in other age groups currently have no access to IPS despite growing unemployment rates in the wake of the COVID-19 pandemic.

MHV has welcomed the Government's expansion of IPS services at headspace sites. There is scope to expand further to include people of all ages who are experiencing unemployment. As noted in the Productivity Commission's report, there is evidence that expanded IPS services could result in a net benefit of up to \$437 million in savings in costs of healthcare, employment supports, and Disability Employment Services.

5. Establish a National Digital Mental Health Platform to provide assessment, referral, and direct access to low-cost low-intensity evidence-based digital mental health services.

Entry and navigation of the mental health system can be very difficult for consumers, carers, and families. People seeking help often struggle to identify where to find the right treatment and support for their needs. Access in regional areas is particularly difficult, although the increasing availability of telehealth and digital services has made welcome improvements in this regard.

A National Digital Mental Health Platform would be a cost-effective way to enable people to more easily identify and access suitable treatment options, particularly in regional areas and out-of-hours. The Productivity Commission estimated that expanding supported online treatment to reach 150,000 people (rather than the current 4,000) will generate a net benefit of up to \$68 million.

6. Support the development of a mental health workforce by establishing a national association for peer workers.

The mental health peer workforce requires considerable expansion to capitalise on its potential. Numerous studies have shown that improved access to peer workers can increase cost efficiency by reducing reliance on costly acute and crisis care services.

The Australian Government can nurture this valuable part of the sector with once-off funding to establish a national association of peer workers. Such a body would support the development of the profession by improving access to resources, training opportunities and communities of practice, promoting and clarifying the role of peer workers throughout the sector, and providing advocacy, support, and expert advice to support policy making and implementation.

7. Implement self-determined strategies to support Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and suicide prevention.

Now is a critical time for Aboriginal and Torres Strait Islander mental health. The new National Agreement on Closing the Gap and ongoing reforms related to the Uluru Statement from the Heart have the potential to address many underlying social determinants.

Aboriginal and Torres Strait Islander communities continue to experience psychological distress and mental health needs at greater rates than other groups in Australia. To address this, we need specific strategies and initiatives that can respond to their culturally specific needs and understandings of health and wellbeing.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* has not been fully implemented despite strong support from the sector as well as the Australian Health Ministers' Advisory Council, and recommendations for full implementation from both the Closing the Gap 10 Year Review and the Productivity Commission's Final Report.

Similarly, a second National Aboriginal and Torres Strait Islander Suicide Prevention Strategy is required, accompanied by an Implementation Plan, as recommended by the National Aboriginal and Torres Strait Islander Suicide Prevention Conference in 2018.

We recommend that:

- a) an Implementation Plan and Budgetary Plan be developed for the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023;
- b) a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Implementation Plan be developed, led by Aboriginal and Torres Strait Islander people, and accompanied by an Implementation Plan and Budgetary Plan; and
- c) dedicated resources be allocated for Indigenous organisations to deliver (a) and (b).

8. Develop a National Carer Strategy that can provide for the unpaid family and friend carers of people living with mental illness.

Unpaid family and friend carers perform a vital role in the Australian mental health system, with a report by Carers Australia revealing that carers contributed \$77.9 billion in informal care in 2020. This represents not only an incredible asset for the nation, but also an associated risk if carers do not have access to the support they need to discharge their caring roles, and look after their own mental health and wellbeing.

To best support this vital pillar of the system, a National Carer Strategy is required. Particular attention should be paid to the family and friend carers of people with mental health issues because of their unique needs.

9. Develop an Implementation Plan and Budgetary Plan for the National Children's Mental Health and Wellbeing Strategy

The National Children's Mental Health and Wellbeing Strategy highlighted a fragmented mental health system with poor linkages between child mental health services, insufficient preventative efforts, and an insufficient multidisciplinary approach for children with complex needs. As a result, too many children under 13 are affected by mental health issues in Australia.

There are tangible flow-on benefits to addressing mental health early in life, including economic benefits (by reducing the reliance on services later in life and in establishing strong foundations for the future workforce), and social benefits (by reducing anti-social behaviours and promoting civic engagement).

The National Children's Mental Health and Wellbeing Strategy provides a holistic blueprint for reform. Its recommendations will increase access to prevention, early intervention, and treatment services to improve children's mental health and wellbeing and improve the resilience of the adults of tomorrow.

10. Expand and develop youth specialist mental health services

There is strong evidence that specialist mental health assessment and interventions for people aged 12–25 significantly improve young people's prospects. Despite this, many young Australians and their families still lack access to appropriate specialist mental health services, especially those with more complex needs. There are considerable gaps in services, long waits and often a lack of continuity of care. This is even more pronounced in specific population groups where mental health treatment is often only accessed when a young person's mental ill health has become acute and require hospitalisation. Compounding these issues is the fact that there are also not enough skilled professionals to meet demand for services both now and in the future.

A comprehensive and evidence-based model and plan around youth mental health care is required that augments existing services and addresses the needs of young people with severe and complex conditions. This plan should address local service demand and specifically focus on the needs of priority populations such as Aboriginal and Torres Strait Islander young people and young people with comorbid alcohol and other drug and mental health issues.

11. Provide targeted financial support for businesses and individuals

Financial security is well-understood to be a driving factor behind many mental health issues. The COVID-19 pandemic has placed considerable financial strain on millions of Australians, through experiences of unemployment, underemployment and instability in employment. As a result, the mental health and wellbeing of millions of Australians has been exacerbated, with Victorians the hardest hit, creating new demand for services, and further widening the gap in accessible mental health care.

The Australian Government's increase in JobSeeker payments and the introduction of other income support measures including JobKeeper payments and the Coronavirus Supplement were essential to supporting the mental health and wellbeing of Australians by providing

protection against poverty and financial insecurity in these unprecedented times. However, the economic recovery of our country and its citizens is ongoing.

The Australian Government should provide targeted financial support measures to people and businesses who continue to face economic strain. As the pandemic has only exacerbated the links between financial insecurity and mental health issues, not created them, this continuation should be undertaken with a view to making permanent increases to income support payments required for the long-term

Conclusion

If implemented, the 11 recommendations outlined above will provide a solid foundation for mental health reform and economic recovery that will benefit the country for generations.

We welcome the opportunity to contribute to this most important of budgets and welcomes any further opportunity to provide more detailed advice.

For further information on this submission, please contact Larissa Taylor, A/CEO and Director of Policy, on (03) 9519 7000.

Yours faithfully,



Larissa Taylor
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Mental Health Victoria