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Dear Dr Martin,

On behalf of the mental health sector in Victoria, we welcome this opportunity to provide input to the House Select Committee on Mental Health and Suicide Prevention.

The bushfires and the COVID-19 pandemic have reinforced for us the dangers of having a mental health system that is ill-equipped to cope with surges in demand. Now more than ever, the nation needs to invest in mental health and suicide prevention reform so that millions of Australians can get the support they need.

As articulated by the Productivity Commission, all governments need to recognise that spending on mental health is an investment in Australia's future that will provide very large returns in terms of productivity and economic growth. The Victorian Government has made an historic commitment to mental health reform and investment by committing to implement all the Royal Commission findings. The time is right (and we cannot afford to wait) for the Commonwealth and the other jurisdictions to make their own once-in-a-generation commitments to mental health.

Despite the additional strain created by the bushfires and the pandemic, we remain optimistic about the potential for reform, underpinned by deep collaboration between all levels of government. This is in no small part due to the outstanding and decisive response from the Australian Government to the pandemic-induced surge in demand for mental health services in Victoria in 2020. The Australian Government's response, which included the formation of a joint taskforce and lightning-speed roll out of services across Victoria, should be viewed as a model for what can be achieved in a very short time when governments collaborate.

With the concurrent release of several fundamental mental health reports and strategies, we have an historic opportunity to reform our mental health system to ensure that it will meet the urgent and ongoing needs of all Australians.

- The **Victorian Royal Commission's Final Report** articulates a bold, transformative vision for mental health service design, commissioning, delivery, and governance. Once implemented, it will stand as the national benchmark, a blueprint for what a world-class mental health system should look like.

- The **Productivity Commission's Inquiries Final Report** provides a reasoned, holistic vision of systemic reform that will provide a solid foundation for a national mental health system, one that can guarantee not only the wellbeing of our nation, but also of our national economy.
- The **National Children's Mental Health and Wellbeing Strategy** provides a strategic blueprint that will increase access to prevention, early intervention, and treatment services for children, helping to shape the future wellbeing of the nation by improving the resilience of the adults of tomorrow.
- The **Royal Commission into Aged Care Quality and Safety** included dozens of recommendations relating to mental health and wellbeing. If implemented, these recommendations will provide for significantly improved access to mental health services for older people, with much-needed improvements in safety and quality of care through strengthened human rights protections and workforce upskilling and expansion.
- The **National Mental Health Workforce Strategy** will support workforce development which is vital to mental health service delivery. An expanded mental health system simply cannot function without an adequately sized, trained, and distributed workforce to deliver it.
- **Interim Advice from the National Suicide Prevention Adviser** also provide key insights. Suicide prevention presents not only a critical gap in current supports available to people in distress, but it also has the potential to generate economic returns on increased investment.

Recommendations

The collective recommendations from these reports and strategies will be critical in building a national mental health system that it can respond to situations of both individual and communal crisis.

However, we acknowledge that implementing all recommendations at once poses significant financial and logistical challenges. That is why a single long-term whole-of-government Implementation and Budgetary Plan is required to bring together and strategically plan for the implementation of the all the recommendations identified in the various commission, inquiry, and strategy reports.

As a part of this Plan, urgent implementation priorities should be identified, funded in the May 2021 budget, and fast-tracked. Mental Health Victoria has engaged with its extensive stakeholder network (which includes consumer and carer groups, hospitals, community health organisations, medical colleges, professional association, unions, police, and emergency services) to identify nine time-critical initiatives that are crucial to building a solid foundation of reform for a mental health system. These will support the mental health and economic recovery of the nation.

We urge that the Australian Government:

Finalise in 2021 a single, long-term, whole-of-government implementation and budgetary plan for national mental health reform, which combines the recommendations of the key commission, inquiry, and strategy reports, with priority given to urgent implementation of the following initiatives:

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

Finalise in 2021 a single whole-of-government Implementation and Budgetary Plan for national mental health reform, which combines the recommendations of the key commission, inquiry, and strategy reports.

We cannot fix a fragmented system through a fragmented approach to reform. While prioritising recommendations for short-, medium- and long-term implementation is necessary, selecting only specific recommendations to invest in or implement will lead to further fragmentation and disconnect, threatening the system's integrity and responsive capabilities.

A strategic approach to reform planning is crucial and the findings and recommendations from each of the key mental health reports (mentioned above) must be considered not only in relation to each other but also in relation to how they intersect with and influence other government portfolios and policies. A strategic approach to planning and budgeting for long-term reform implementation can satisfy the need for time-sensitive reforms, capitalise on the benefits of economically beneficial reforms, and mitigate the risks that critical long-term reforms will be neglected.

A single, comprehensive, long-term, and whole-of-government implementation and budgetary plan is therefore required to shape how each of the recommendations will be implemented in the short-, medium- and long-term. The Plan should consider:

- the **recommendations for prioritisation** made in individual reports and strategies with an emphasis on following the priorities set by expert recommendations
- the **urgency of reforms** with a general prioritising of reforms which target critical areas of need.
- the **interdependency of reforms** with a general prioritising of foundational improvements required to facilitate and monitor ongoing system reform.
- ongoing **strategies to facilitate cooperation** between government departments and across different levels of government.

While the following recommendations provide further, more specific suggestions for prioritisation, they must not detract from the need for long-term implementation and budgetary planning. Only with long-term strategic reform can we create a mental health system that is cohesive, balanced, and stable enough to be capable of responding in an agile way to future disaster scenarios.

Short-term priorities of the long-term Implementation and Budgetary Plan

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

Hundreds of thousands of Australians are unable access the care they need. Too often, Australians are told they are 'too sick' for primary care support and 'not sick enough' for specialist care. This 'missing middle' presents a dire risk for the mental health system's capacity to respond to rising need in times of crisis, and places unnecessary strain on other parts of the mental health system, as well as emergency services, first responders and the economy more broadly.

Adult Mental Health Centres (AMHCs) will be a critical part of Australia's future system architecture, and already enjoy strong backing from communities. We strongly recommend that the Australian Governments revolutionary AMHC 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. This will take the pressure off the system, provide more scope for scalability in times of crisis, and ensure that people whose needs cannot be met by the primary or specialist systems of care have a place to go.

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.

2. Expand and develop youth specialist mental health services.

Supporting young people to receive mental healthcare is a critical strategy for reducing demands and pressures within the mental health system. Mental health issues often arise in these years and there is strong evidence that early intervention can significantly reduce the psychological, social, and economic impacts of mental ill-health in the long-term.

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 requires hospitalisation. Compounding these issues is the fact that there are not enough skilled professionals to meet demand for youth specialist services both now and in the future.

A comprehensive and evidence-based model and plan around youth mental healthcare is required to augment existing services and address 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, LGBTIQ+ young people, and young people with comorbid mental health and alcohol and other drug issues.

3. 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.

Many Australians can benefit from low-cost, low-intensity mental health services available through digital means. However, too much of our mental health system currently relies on costly face-to-face interventions.

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.

Such a platform should be established urgently as it would provide quick and large-scale benefits to help Australians access timely care suitable to their needs. It would also support efforts to manage fluctuations in demand and will bring economic returns which can be used to fund future reforms.

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

Psychosocial support services include a range of services to help people manage daily activities, rebuild and maintain social connections, build social skills and participate in education and employment. These support services are essential to supporting people with psychosocial disabilities to maintain productive lives through connections to community.

However, as highlighted in the Productivity Commission's Final Report, the delivery of psychosocial supports has been hampered by inefficient funding arrangements and service gaps with the transition to the NDIS. Given the critical need for expanded psychosocial support services at this time, we support urgent prioritisation of the Productivity Commission's recommendations that:

- governments ensure that all people with psychosocial needs arising from mental illness receive adequate psychosocial support;
- as contracts come up for renewal, commissioning agencies extend the length of the funding cycle for psychosocial supports from a one-year term to a minimum of five years; and
- commissioning agencies 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.

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

The mental health peer workforce requires significant expansion to capitalise on its considerable potential. The Australian Government can nurture this valuable part of the sector with once-off funding to establish a national association of peer workers. Once established, ongoing funding may be available through member and organisation fees.

A national association will provide crucial support for workforce development including by improving access to resources, training opportunities and communities of practice, promoting and clarifying the role of peer workers in the sector, and providing advocacy, support, and expert advice to support policy-making and implementation.

This funding is needed urgently to begin the process of workforce planning ahead of service development. By establishing a national association of peer workers now, we can ensure that the expanding mental health system is supported by a robust workforce that can provide critical supports to people in times of need while reducing crisis-driven demand for more costly alternatives.

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

Mental ill-health costs the economy a staggering amount of money in reduced productivity and income support payments. However, studies show that supporting people with mental health issues through employment services can increase workforce participation rates by up to 30%. In particular, Individual Placement and Support (IPS) programs have been found to be two-to-three times as effective as traditional vocational rehabilitation in getting people with mental health issues into work.

Given Australia's post-pandemic priorities of both mental health and economic recovery, expanding IPS programs should be an urgent priority. 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 the costs of healthcare, employment supports, and Disability Employment Services.

While many 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. While MHV has welcomed the Government's expansion of IPS services for young people through headspace, there is now scope to further expand IPS programs to include people of all ages who are experiencing unemployment.

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

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 that drive mental ill-health and distress among Aboriginal and Torres Strait Islander communities. To complement these broad national reforms, we need specific strategies and initiatives that can respond to the culturally specific mental health, social and emotional wellbeing, and suicide prevention needs of Aboriginal and Torres Strait Islander communities.

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 a fully funded Implementation Plan, as recommended by the National Aboriginal and Torres Strait Islander Suicide Prevention Conference in 2018.

We recommend that:

- 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*
- a renewed *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* be developed, led by Aboriginal and Torres Strait Islander people, and accompanied by an Implementation Plan and Budgetary Plan
- dedicated resources be allocated for Aboriginal and Torres Strait Islander organisations to deliver the above recommendations.

8. Develop a new whole-of-government LGBTIQ mental health prevention and response strategy.

Lesbian, gay, bisexual, trans and gender diverse, intersex, queer/questioning and other (LGBTIQ+) people experience significantly higher rates of mental ill health and distress, including suicidal behaviours. Despite this well-known fact, there is a concerning lack of attention being paid to this group, including an absence from key reports and strategies, a lack of comprehensive data, deficits in inclusive practices and no dedicated funding for LGBTIQ+ mental health services.

We know that much of LGBTIQ+ mental ill-health is directly attributable to experiences of prejudice, abuse, invisibilisation, and stigma. Current reform trends in mental health seem to be underscoring and perpetuating these drivers of mental ill health, rather than addressing them. For example, there are no references to LGBTIQ+ families or children in the National Children's Mental Health and Wellbeing Strategy.

A new LGBTIQ mental health prevention strategy is urgently needed to address the significant complex drivers of mental ill health among this community. While it would be beneficial here to note the proportion of the Australian community which LGBTIQ+ people represent to underscore the magnitude of the problem, even this data does not exist. That is why a complete whole-of-government strategy is required to identify gaps and solutions, encompassing both mainstream and community-led mental health and related supports, and levers to support mental health promotion and prevention, to ensure that the reform of the mental health system does not leave LGBTIQ+ people behind.

9. 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.

Conclusion

A long-term whole-of-government Implementation and Budgetary Plan for national mental health reform, based on key mental health reports and strategies, is critical to lay the foundation for long-term mental health reform and economic recovery.

While that is being developed, the further recommendations above provide urgent priorities for the 2021 Federal Budget to meet urgent needs, secure long-term economic gains, and lay the foundation for future reforms that can ensure our mental health system can meet the needs of Australians now and into the future, in times of security and crisis. This will in turn insure our nation against the mental health impacts of future disaster scenarios, while benefitting the country's social, emotional, and economic wellbeing for generations.

We welcome the opportunity to contribute to the Committee's important work and welcome any further opportunity to provide more detailed advice.

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

Yours faithfully,



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