



Dr David Holland  
Secretary  
Senate Community Affairs Committee

GPO Box 2343  
Adelaide SA 5001  
DX 56201  
Tel +61 8 8463 6373  
Fax +61 8 8226 0560  
[www.socialinclusion.sa.gov.au](http://www.socialinclusion.sa.gov.au)

Email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Dr Holland

Thank you for the opportunity to contribute to the deliberations of the Community Affairs References Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services; with particular reference to the Government's 2011-12 Budget changes to mental health, related initiatives and issues.

Fundamentally, the 2011-12 mental health Budget represents an important paradigm shift from purely clinical approaches of dealing with mental health issues, to a joined-up approach that looks at an individual's needs in a holistic way. There is an overt move towards supporting ways of keeping an individual experiencing mental health issues in their community, participating in social life, getting and keeping a job, improving relationships, having a home. Indeed, all evidence points to the fact that getting and keeping a job has a therapeutic effect. Keeping people in the workforce is an important contributor to promoting good mental health among the community.

There is recognition that investment in prevention and the early treatment of mental illness has the potential to transform lives – this emphasis will help people lead productive, happy lives. The optimal time for prevention and early intervention of mental illness is from the teens to early twenties. As such, the new funding for more headspace and EPPIC sites across the country is welcome.

I am pleased to see that there is a strong financial and policy bent towards keeping people in the community whenever possible. In South Australia, we have shown that by providing joined-up services in the local community, people with less complex needs have the potential to participate fully in, and feel connected to, society – leading to reduced reliance on services as people experience improved mental health. Importantly, the changes heralded by the mental health Budget announcements will see increased access to mental health care for Australia's most vulnerable people.

From a social inclusion perspective, therefore, the mental health Budget makes significant in-roads to making a real difference for people experiencing mental illness and their families.

Additionally, it is pleasing to note that the Government has announced substantial funding for the creation a National Mental Health Commission. This will ensure that programs and expenditure producing the outcomes we seek.

I provide here my views regarding specific areas of interest to the Senate Committee:

*Changes to the Better Access initiative:*

I believe it is important to always be seeking to ensure that we are targeting those most at need. As such, I strongly support the measures introduced by the Government in relation to the Better Access initiative. It appears that this program may not have been achieving the best outcomes for the investment provided. Capping the number of sessions from 12 to 10 will not only achieve a financial saving that can be re-directed to other areas of need in mental health service delivery, it will ensure that those people experiencing more severe symptoms are referred to more appropriate mental health support. I am pleased to see that the savings from adjustment to this program are being directed into services that will benefit the most vulnerable in our society.

*Access to Allied Psychological Services (ATAPS) program:*

The ATAPS program has, over many years, provided important mental health treatment and support to vulnerable groups of people in areas where, without this program, mental health support services would be difficult to obtain. I strongly support the expansion of the program which will reach more children and families, more Aboriginal people, and more 'hard to reach' people across our nation.

*Adequacy of mental health funding and services for disadvantaged groups:*

Overall, I think the Government's mental health Budget has made a seismic shift towards providing funds where they are required by disadvantaged groups. As noted, I support the evaluation of data, such as that relating to the Better Access program, and the re-adjustment of expenditure to ensure that those who most need services actually receive them.

However, as Commissioner for Social Inclusion, I still feel that we need to give increasing emphasis to Aboriginal mental health services and the availability of culturally appropriate and responsive services to Aboriginal people. Greater investment is required in this area if we are to truly address the long-standing and high rates of mental illness being experienced by Aboriginal people. Aboriginal people remain over-represented in our correctional facilities, self-harm and early mortality statistics.

It would also be good to see further investment in the provision of mental health services for the aging, which, based on current demographics, must be addressed if we are to reduce the number of older Australians moving into residential or other health care settings due to mental health and related cognitive disorders.

*The delivery of a National Mental Health Commission:*

Over the last decade, there have been widespread calls for the establishment of a National Mental Health Commission to reinforce a national focus on sustained improvement in mental health service delivery and outcomes.

At the heart of calls for such a Commission is the recognition that there must be strong and open accountability about current practice and investments – as well as identifying new areas for research and investment. I applaud the announcement by the Government of the National Mental Health Commission and its charter that will involve the independent monitoring, assessment and evaluation of how the mental

health system is performing. This Commission will focus all of us, particularly policy makers and financial decision makers, on where investment achieves the best outcomes. I am particularly pleased to note that a new national mental health consumer body has been announced by the Government. My own, very positive, experience of the wealth of knowledge and unique scrutiny that consumer advisory groups brings gives me confidence this will be an important checking point for the Commission.

*The impact of online services for people with a mental health illness, with an emphasis on those living in rural and remote locations:*

I am greatly encouraged by the establishment of a single mental health online portal, as announced by the Government. The Independent Mental Health Reform Group believes that the internet and other new technology-based services have the capacity to enhance greatly consumer participation in care and capacity to self-care. Indeed, there is strong evidence to suggest that internet-based services have the potential to assist greatly in providing many people with access to information that they currently do not have; including young people, men, those with lower incomes, and those residing in regional and remote areas.

In summary, I support the major new investment and reformist direction of the Government in mental health as signalled by the 2011-12 mental health Budget. I believe that significant gains have been made in ensuring that vulnerable people experiencing mental health issues have appropriate access to appropriate supports. While it is clear there is much to do, mechanisms such as the National Mental Health Commission will ensure that government investment in the mental health of our nation will be targeted, evaluated and – where it works – embedded in our systems of care.

I would be happy to provide further information to the Committee. I wish you well in your deliberations and look forward to your report.

Yours sincerely

Monsignor David Cappo AO  
Commissioner for Social Inclusion

26 July 2011