

Mental Health Council of Australia Submission on Inquiry into Mental Health Services in Australia

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 service providers, national research institutions and state/territory peak bodies.

This Submission

This brief submission highlights key issues for the MHCA on mental health policy and practice in Australia. These are:

- Council of Australian Government (COAG) reforms, primarily the *Better access to psychiatrists, psychologists and general practitioners (GPs) through the Medical Benefits Schedule (MBS)*.
- Monitoring and accountability in terms of how do we know mental reform is delivery better services and outcomes.
- Decision-making structures which inform mental health reform across Australia.
- Summary of progress of Senate Select Committee on Mental Health recommendations.

The MHCA strongly supports the much needed attention given to mental health, initially in 2006 by the Senate itself, and then through the COAG mental health reforms and increased funding particularly from the Australian Government. However a critical issue is whether or not increased expenditure is leading to improved mental health outcomes for people, particularly those with the greatest need. An assessment of new incentives and service delivery is needed to determine if reforms are making a difference to the lives of people with mental illness and their carers.

The MHCA sees this submission as a starting point for further discussion rather than a stand alone assessment of COAG mental health reforms. To this end, the MHCA offers its ongoing assistance to the Senate Standing Committee on Community Affairs throughout the course of its inquiry.

COAG MBS Reforms

While there were many elements to the COAG mental health reform package, the largest component was the \$538 million allocated over five years to the *Better access to psychiatrists, psychologists and general practitioners through the MBS*. There has been a large uptake of new MBS items introduced under this initiative, in particular MBS item 2710 for GPs developing a mental health plan and referral, and MBS items 80010 and 80110 for clinical psychologists providing assessment and counselling.

The MHCA has produced a report which presents a summary and analysis of the first six months of the initiative, focusing on the three MBS items listed previously. The report *COAG Mental Health Reform, Mental Health and the New Medicare Services: An Analysis of the First Six Months* is at Attachment A. The report was produced in response to requests for the MHCA to provide commentary on the implementation of the new measures from COAG.

The high level uptake of the new MBS items suggests these measures are having a positive impact on mental health services. However further analysis is required to determine the exact nature of the impact, and there are critical areas that need to be addressed if better access to mental health services is to include those who have not been able to access services before.

The report makes five main recommendations:

1. The budget amounts allocated to the new MBS Items promoting better access to mental health services need to be reviewed in light of extraordinary demand.
2. There is an urgent need for more detailed analysis of the MBS Item data. As a first step Medicare should be asked to provide details on:
 - the location of services provided – e.g. by Local Government Authority
 - patient information relating to whether each service is a new service to a new patient or a service provided to an existing patient, and the nature of the conditions being treated
 - data to track out-of-pocket expenses payable by the patient for these services and rates of bulkbilling.
3. The available evidence suggests a much greater emphasis needs to be placed on early intervention and increasing young people's access to mental health services.
4. The provision of psychological services in specialist consulting rooms clearly dominates the new MBS Items, and this approach needs to be monitored, particularly in terms of evidence-based practice, including client outcomes.
5. There is a pressing need for increased emphasis on developing a national mental health workforce strategy that makes better use of existing mental health professionals.

The primary purpose of the new MBS items was to increase access to mental health services across Australia. The MHCA report finds that although there has been a significant uptake of these new services, there is a danger that existing mental health service gaps will be exacerbated rather than narrowed.

A further unintended consequence of the MBS reforms is the emerging, severely negative impact on those groups of health professionals excluded from the new MBS funding arrangements. Early indications provide by members to the MHCA is that this exclusion is resulting in profound changes, service reductions and/or closures by groups such as counsellors. The impact of this change on consumers and carers is unclear.

Accountability – how do we know if better outcomes are achieved?

Across all COAG initiatives, there is little or no data to show if the initiative is delivering improved health outcomes and services to people with mental illness, yet this is fundamental. While the regular attention of the Senate is welcome, there needs to be other ongoing processes in place to monitor and evaluate mental health services across Australia. This could take many forms, but at the very least it should include an annual mental health survey to establish the prevalence of mental health problems within the community and the degree to which these problems are being addressed.

The outcomes from collecting and evaluating data will be partly dependent on how and by whom this is undertaken. The MHCA supports independent ongoing monitoring and program evaluation through, for example, a tender process for research collaboration. This process works well in other health fields where key research bodies form collaborations and establish 'Centres of Excellence' dedicated to providing ongoing monitoring and program evaluation, as well as developing research capacity by providing opportunities for scholarships and other forms of professional development.

It is important that stakeholders with an interest in mental health outcomes, including non-government organisations (NGOs), consumers and carers, are able to access monitoring and evaluation data to play their parts in progressing mental health reform.

This establishment of an increased research and monitoring capacity for the mental health field could be achieved through ten percent of resources being allocated to the establishment of one or more Mental Health Centres of Excellence with associated clearinghouse functions. These new centres may include not only research and clearinghouse roles, but also workforce development. The MHCA would strongly recommend the further investigation of this concept.

Many mental health strategies have been developed by all levels of government, but there is no mechanism to determine how these strategies are progressing. There is no data to show how state governments are advancing the stated aims and outcomes of their strategies. There is no outcome data to show what impact the services are having on consumers, carers and the broader community. This is an area that should now become a key priority as reform moves beyond the initial establishment phase.

Decision-Making Structures

Mental health reform will always be limited if the primary decision making processes are driven by agreements between one set of government officials and another. While the commitment and expertise of government officials is not being questioned, the degree to which they can have grounded knowledge to the extent of the real stakeholders – consumers, carers, researchers, NGO service providers, and others – is always going to be limited. The current strategy of reform can become stalled in pursuit of government to government agreements, while the real experts sit outside the decision making processes.

The MHCA has produced an Options Paper *Strengthening the Role of NGOs in Mental Health Service Provision and Policy Implementation*. This paper is at Attachment B. The MHCA contends that real reform and improvement in the mental health sector is dependent on increasing the involvement of the NGO sector in mental health services.

The Options Paper outlines five options for increasing the role of NGOs including establishing an Australian National Mental Health Advisory Committee to provide oversight of mental health expenditure. The proposed new advisory body, similar to the Australian National Council on Drugs, would be comprised of NGO representatives and key non-government experts, including consumers, carers and researchers.

The proposed Advisory Committee would be appointed by the Prime Minister and provide advice directly to the Prime Minister and Health Minister on issues such as allocating and monitoring COAG mental health funding.

The MHCA would continue to exist as a separate body, providing advocacy for and promoting the interest of mental health organisations, consumers and carers, whereas the Advisory Committee would provide expert advice to the Prime Minister.

Each of the options outlined in the Options Paper aims to increase the role of consumers, carers, and NGOs, and strengthen community responses to mental health issues in Australia. The dominance of government to government negotiations and service agreements in the COAG processes has lead to an over-reliance on government run services and acute care, and limited opportunities for advancing the provisions of community based services.

Consumers, carers, researchers and the NGO sector have the potential to make a positive contribution to mental health service policy and practice which is not being realised under current structures and systems.

Progress of Senate Select Committee on Mental Health Recommendations

The 2006 Senate Select Committee on Mental Health provided a comprehensive review of mental health issues and a set of recommendations for mental health reform in Australia. The MHCA is on record as strongly endorsing this work and supporting the recommendations.

Given that so many key issues for the MHCA are captured in the Select Committee recommendations, the MHCA is concerned that limited progress has been made on a number of the recommendations. The MHCA believes there should be scope within the current Senate inquiry to review the recommendations of the Select Committee, to determine what progress has been made since this very significant Senate inquiry.

It is important to note that governments have not reported progress against the Senate Committee recommendations, so it is difficult to make definitive statements. The lack of monitoring and evaluation information means that the Senate is not able to assess for itself the extent of implementation of its recommendations. Despite this lack of information, there is little contention that many of the recommendations are yet to be reflected in policy or practice.

The Senate Select Committee recommended an increase in funding for mental health services, stating that evidence showed the mental health budget should reach between 9 and 12 percent of the total health budget by 2012. Overall funding for mental health services in Australia does not reflect the level of mental illness and unmet need in the community. Mental illnesses are the third leading cause of disease burden in Australia at around 14 percent, behind cardiovascular diseases and cancer, but only about 8 percent of the total health budget is spent on mental health services. While the Commonwealth and several jurisdictions have increased their expenditure in the area of mental health, there is still a significant gap between current expenditure and the recommended levels.

Several of the Senate Select Committee recommendations focused on improving integration between the states and territories. These include, for instance, harmonising state and territory Mental Health Acts relating to voluntary treatment and admission sectioning, and establishing benchmarks for employing consumer and carer consultants in mental health services. This type of integration and collaboration has not occurred.

The Senate Select Committee also makes recommendations around the need for better information and research about mental health. This includes increasing funding to the Australian Health and Medical Research Council (NHMRC), and that the Australian Institute of Health and Welfare (AIHW) to collect data on mental health service provision and population wide indicators of mental health and well-being. While there is some data available on mental health and mental health services through organisations such as the AIHW and the Productivity Commission, there is not comprehensive data available on the type of mental health services provided and accessed and what impact these services have on improving people's health.

Conclusion

The MHCA is strongly supportive of the initiatives outlined in the COAG mental health reforms. What evidence is available suggests these new initiatives are starting to have a positive impact and should be commended.

At the same time, the lack of investment into critical areas including research and monitoring, and the lack of meaningful engagement with the broader mental health sector, highlight the degree to which policy and implementation has been largely driven by government to government decision making. As a consequence, the three critical issues emerging are:

- Assessing the real impact of COAG reforms, particularly the introduction and uptake of new MBS items. We do not know whether these measures are increasing access to mental health services across Australia and addressing mental health services gaps.
- Research and monitoring of Australia's mental health including the establishment of sustainable monitoring infrastructure and support mechanisms for the ongoing monitoring and evaluation of mental health problems and services across Australia.
- Decision-making structures which enable those with expertise and experience of mental health problems, policies and services to have a real input into decision making about national mental health policy, implementation and evaluation. This includes those currently largely excluded from meaningful decision making including consumers, carers, researchers, and NGO service providers.

Progress made against the recommendations of the previous Senate Select Committee on Mental Health should form a part of the current Senate inquiry into mental health services, and act as a benchmark for progress made on other such recommendations through COAG.

The most important aspect of mental health reform is to make an actual difference to people with mental illness and to deliver services to people with the greatest need.

The current government to government approach has produced some positive new investment into service provision and capacity building, as well as boosting use of MBS for a range of services.

The problem is that without independent decision making structures and sustainable research and monitoring, it is difficult to know what the real impact of this increased investment is.

The MHCA stands ready to assist the Senate Inquiry in any way throughout this inquiry process.