



**Public Health Association**  
AUSTRALIA

***Submission from the Public Health Association of Australia to  
the Community Affairs References Committee***

**Inquiry into Commonwealth Funding and Administration of Mental  
Health Services**

Dr Ian Holland  
Secretary  
Community Affairs References Committee  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600  
AUSTRALIA

Phone: (02) 6277 3515  
Fax: (02) 6277 5829  
Email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

PHAA Contact: Michael Moore CEO  
[mmoore@phaa.net.au](mailto:mmoore@phaa.net.au)

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## **Introduction**

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

### ***Public Health***

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

### ***The Public Health Association of Australia***

PHAA is a national organisation comprising around 1800 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

### ***Advocacy and capacity building***

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

## Submission Summary

- The overall changes to the Federal Mental Health Budget are justified and the focus on mental health is welcomed by PHAA.
- Mental health needs to be a whole of government priority with a measurable outcome in every area.
  - There is a need to measure population mental health indicators in policy areas impacting on mental health initiatives/interventions such as: housing, food security, arts, neighbourhood renewal, employment policies.
- There are many significant influences on mental health outcomes outside treatment options and biology. Targeting the social determinants of health will positively impact on mental health outcomes and many other health and social issues.
- An equity focus in mental health promotion and the prevention and treatment of mental illness includes both broad actions across whole populations and targeted approaches. It is important for a variety of communities to partner in the development and delivery of appropriately targeted programs. Such groups include Culturally and Linguistically Diverse (CALD) communities, Aboriginal and Torres Strait Islander communities, low income and disadvantaged communities, the elderly, children, children and adults with disabilities, parents with mental illnesses, regional and remote communities, women and men and Lesbian, Gay, Bisexual and Transgender (LGBT) communities.
- Liveable, inclusive community life should be a priority to create a positive environment for recovery, support and mental health promotion.
- Individuals should be seen in the context of their families and communities. Mental health support and promotion can therefore occur through individual, family and community-based initiatives. This is particularly pertinent but not exclusive to work with young children and adolescents.
- Built-in and ongoing evaluation and refinement of mental health programs is necessary to measure their effectiveness and to improve them over time.
- An equitable level of funding for mental health research, at least proportionate to the share of disease burden, is necessary to develop a rigorous evidence base in mental health promotion, prevention and treatment.
- Increasing mental health literacy and skills across all workforces should be a priority and integrated into professional development requirements.
- Investment in settings-based mental health promotion, especially workplace health promotion, to improve wellbeing and reduce the individual and economic burden of poor mental health/job stress and the likelihood of losing employees to mental health disability is strongly supported.
- Mental health should be integrated with the chronic disease agenda as is being done internationally. PHAA has recently endorsed the World Federation for Mental Health submission to the United Nations in line with this agenda.

- The emphasis on prevention and treatment of physical health conditions in people with mental illness should be increased.

## **Key points in relation to the specific Terms of Reference:**

### ***a) The Government's 2011-12 Budget changes relating to mental health***

- The Government's 2011-12 mental health Budget announcements have the potential to significantly improve access to mental health services and outcomes. The changes represent a significant investment to support the prevention, treatment and management of depression and anxiety disorders.

### ***b) Changes to the Better Access initiative***

- The redirection of funds from the Better Access Initiative to other mental health programs and services, which focus on prevention, early intervention, and increasing access to services, is justified. It will facilitate enhanced funding of effective early intervention initiatives, focusing on high risk and hard to reach population groups.
- Decreasing the number of allied health treatment sessions available per person per year from 12 to 10 will not have a significant impact on a large number of consumers. The Pirkis, Harris, Hall and Ftanou (2011) evaluation of the Better Access program found that 75% of consumers received 1 – 6 sessions, 20% received 7 – 12 sessions, and 5% received 13 – 18 sessions.<sup>i</sup>
- Introducing a time-dependent rebate for the development of mental health care plans, commensurate with the time required to develop the plan, is an appropriate change.<sup>ii</sup>
- Continuing to offer financial incentives to GPs to complete mental health training will promote patients' access to best-practice, evidence-based care.
- While the Better Access evaluation indicated that there has been a significant uptake of services from hard to reach population groups (for example, young people; men; and people living in low socioeconomic areas and rural areas), the service usage is comparatively lower than other groups.<sup>iii</sup> A more targeted approach for vulnerable populations is therefore warranted.

### ***Recommendation***

- The diagnosis and treatment of mental and physical health conditions should attract the same rebate. The Better Access rebates should therefore be equivalent to the Chronic Disease Management rebates. The Chronic Disease Management care plans should also include mental

health screening, to ensure that co-existing depression and anxiety disorders are identified and treated.

***c) The impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program***

- The Budget's extension of access to the ATAPS program will help to promote collaborative care, and help to ensure access to services by those groups that are not well served by the Better Access program.

***d) Services available for people with severe mental illness and the coordination of those services***

- The Budget announcements which aim to strengthen the services available for people with severe mental illness will address the need for the delivery of co-ordinated clinical and non-clinical care. The proposed single assessment and point of contact process, in addition to further funding for *Flexible Care Packages*, will help in the development of integrated referral pathways. This will ensure that consumers receive wrap-around community-delivered support services, which are developed on an individual and as needed basis.

***e) Mental health workforce issues***

- The capacity of the mental health workforce needs to be strengthened to increase access to specialist services in rural and remote communities and to other disadvantaged population groups.

***Recommendations***

- Develop telephone/online services as a promising avenue to service provision in rural and remote communities, potentially offering confidentiality that may be difficult to maintain in small communities.
- Increase mental health literacy and work to reduce the stigma of mental health problems in rural and regional areas.
- Develop or expand all health workforce training to include mental health promotion, mental health first aid, awareness of mental health problems, knowledge of referral pathways and basic counselling/cognitive behavioural therapy skills.
- Develop a considered focus on culturally competent mental health support for Culturally and Linguistically Diverse (CALD) populations broadly, as well as targeted work with refugee and asylum seeker communities.

***f) and g) The adequacy of mental health funding and services for disadvantaged groups***

- Additional mental health funding and services are needed to target disadvantaged population groups. People from disadvantaged communities are more likely to experience poorer mental health outcomes, lower levels of access to mental health services, and other comorbid conditions.

*Recommendations*

- Targeted strategies, which address the factors influencing mental health and wellbeing; mental health literacy and stigma; and access to healthcare; are therefore needed.
- Measure outcomes for all disadvantaged groups including CALD communities and low literacy groups to ensure that there is reach and improvement across the whole community.
- Integrate mental health support into multiple government areas such as health, housing, income support, disability, education and employment.

***h) The delivery of a national mental health commission***

- The introduction of a national mental health commission will help to improve the transparency and accountability of the mental health system. It will also ensure there is an ongoing focus on the adequacy of mental health services and the needs of consumers and carers.

*Recommendation*

- Use the new National Mental Health Commission to advocate for the inclusion and measurement of mental health in all government initiatives and programs. This will allow the effect of the multiple influences on mental health to be visible and for broad, appropriate action to be taken.

***i) The impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups***

- Online services offer significant potential to meet some of the needs of people who currently do not seek treatment for their mental illness, due to stigma, cost, geography, or other barriers to accessing traditional services. There is a growing body of evidence on the efficacy of a range of online services for depression and anxiety.



## **List of Recommendations:**

1. The diagnosis and treatment of mental and physical health conditions should attract the same rebate. The Better Access rebates should therefore be equivalent to the Chronic Disease Management rebates. The Chronic Disease Management care plans should also include mental health screening, to ensure that co-existing depression and anxiety disorders are identified and treated.
2. Develop telephone/online services as a promising avenue to service provision in rural and remote communities, potentially offering confidentiality that may be difficult to maintain in small communities.
3. Increase mental health literacy and work to reduce the stigma of mental health problems in rural and regional areas.
4. Develop or expand all health workforce training to include mental health promotion, mental health first aid, awareness of mental health problems, knowledge of referral pathways and basic counselling/cognitive behavioural therapy skills.
5. Develop a considered focus on culturally competent mental health support for Culturally and Linguistically Diverse (CALD) populations broadly, as well as targeted work with refugee and asylum seeker communities.
6. Targeted strategies, which address the factors influencing mental health and wellbeing; mental health literacy and stigma; and access to healthcare; are therefore needed.
7. Measure outcomes for all disadvantaged groups including CALD communities and low literacy groups to ensure that there is reach and improvement across the whole community.
8. Integrate mental health support into multiple government areas such as health, housing, income support, disability, education and employment.
9. Use the new National Mental Health Commission to advocate for the inclusion and measurement of mental health in all government initiatives and programs. This will allow the effect of the multiple influences on mental health to be visible and for broad, appropriate action to be taken.



## Conclusion

The PHAA is concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The overall changes to the Federal Mental Health Budget are justified and the enhanced focus on mental health is welcomed by PHAA. This submission outlines key underpinning principles and a series of specific actions that could further enhance the Commonwealth's approach to funding and administration of mental health services at the national level.



Michael Moore BA, Dip Ed, MPH  
Chief Executive Officer  
Public Health Association of Australia  
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## References:

- <sup>iii</sup> Pirkis, J & Harris, M. 2011. Were the budgetary reforms to the Better Access for Mental Health initiative appropriate? Yes. *eMJA Rapid Online Publication 12 May 2011*.
- <sup>iii</sup> Pirkis, J & Harris, M. 2011. Were the budgetary reforms to the Better Access for Mental Health initiative appropriate? Yes. *eMJA Rapid Online Publication 12 May 2011*.
- <sup>iii</sup> Pirkis, J., Harris, M., Hall, W. & Ftanou, M. 2011. *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative Summative Evaluation: Final Report*.