

## **NMHCCF submission to the Senate Community Affairs Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services**

**August 2011**

### **Introduction**

Thank you for the opportunity to comment on the Commonwealth's funding of mental health services in Australia and how this will impact on the quality of mental health care and support for consumers and carers.

The National Mental Health Consumer and Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

The NMHCCF welcomes the budget initiatives as a strategic first step in addressing the poor service provision for mental health consumers and carers in Australia, but would like to note that this step has been a long time coming and that this will necessarily make the task of implementation challenging. The lack of effective and accountable mental health structures from which to launch these measures will mean that implementation will require strategic management and monitoring to ensure success. As the Commonwealth budget statement notes "the system is still too crisis driven with many people only receiving help when they are at their most vulnerable instead of help to stay well".<sup>1</sup> The mental health sector desperately needs a sustained coordinated and strategic approach to the development and implementation of policy and services. The NMHCCF proposes that consumers and carers must play a key role at all levels in this process for the initiatives to develop into accessible, quality services for those most in need.

The announcement of a *Mental Health Commission* and the development of a *National Partnership Agreement* and a *Ten Year Road Map* will be important in driving this process. Robust mechanisms must be developed to ensure that consumers and carers are able to play a key role in these initiatives.

It will be imperative that the budget initiatives:

- support the implementation of the Fourth National Mental Health Plan in guiding recovery based approaches to mental health
- acknowledge the considerable change management initiatives required to implement a recovery approach to the development and implementation of mental health services
- include effective mechanisms to utilise the expertise of mental health consumers and carers to inform the implementation process and involve them in service design and implementation in an ongoing way

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<sup>1</sup> Roxon, N, Macklin J, Butler M. (2011). *National Mental Health Reform Ministerial Statement*. Accessed from [http://budget.australia.gov.au/2011-12/content/download/ms\\_health.pdf](http://budget.australia.gov.au/2011-12/content/download/ms_health.pdf), on 29 July 2011.

- include effective mechanisms to better integrate with disability and community support services and draw from their experience in the provision of psychosocial disability support as an essential element of holistic mental health care
- are monitored closely to ensure that they are implemented in the most strategic way, capitalising on current evidence about what does and doesn't work in mental health
- are informed by identified population needs
- become a very first step in ongoing reform in the sector, and that ongoing policy includes acknowledgment that more key areas will need to be addressed before the foundation for reforming the mental health system can be considered complete
- build on the COAG National Action Plan on Mental Health 2006-11 and any further COAG initiatives.

In this submission the NMHCCF will discuss the importance of the formation of partnerships with consumers and carers as part of a process to drive the implementation of recovery focussed reforms in mental health and will highlight some of the major gaps that need to be addressed to ensure that this first round of mental health reform initiatives are successful.

### **Recovery and implementation of the Fourth National Mental Health Plan**

Recovery focussed mental health services are foundation for delivering best practice mental health care and are highlighted as an aim of the Fourth National Mental Health Plan.<sup>2</sup> The NMHCCF supports the ongoing implementation of the recovery based initiatives of the Fourth National Mental Health Plan and hopes that they will remain a priority of the *National Mental Health Commission*, the *National Partnership Agreement* and the *Ten Year Road Map*.

The National Standards for Mental Health Services outline some key principles underpinning recovery focussed mental health services:

- Uniqueness of the individual and a focus on their abilities and support needs
- provision of real choices
- Dignity and respect
- Partnership and communication
- Ongoing evaluation<sup>3</sup>

As outlined in the Fourth National Mental Health Plan, effective consumer and carer participation, including use of peer worker roles, are a key driver and supporting element of recovery focussed service provision. Mental health services are getting better at using the rhetoric of a recovery focus but not at adopting the practices required to actually implement it. This is not surprising given the significant culture change required to achieve an effective recovery focus in mental health services.

Therefore there also needs to be a recognition of the significant change that is required to the implement a recovery focus in mental health. While the budget measures do not focus directly on initiatives to support this change, they do indicate

<sup>2</sup> Australian Health Ministers. (2009). *Fourth National Mental Health Plan*. Department of Health and Ageing, Canberra.

<sup>3</sup> Australian Government. (2010). *National Standards for Mental Health Services*. Commonwealth of Australia, Canberra, p42.

that recovery is a goal of mental health practice. Therefore a consideration of the support required for effective change management must be included in the deliberations of a *Mental Health Commission* and the development of *National Partnership Agreement* and a *Ten Year Road Map* for mental health reforms to be effective.

**Consumer and carers directing mental health care policy and practice in partnership with the mental health system.**

To date the inclusion of consumers and carers in national mental health policy development has been patchy and often poorly done.

Effective consumer and carer participation requires the development of partnerships with consumers and carers rather than just including them in consultations.

For consumer and carer organisations to hold key policy advisory positions within new budget initiatives, their networks need to be adequately supported to build their capacity to provide this input. Yet there is little strategic focus on this sort of support in the new budget initiatives.

In 2008 the Senate Standing Committee Inquiry into Mental Health Services Australia found that

*Consumers have not been given a priority voice in formulating policy and implementing programs. Support for consumer advocacy, training, peer support and consumer-run services is yet to translate into the resources and capacity building needed to assist consumers in these roles.*<sup>4</sup>

The NMHCCF was set up by the Australian Government and state and territory governments in 2002 with little input from mental health consumers and carers and has been funded in a tokenistic manner for much of that time. States and territories still only provide operational funding for the NMHCCF to meet twice a year. While NMHCCF representatives are now members of the Australian Health Ministers Advisory Council (AHMAC) Mental Health Standing Committee (MHSC), their inclusion has not been accompanied by a strategic approach to establish effective consumer and carer partnerships in policy and decision making across the mental health system. Nor has there been a strategic approach to build a well informed consumer and carer sector at the state, territory and national level.

The announcement of funding for a National Mental Health Consumer Organisation will go some way to ensuring that consumers are better represented and have more capacity to develop a national partnership role in mental health policy. But consumers continue to report that since this initiative has been announced they have not been consulted about the establishment of the national consumer peak or invited to assist in its development. Consumers and carers are concerned that this lack of consultation is part of the historical pattern that excludes them from policy decisions about their care.

At the state and territory level the use of consumer and carer experiences to inform policy development is also patchy and inadequate. While some initiatives to support

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<sup>4</sup> Senate Standing Committee on Community Affairs. (2008). *Towards Recovery, Mental Health Services in Australia*. Commonwealth of Australia, Canberra, pxi.

consumer and carer participation have been implemented, a lack of mechanisms to effectively support and include consumers and carers in partnership in mental health service design and delivery remain. There is still an urgent need for a fundamental shift in defining the goals and operational mechanisms of the mental health system so that they are better focussed on the needs of consumers and carers.

Targeted work will need to be undertaken to ensure that the budget measures are implemented to meet the needs of consumers and carers, and that mechanisms for including consumers and carers in partnerships in the development and implementation of services are built at local, state, territory and national policy levels.

### **Accountability**

Ensuring that services are recovery focussed and consumers and carers are partners in policy development and implementation processes will also be a key factor in building effective systems of accountability in mental health. Consumer and carer expertise provides the important role of focussing initiatives on consumer and carer identified outcomes, such as effective recovery approaches.

Work is currently being undertaken around identifying consumer and carer experiences of care by the AHMAC Mental Health Information Strategy Subcommittee (MHISS).<sup>5</sup> The NMHCCF hopes that the outcomes of this work will inform the ongoing monitoring of mental health outcomes and that the expertise of consumers and carers is then used to develop effective quality improvement strategies.

The budget outline proposes that the new Mental Health Commission will oversee much needed accountability for the mental health system.<sup>6</sup> The nomination of consumer and carer commissioner roles will be an important first step in making mental health consumers and carers equal partners in the mental health system. It will demonstrate a real commitment to working with the consumer and carer sector by embracing the principles of consumer and carer participation in a way that has not been done well to date.

### **Psychosocial disability and severe mental illness**

As part of a strategic approach to a better mental health system, the recent budget's focus on severe mental illness is welcomed. As the budget statement notes, there are around 60,000 people living with severe and persistent mental illness.<sup>7</sup> However the recent *Productivity Commission Inquiry into Disability Care and Support* has exposed the paucity of data on the numbers of people in Australia who are disabled by mental illness and the lack of evidence on effective approaches to meeting their needs.<sup>8</sup> This is surprising given the clear evidence of hardship experienced by a significant proportion of people with mental illness who have an associated psychosocial disability.

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<sup>5</sup> See the MHISS website: <http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/mhisc-1>.

<sup>6</sup> Roxon, N, Macklin J, Butler M. (2011). Op cit.

<sup>7</sup> Roxon, N, Macklin J, Butler M. (2011). Op cit.

<sup>8</sup> Mental Health Council of Australia (MHCA). (2011). *MHCA Submission to the Productivity Commission Inquiry into Disability Support, Productivity Commission*. See MHCA website [www.mhca.org.au](http://www.mhca.org.au) ; National Mental Health Consumer and Carer Forum (NMHCCF). (2011). *NMHCCF Submission to the Productivity Commission Inquiry into Disability Support*. See NMHCCF website [www.nmhccf.org.au](http://www.nmhccf.org.au).

Psychosocial disability is the term used by consumers and carers who experience disability associated with their mental illness.<sup>9</sup> Over the last three decades the Australian community has become more aware of psychosocial disability following the deinstitutionalisation of care for people with mental illness and a subsequent lack of support that has been made available to assist them to live in the community. However, despite nearly three decades of national documentation, beginning with the development of the first National Mental Strategy 1992, there has been a general failure to recognise and address the disabilities associated with severe mental illness.<sup>10</sup>

The NMHCCF summarised these issues in its *Submission to the Productivity Commission Inquiry into Disability Care and Support*. They include the:

- lack of information on the number of people with a psychosocial disability associated with a mental illness in the Australian community who are in need of support
- lack of documented evidence about how their needs are most effectively met
- historic lack of strategic focus on psychosocial disability supports by either the mental health or disability sectors
- potential risks and opportunities for mental health consumers and carers being included in the proposed National Disability Insurance Scheme.<sup>11</sup>

Therefore the NMHCCF is disappointed that the new budget initiatives do not consider these issues, particularly given the Council of Australian Governments (COAG) focus on a whole of government approach to mental health.<sup>12</sup>

In the same submission the NMHCCF also identified the need for a major increase in services to address psychosocial disability, noting that these services need to be integrated with mental health services to provide a holistic approach to the provision of effective supports for mental illness.<sup>13</sup>

It is now accepted that social determinants, or the social economic and environmental circumstances, are as important in determining health outcomes as medical or biological treatments.<sup>14</sup> Social determinants are also closely linked to the disability experience and we know that mental illness is likely to be exacerbated by the stress of poor or inadequate housing, financial insecurity and social exclusion.

As highlighted in the recent evaluation of targeted community care mental health initiatives run by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA):

*It is well accepted that social and community based approaches to care of people the mental health conditions should underpin population level approaches, augmented by clinical and other professional supports as appropriate. The notion of 'recovery' is important in any policy for mental health care: people with mental illness are supported to live as normal as*

<sup>9</sup> National Mental Health and Consumer and Carer Forum, 2011, *ibid*.

<sup>10</sup> Australian Health Ministers Conference. (1992). *National Mental Health Strategy*, Department of Health and Ageing, Canberra.

<sup>11</sup> National Mental Health Consumer and Carer Forum (NMHCCF). (2011). *Op cit*.

<sup>12</sup> Council of Australian Governments (COAG). (2006). *National Action Plan on Mental Health 2006 – 2011*, COAG, Canberra.

<sup>13</sup> National Mental Health Consumer and Carer Forum. (2011). *Op cit*.

<sup>14</sup> World Health Organisation (WHO) Commission on Social Determinants of Health. (2008). *Closing the Gap in a Generation: Health equity through action on social determinants of health*. WHO, Geneva,

*possible a life with their illness. Family, carers and other social role models are crucial supports in any effective care arrangement.*<sup>15</sup>

Disability supports that ensure stable housing, financial security and social inclusion are indispensable for giving people with mental illness the best possible chance for recovery, keeping them well and not using acute hospital services. The NMHCCF proposes that any strategic approach to ensuring support for people with mental illness will need to consider the social, economic and environmental needs of people of living with a mental illness and provide psychosocial disability supports, integrated with mental health services to address these.

The NMHCCF urges the Government to address these priorities through the *Mental Health Commission*, the *National Partnership Agreement* and *Ten Year Road Map* and working in partnership with sectors such as disability support, housing, employment and social inclusion.

### **Personal Helpers and Mentors Program**

The NMHCCF welcomes the expansion of the Personal Helpers and Mentors (PHaMs). The service delivery model appears to effectively provide the sort of disability support which maintain can achieve good ongoing mental health outcomes. It also includes mechanisms for ongoing development and improvement at the national program level.

However, governments also need to consider the unmet need and appropriate community supports for psychosocial disability as part of a planned system of comprehensive supports for people with psychosocial disability and how well PHaMs services are meeting these needs.

### **Support for Day to Day Living Program**

The expansion of the *Support for Day to Day Living* is cautiously welcomed as having the potential to provide much needed support for people with severe mental illness and psychosocial disability support requirements. However it is not clear how well the support needs for people with severe and debilitating mental illness are being met by this program, either for individuals or the community more broadly. Anecdotal evidence from mental health consumers and carers is that some of these programs are not recovery focussed and there are few incentives to ensure that they become so.

A review of the program highlighted a need for better monitoring and management to identify and improve the quality of service delivery, but it did not suggest the use of consumer or carer identified outcome measures.<sup>16</sup> The budget papers indicate that demand is exceeding supply for this program but the proposal to provide 18,000 additional places under this program does not appear to have any calculated basis, apart from that being the amount that could be spared.

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<sup>15</sup> *Evaluation of the FaHCSIA Targeted Community Care Mental Health Initiatives*. (2011). Prepared for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) by Courage Partners, p6. Accessed from the FaHCSIA website on 29 July 2011 [www.fahcsia.gov.au](http://www.fahcsia.gov.au).

<sup>16</sup> Department of Health and Ageing. (2010). *Evaluation of Support for Day to Day Living in the Community: A structured activity program, Final Report*, accessed from the Department of Health and Ageing website on 27 July 2011, [www.health.gov.au](http://www.health.gov.au).

Nevertheless, the NMHCCF hopes that the outcomes of the review, such as better monitoring and management, are implemented to improve service delivery in this area of great need and that the effectiveness and importance of the program is ultimately evaluated in the context of a strategic ongoing approach to meet the needs of those with a severe mental illness.

### **Coordinated care, flexible funding packages and the ATAPs model**

Coordinated care and flexible funding packages are consistent with the service models that mental health consumers and carers want to meet their needs. Used in the right way they will be able to assist in building the holistic model of health care and disability support. The NMHCCF cautiously welcomes these budget initiatives, including the provision for clinical and non-clinical services, a nationally consistent assessment tool and care coordinators.<sup>17</sup> These will all have the potential to be useful elements of effective personalised support for mental health consumers and carers, but only if consumers and carers are included in implementation arrangements.

The mental health system does not have a good track record of implementation that includes ongoing monitoring and accountability to improve service quality, based on consumer and carer identified criteria.<sup>18</sup> For example the Australian National Audit Office report into implementation of Access to Allied Psychological Services (ATAPS) has shown that it is not adequately meeting the needs of those with severe mental illness and that:

*While the ATAPS program is delivering valued services to those able to access mental health care under the capped program, the administrative arrangements established by DoHA have not consistently supported the achievement of program objectives. In particular, there has been variable administrative performance, over the relatively long life of the program, in relation to a number of important program elements including: the allocation of program funding on the basis of identified need; monitoring compliance with program requirements; and the administration of new ATAPS initiatives.<sup>19</sup>*

The NMHCCF is particularly concerned that the implementation of ATAPs program has relied heavily on the expertise of Divisions of General Practice, which tend to have a clinical focus. For example, in some areas ATAPs programs are run utilising the clinical psychologists only. Under current arrangements, this model is not consistent with one that promotes integration of community supports with clinical services to provide a holistic service.

Further, the ATAPs model still relies on GPs as a referral gateway and in places where there is limited access GP services, such as rural communities where it can be extremely difficult for disadvantaged people to access these services. The expansion of this program under the new budget initiatives may provide some better psychological support opportunities for those in rural and remote areas but more effective referral pathways need to be developed.

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<sup>17</sup> Roxon, N, Macklin J, Butler M. (2011). Op cit.

<sup>18</sup> Senate Standing Committee on Community Affairs. (2008). Op cit.

<sup>19</sup> The Auditor General. (2011). *Administration of the Access to Allied Psychological Services Program*, Department of Health and Ageing. Australian National Audit Office, Canberra.

The NMHCCF hopes that under a future strategic approach to consumer and carer focussed mental health service provision, programs such as ATAPs and the flexible care packages are able to utilise consumer and carer identified program outcome measures and integrate a broad range of non clinical and community supports to achieve a holistic approach to provision of mental health services.

The success of current community based mental health supports such as PHaMS should be used to inform coordinated and flexible care.

### **Medicare Locals as providers of integrated community support for people with mental illness**

The NMHCCF is extremely concerned about the use of proposed Medicare Locals to deliver or coordinate primary mental health care services, which should necessarily include provision of links to community based psychosocial disability support services. These concerns are outlined in the NMHCCF submission to the *Department of Health and Ageing Discussion Paper on Medicare Locals in November 2010*.<sup>20</sup> As mentioned with reference to ATAPs above, these include that Medicare Locals will fail, as have many Divisions of General Practice, to consult effectively with mental health consumers and carers and provide appropriate services that take into account the holistic nature of support needed to achieve and maintain mental health, not just clinical needs.

### **Better Access**

The NMHCCF is pleased with the reinstatement of services under Better Access for occupational therapists and social workers. Appropriately skilled allied health workers such as occupational therapists and social workers can play an extremely useful role in supporting mental health consumers and carers – and depending on the nature of support required, are often the most appropriate clinician to be providing these. These allied health professionals also play an extremely important role in rural communities where psychological counselling is not always available.

General Practitioners are not always the most appropriate or accessible clinician to be the key coordinators of many mental health primary care initiatives. Locally based primary health networks that include allied health professionals and the community sector will be a more effective and sustainable model for achieving holistic primary health care.

From the perspective of consumers and carers, the success of the Better Access initiative is difficult to evaluate. While the formal evaluation of the initiative shows that many people have benefited from services under this program,<sup>21</sup> many people with serious mental illness or their carers are not ever made aware of the program, as many General Practitioners are unaware of its potential for their patients. Nor have the differences between this initiative and ATAPs always been clear to GPs or to mental health consumers and carers. Unless more is done to work with consumers and carers to target these programs and coordinate their implementation, this is likely to continue. This consumer and carer experience certainly also supports

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<sup>20</sup> National Mental Health Consumer and Carer Forum (NMHCCF). (2010) *NMHCCF submission to the Department of Health and Ageing on Medicare Locals: Discussion Paper on Governance and Functions*. See NMHCCF website [www.nmhccf.org.au](http://www.nmhccf.org.au).

<sup>21</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*, accessed from the Department of Health and Ageing website [www.health.gov.au](http://www.health.gov.au) on 29 July 2011.



the finding of the Better Access evaluations that only those who are aware of Better Access are using it and that they are still not reaching those with serious mental illness.

Therefore it will also be difficult to determine the effect on consumers and carers of capping treatments from 12 to 10 under this initiative. From the point of view of cost effectiveness it would seem an appropriate response to a program whose mean usage is 5 sessions. However until better methods of determining consumer and carer satisfaction with services and the outcomes of those services on their health and wellbeing, the benefits of this scheme will remain elusive.

Given the (anecdotally) patchy quality of services provided through many GP prepared mental health care plans, it is highly appropriate for the introduction of a two-tiered rebate structure and the further provision of training for GPs in this area. Again better monitoring of consumer and carer satisfaction with this process would improve the quality of any evaluation.

### **Workforce**

The NMHCCF continues to emphasise the opportunities that need to be developed for the implementation of the consumer and carer peer workforce and peer run organisations to support consumers and carers and mental health service delivery.

The development of an effective clinical workforce is already a priority for the sector and this should continue. However, the mental health consumer and carer peer workforce is already demonstrating its key role in the development of community based health and disability supports and recovery focused clinical services.<sup>22</sup> Therefore a strategic approach to developing and supporting a mental health peer workforce is also required.

This area of the workforce faces a number of significant challenges, including lack of appropriate employment conditions and a lack of support from other professional peers. There has been little evidence that this issue is a concern to policy makers nationally and while the current budget measures do not specifically address this issue and the NMHCCF hopes that the development and support of consumer and carer peer workforce will be a priority of the *Ten Year Road Map*.

### **Council of Australian Governments**

In 2006 the Council of Australian Governments (COAG) developed the National Action Plan on Mental Health 2006-2011. The plan included a number of initiatives around the coordination of mental health care and community based supports for mental health services. It will be extremely important that the implementation of the new budget initiatives also build on any improvements to mental health services made under National Action Plan. COAG also intends to consider mental health at its next meeting and the NMHCCF hopes that this work will also address the gaps outlined in this submission to support the effective implementation of the new budget initiatives.

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<sup>22</sup> National Mental Health Consumer and Carer Forum (NMHCCF). (2010). *Supporting and developing the mental health consumer and carer identified workforce – a strategic approach to recovery*. NMHCCF, Canberra.

developing recovery based services requires a strategic approach to developing and supporting a mental health peer workforce.

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