



**Mental Health Council of Australia Submission to:  
Community Affairs Legislation Committee the National Health and  
Hospital Network Bill  
July 2010**

**Introduction**

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. The membership of the MHCA includes national organisations of mental health service consumers, carers, special needs groups, clinical service providers, community and private mental health.

**National Health and Hospitals Network Agreement**

The MHCA has outlined its views on the National Health and Hospitals Network Agreement in its submission to the Standing Committee on Finance and Public Administration (References) Inquiry into the Council of Australian Governments Reforms relating to Health and Hospitals May 2010. This document is available on the MHCA website [www.mhca.org.au/submissions](http://www.mhca.org.au/submissions).

The submission indicates that the MHCA is extremely concerned that the key outcomes agreed at the COAG meeting on 19-20 April 2010, and the initiatives announced as part of the 2010-11 budget, do little to address the crisis in the mental health sector in Australia and will do little to reduce the health system's reliance on hospitals in the short term. Many in the mental health sector consider that tackling the causes of the health system's reliance on hospital services will constitute the important first step in mental health reform.

**The National Health and Hospitals Network Bill**

The National Health and Hospitals Network Bill 2010 provides for the establishment of the Australian Commission on Safety and Quality in Health Care (ACSQHC). The MHCA supports the establishment of the ACSQHC and values the work it that it has undertaken in the areas of patient safety and improving the quality of health care services. A specific focus by the Commission on the special needs of the safety and quality issues in the mental health sector and a closer engagement between the Commission and mental health consumers and carers would be welcomed and would improve the influence of the Commission on practice in this sector. However provision for this focus is not covered by the Bill.

The Bill also does not refer to a sustained method for better accountability based on consumer outcomes, which must be a key driver in an improved mental health service system.

It is unclear why the Bill is called the *National Health and Hospitals Network Bill*. The MHCA suggests that the Bill should be given the less confusing title of the *Australian Commission on Safety and Quality in Health Care Bill*. This would help to distinguish its content from that relating to the establishment of other initiatives proposed to support the Health and Hospitals Network Agreement such as the National Performance Authority and the Independent Hospital Pricing Authority.

It would also provide a better description of what is being considered under the Bill. This is because while these initiatives may be central to supporting the National Health and Hospitals Network Agreement it is clear that they will not enact core elements of the Agreement such as increased influence of the Commonwealth in health funding decision making and the redirection of public hospital funding to local hospital networks.

### **Consumer and carer engagement by the ACSQHC**

Clause 10 on page 7 of the *Explanatory Memorandum on the National Health and Hospitals Network Bill* should include specific provision that the Commission must consult with “lead health consumer and carer groups” in the same way that it includes provision for the specific consultation with “clinicians, [and] bodies known as lead clinician groups”. This will better reflect the role of consumers and carers as equal partners with clinicians in health care and the important role that they play in the health system. Alternatively, reference to clinicians as the key stakeholder could be deleted altogether, leaving the remaining sentence “or any other persons or bodies who in the Commission’s opinion are stakeholders...and the public” to cover all contingencies.

It is disappointing that the Bill does not make provision for specific expertise from health consumers and carers or mental health professionals as part of the Board of the ACSQHC. Such provision would be a significant step in ensuring that the activities of the Commission reflect the needs of mental health consumers and carers and would assist the Commission to better address the acute safety and quality needs in the mental health system.

In addition to consumer and carer engagement by the ACSQHC, there should be appropriate mechanisms for local governance and decision making that involves all relevant stakeholders within a network. This will be one method to ensure local ownership and direction based on regional priorities and consumer need.

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