Submission from the Public Health Association of Australia to the Senate Community Affairs Committee
Inquiry into Mental Health Services In Australia

July2007

The Public Health Association of Australia Inc (PHAA) is a national organization representing over 40 professional groups concerned to promote health at a population level, including, but going 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 submission on mental health reform.

PHAA welcomes and supports the ongoing work of the Senate in overseeing the implementation of the National Mental Health Strategy agreed at the July 2006 meeting of the Council of Australian Governments (CoAG). The PHAA wishes to draw the following issues to the attention of the Inquiry:

- the need to take the work of the committee beyond submission-based evidence into scientific evidence;
- the limitations of medical `gate-keeping', and fee-for-service funding models;
- the need for a comprehensive reporting framework across the Commonwealth and all States and Territories as to what funding has been committed to the National Mental Health Strategy and how and when it will be applied in programs, infrastructure and research over the life of the Strategy.
- revisiting the Strategy to include an effective voice and role for consumers.

Evidence

PHAA urges the Inquiry to give due consideration to the need to gather and use information beyond that which will be provided in submissions. Submissions by their nature are limited and tend to focus on sensational and `worst-case' examples. Evidence of steady progress tends not to be reported. There is a considerable body of scientific evidence available, including evaluations of case studies, programs and policies that would provide a comprehensive and valid framework in which the evidence in submissions could be evaluated and held. While the PHAA does not have the resources to conduct appropriate scientifically valid and reliable audits or surveys relating to the implementation of the strategy, or to undertake a comprehensive review of the scientific literature and provide this as a summary to the Inquiry, we recommend that the Inquiry seek appropriate further quality data and review. We draw your attention to Valerie Gerrand's article *Challenging some myths about Mental Health Reform,* in Health Issues, Winter 2007. Issue 91.

Limitations of Medicare Fee-for-service Funding to Provide Mental Health Care and Inappropriate Medical `Gate-keeping'

Current funding mechanisms, relying on fee-for-service, episodic provision relating to the more acute aspects of mental impairment or disease, and referral requirements, insert medical practitioners as gatekeepers to Medicare-rebated services, may be suited to acute illness, but are often inappropriate and always very costly ways to fund and treat mental illness. Funding that focuses on remunerating outcomes (rather than simply activity) through practice-based collaboration, delivering integrated, evidence-based multi-disciplinary approaches to mental health problems, where the appropriate

expertise and services can be made available and accessible as necessary over time, should be much cheaper and more effective.

While not to deny the important medical role, psychologists are specifically and more extensively trained in mental health issues. Similarly the social work profession, for example, is significantly qualified in understanding the treatment and oversight of the trajectory of mental illness and disability, and the appropriate service systems. We believe that a cost-effective system would see a range of appropriately qualified and experienced mental illness specialists `share the gate' and be able to refer patients to medical services when appropriate. Such a system would lower the costs incurred by medical referrals and acknowledge the role of medical practitioners, which while important, is usually not central in improving mental health.

Finally, we note the continuing debate about possible`over-medicalisation' brought about by the dominance of the medical model and drug therapy which can be both expensive and inappropriate. A narrowly medical focus can obscure understanding of the social causes and consequences of mental health issues and therefore fail to provide optimal interventions. Interdisciplinary practice, which recognizes appropriate, relevant expertise, should not be undermined by cost escalations related to ill-conceived use of Medicare.

Comprehensive Reporting Framework

While the CoAG funding announcement and the subsequent Commonwealth and State/Territory budget allocations to mental health activities is extremely welcome, it is also true that it is almost impossible for someone outside the health bureaucracies to determine:

- what funding has been allocated under existing programs and would have happened anyway;
- what funding has been provided to top up existing programs;
- what funding has been provided to new programs;
- what funding was already allocated to infrastructure;
- what top up funding has been provided to infrastructure;
- what is new infrastructure funding; and
- the same for research, education and training.

Without a transparent delineation of what existed before the CoAG announcement and what exists now it is not possible to understand where the funding for mental health has been increased and whether or not it will have an impact 'at the coal face'. Certainly it is not possible to readily tell if the funding is well targeted firstly to those in current need and secondly to help prevent those who are most vulnerable from becoming further at risk.

The PHAA recommends that the Inquiry establish a benchmark diagram and tables that show the funding for mental health prior to the National Strategy being established, before the CoAG announcement and post the CoAG announcement, across all jurisdictions. Time series analyses of the allocations of funding should then be compared to the targets of the National Mental Health Strategy.

Consumers

There is clear and mounting evidence that consumer peer-delivered services are effective. They are shown to reduce use of traditional mental health services and they should be part of any choice and range of services that consumers can select from, as they are in the USA, Canada, UK and New Zealand. In addition, this should be underpinned by consumer involvement in policy development. See for instance:

Doughty, Carolyn and Tse, Samson (2005). *The effectiveness of service user-run or service user-led mental health services for people with mental illness: a systematic literature review*. Mental Health Commission, Wellington, New Zealand.

Solomon, P (2004 *) Peer support/peer provided services underlying processes, benefits, and critical ingredients.* Psychiatric Rehabilitation Journal. Spring;27(4):392-401.

The PHAA would be happy to discuss the above issues with the Inquiry should you believe that this would be useful. Do not hesitate to contact Pieta Laut, Executive Director, on 62852373 or at plaut@phaa.net.au

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