# Chapter 3

# Further recommendations

3.1 In this chapter, the committee makes a large number of recommendations. They reflect the wide and detailed terms of reference given to the committee by the Senate, the large number of issues brought to the committee, and the intensive interest shown by many individuals and organisations in the committee's work.

3.2 The following recommendations arise out of evidence received, as set out in submissions and hearings, and reflected in the committee's extensive first report. They have been grouped according to the major themes of the inquiry.

3.3 There were many cases where the committee was asked to give its backing to particular programs or support expansion of specific initiatives. While in some outstanding cases certain programs are singled out for special mention, on the whole the committee preferred to focus on principles and types of service, rather than particular practices or service providers. The fact that some services are not mentioned by name should not be taken to mean the committee was not supportive of their work.

3.4 The committee is confident that all parties involved in mental health will take notice of and respond to the recommendations. It believes that it is imperative that all Australian Health Ministers recognise and acknowledge that genuine collaboration between all levels of government is necessary to address the current 'crisis' in mental health service delivery. The committee looks forward to closer partnerships between the many professions involved in mental health care, including doctors, psychologists, nurses, social workers, counsellors and occupational therapists. And it looks forward to a health care system that produces better outcomes for consumers and carers.

## Monitoring and research

**Recommendation 14**

**3.5 That over the next three years, all states and territories:**

- **report on service providers' performance against the National Standards for Mental Health Services;**
- **review the National Standards (as agreed in the Second National Mental Health Plan but not so far delivered);**
- **include in the review development of performance indicators for mental health inpatient and dual diagnosis services which focus on the effectiveness of treatment, discharge plans and follow up in the community; and**
- **implement and report against these indicators.**

**Recommendation 15**

**3.6 That all states and territories review their systems of monitoring and reporting on the extent of use of seclusion and restraint (based on agreed definitions), with each jurisdiction to publicly report the extent of use on a regular basis.**

**Recommendation 16**

**3.7 That an evaluation of the effectiveness of online services, for example depressioNet and MoodGym be undertaken, with a view to promoting such services as integral components of primary mental health care services, and to enhance access to mental health services in rural and remote areas.**

## Consumers' rights and roles

**Recommendation 17**

**3.8 That policies and procedures be implemented that will reduce the use of involuntary and coercive treatment, particularly where physical and chemical restraints are used and where drugs have harmful side effects.**

**Recommendation 18**

**3.9 That the Human Rights and Equal Opportunity Commission (HREOC) be requested to complete its important work on advance directives and protocols that would recognise the rights of consumers to, for instance, identify substitute decision-makers, appropriate treatments and other financial, medical and personal decisions, particularly for the care of children.**

**Recommendation 19**

**3.10 That the *National Mental Health Advisory Committee* and *Commonwealth-State Mental Health Institute* work collaboratively to ensure that consumers are routinely involved in the design and conduct of mental health research and the evaluation of treatments.**

## Prevention and early intervention

**Recommendation 20**

**3.11 That the Australian Government allocates recurrent funding to ensure prevention and early intervention programs in the education system are ongoing, including funding for evaluation and continuous improvement of these programs.**

**Recommendation 21**

**3.12 That the Department of Health and Ageing:**

- **review *MindMatters* in secondary schools, and on this basis consider expanding it to all schools, including an equivalent program in primary schools; and**

- **examine the feasibility of expanding the *MindMatters Plus* and *MindMatters Plus GP* initiatives nationwide.**

**Recommendation 22**

**3.13 That the Australian Government fund and implement a nationwide mass media mental illness stigma reduction and education campaign.**

## Community treatment

**Recommendation 23**

**3.14 That state and territory governments and mental health service providers significantly increase the use of the assertive community treatment model and active case management to support people with severe and prolonged mental illness to live in the community.**

**Recommendation 24**

**3.15 That local government provide leadership through endorsement of the creation of community-based services for people with mental illness in their jurisdictions, and through helping overcome stigma and community resistance to such services.**

**Recommendation 25**

**3.16 That all jurisdictions implement appropriate legislative reforms to ensure Community Treatment Orders can be given effect, regardless of the state or territory that the person with mental illness may be located in at a given time.**

**Recommendation 26**

**3.17 That reporting of 'community based services' in the National Mental Health Report be revised to separately identify ambulatory and any other 'community' care services provided at general hospitals including at outpatient services.**

**Recommendation 27**

**3.18 That state and territory governments refrain from dismantling community-based mental health services, for co-location with general hospitals.**

## NGOs

**Recommendation 28**

**3.19 That with respect to the non-government, not-for-profit sector:**

- **the sector be given a greater role in delivering mental health services;**
- **governments recognise the problems associated with the short-term, non-recurrent grant approach to funding and move to more secure funding decision-making, based on evaluations of effectiveness; and**

- **at a minimum that grants to NGO mental health providers be indexed based on the CPI.**

**Recommendation 29**

**3.20 Further to recommendation 10 in the committee's first report, support be provided for base load recurrent funding for specialist telephone services, assessed on a case by case basis.**

## Workforce and training

**Recommendation 30**

**3.21 That the Australian Government, after consultation with the sector, consider funding stand-alone specialist degrees for mental health nurses as an alternative to current post-graduate specialisation.**

**Recommendation 31**

**3.22 That supported placements for nursing and allied health students be provided in mental health services.**

**Recommendation 32**

**3.23 That current undergraduate nursing programs be reviewed to ensure greater consistency and increased content in the psychiatric components offered in courses (currently they vary from between zero and 17.4 per cent).**

**Recommendation 33**

**3.24 That, as a priority, the number of funded positions available in postgraduate programs in psychiatric/mental health nursing be increased.**

**Recommendation 34**

**3.25 That universities work collaboratively with general practices and community mental health facilities to expand temporary work placement programs for postgraduate psychology and other allied health students.**

## Crisis response

**Recommendation 35**

**3.26 That mobile intensive treatment teams or crisis assessment teams be adequately resourced to provide mental health crisis responses 24 hours a day, 7 days a week, minimising the need for police and ambulance attendance and, in many cases, avoiding inpatient admission.**

## Treatment responses

**Recommendation 36**

**3.27 That access to effective non-pharmacological treatment options be improved across the mental health system through:**

- **Better access to therapies (including so-called 'talking therapies') provided by psychologists, psychotherapists and counsellors with particular attention to therapy for people with histories of child abuse and neglect; and**
- **Greater investment in research of alternative treatments.**

## Housing

### Recommendation 37

**3.28 That federal, state and territory governments ensure that the full range of short, medium and long-term supported accommodation is available to those with mental illness who need it. Modes of innovative service delivery that should be considered include:**

- **The Housing and Support Initiative (HASI), a joint initiative between the NSW departments of Health and Housing and local NGOs, providing coordinated disability support, accommodation and health services to people requiring high-level support to live in the community. A 12-month trial in South Eastern Sydney showed a decrease in inpatient bed days for patients enrolled in HASI from 197 days to 32 days.[1]**
- **The *Project 300* program, conducted in Queensland to assist 300 consumers to move from psychiatric treatment and rehabilitation facilities to the community. The 18-month evaluation reported 'improved well being for people with significant disability' and following discharge, 'individuals continued to demonstrate improvements in symptoms, clinical functioning and quality of life. Remarkably few disadvantages for the clients were identified. Only 3 of the 218 clients discharged returned to long-term care'.[2]**

### Recommendation 38

**3.29 That each state and territory establish formal measures to better manage public and private tenancies to address the needs of people with mental illness living in the community.**

### Recommendation 39

**3.30 That each state and territory provide specialist crisis accommodation services for people with dual diagnosis and complex conditions involving disruptive behaviour.**

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1 NSW Health – NSW Government *Submission 470,* p. 33.

2 *Submission 288*, Attachment Two 'Evaluation of 'Project 300', p. 17.

## Employment and income support services

**Recommendation 40**

**3.31 That disability open employment service arrangements be reviewed, to consider:**

- **creation of a regular automatic provider review process;**
- **increasing funding;**
- **the results-based performance reporting in disability open employment providers' service agreements, to take account of the episodic nature of mental illness; and**
- **removal of funding caps for providers who demonstrate high demand for their services and the capacity to respond effectively to that demand.**

**Recommendation 41**

**3.32 That the federal, state and territory governments sponsor a regular forum for disability open employment providers, consumers and carers, to facilitate information and knowledge exchange in relation to employment assistance for people with mental illness.**

**Recommendation 42**

**3.33 That nationwide workplace education and advocacy programs be rolled out to counter workplace stigma and promote employment for people with mental illness.**

**Recommendation 43**

**3.34 That the Australian Government review the services of the Commonwealth Rehabilitation Service and the compliance requirements of NewStart and Youth Allowance to ensure that they address the special needs of people living with enduring and episodic mental illnesses.**

**Recommendation 44**

**3.35 That the Australian Government review the extent to which experiences of mental illness, dual diagnosis and homelessness impact upon people's ability to access the Disability Support Pension.**

## Families and carers

**Recommendation 45**

**3.36 That government health, welfare and income support agencies recognise the special needs and income and cost implications of caring for people with mental illness, in determining eligibility for, and amount of, carers' allowance available.**

**Recommendation 46**

**3.37 That each jurisdiction establish a register of community care services delivered within the public, private and NGO sectors, to be made a available as a resource for consumers and carers.**

**Recommendation 47**

**3.38 That recurrent funding is provided to develop and disseminate community-based programs providing peer support, training and information to carers and families, addressing issues such as education about the causes of, treatments for and recovery from mental illness, support services available, building family resilience and parenting skills, and meeting the special needs of young carers.**

**Recommendation 48**

**3.39 That governments increase targeted, intensive programs for high risk parents such as those with personality disorder, substance abuse disorders and parents with a history of abuse and neglect.**

**Recommendation 49**

**3.40 That funding be allocated to develop and expand services specifically designed for supporting children who have a parent or parents with mental illness.**

**Recommendation 50**

**3.41 That there be an evaluation of the effectiveness of the *Parentline* telephone counselling service that assists parents and carers in Queensland and the Northern Territory with behavioural management, parenting skills, and interpersonal relationships, with the view to expanding the service across all states and territories.**

**Recommendation 51**

**3.42 That better links be created between child and maternal health services and mental health services, and funding be provided for programs to assist families identified through maternal and child health services as having, or at risk of, mental health issues.**

**Recommendation 52**

**3.43 That there be a commitment to the provision of mental health services for care leavers recommended in the Senate Community Affairs References Committee Report *Forgotten Australians, A report on Australians who experienced institutional or out-of-home care as children*.**

**Recommendation 53**

**3.44 That the Australian Health Ministers agree to establish a national post-natal depression helpline and provide recurrent funding for its operation.**

**Recommendation 54**

**3.45 That the Australian Health Ministers develop a national strategy for perinatal health services, including early identification, intervention, prevention and education and support of new parents regarding perinatal mental illness.**

## Paying for mental health care

**Recommendation 55**

**3.46 That the Australian Government reviews the adequacy of benefits for psychiatric illnesses among health insurance products, and take action to outlaw products that are not 'fit for purpose'.**

**Recommendation 56**

**3.47 That the Australian Government review the arrangements governing the portability of benefits between health funds where a contract of service between a health fund and a private hospital or provider ends, so as to increase the opportunity for patients to remain with their existing mental health specialist if they so choose.**

## Justice system

**Recommendation 57**

**3.48 That there be a significant expansion of mental health courts and diversion programs, focussed on keeping people with mental illness out of prison and supporting them with health, housing and employment services that will reduce offending behaviour and assist with recovery.**

**Recommendation 58**

**3.49 That responsibility for the decision to release forensic patients be placed routinely with mental health courts or mental health tribunals within each state and territory.**

**Recommendation 59**

**3.50 That state and territory governments aim as far as possible for the treatment of all people with mental illness in the justice system to take place in forensic facilities that are physically and operationally separate from prisons, and incorporate this aim into infrastructure planning, and that the Thomas Embling Hospital in Victoria be used as a model for such facilities.**

**Recommendation 60**

**3.51 That the Australian, state and territory governments review funding for prescription medicines and medical care to examine anomalies and differences in quality of care between community primary care and care currently provided in prisons.**

**Recommendation 61**

**3.52 That governments establish protocols for mental health assessments for prisoners on entry into the criminal justice system.**

**Recommendation 62**

**3.53 That the *Commonwealth-State Health Research Institute* in conjunction with forensic mental health services investigate best practice models for the delivery of forensic mental health care to adolescents.**

**Recommendation 63**

**3.54 That the states establish separate dedicated forensic mental health facilities for women with a number of beds that reflects the prevalence of women with mental illness in prisons.**

**Recommendation 64**

**3.55 That HREOC be tasked to undertake a national review of the treatment of women with mental health problems within the criminal justice and prison systems.**

**Recommendation 65**

**3.56 That state and territory governments, taking into account best practice models, substantially increase the provision of step-down supported accommodation programs to facilitate reintegration into the community following release from incarceration and forensic facilities.**

## Dual diagnosis

**Recommendation 66**

**3.57 That a more holistic approach be taken in community-based mental health centres, particularly those for young people, integrating other related services, peer supports and drug and alcohol services with mental health services.**

**Recommendation 67**

**3.58 That in reforming the Better Outcomes in Mental Health program the Australian Government considers mechanisms which enable general practitioners and other mental health professionals to provide services not only in private practices but also in environments targeting youth needs.**

**Recommendation 68**

**3.59 That the state and territory governments reform dual diagnosis services to achieve greater consistency, and that the Mental Health Council of Australia, in reporting on progress under the National Mental Health Strategy, report state specific progress in the reform of dual diagnosis services.**

**Recommendation 69**

**3.60 That state and federal governments agree on and implement a national action plan to upgrade skills for assessment, referral and treatment of dual diagnosis, including:**

- **the development of training modules for dual diagnosis for undergraduate nurses and other allied health professionals;**
- **the development of nationally consistent training modules in dual diagnosis for mental health and drug and alcohol service providers;**
- **incentive-based training opportunities for general practitioners to build knowledge of dual diagnosis.**

**Recommendation 70**

**3.61 That state and federal governments facilitate within their service agencies:**

- **training on the implementation of service protocols and memoranda of understanding at a local level;**
- **rotation of staff across agencies in the different service sectors to promote cross-skilling; and**
- **targeted strategies to increase numbers and upgrade skills among Indigenous health care workers to address the complex needs of Aboriginal and Torres Strait Islander communities.**

**Recommendation 71**

**3.62 That undergraduate and postgraduate medical courses give greater emphasis to the specific needs of people with developmental disabilities who are affected by mental illness, and that centres of expertise be established to improve assessment and treatments.**

## Children and youth

**Recommendation 72**

**3.63 That governments promote education and awareness training for health care providers and the community on the risks of pharmacological mental health treatment for children and young people and ensure the availability of family supports and alternative therapies.**

**Recommendation 73**

**3.64 That, utilising expertise from clinical psychology, clinical psychiatry and institutes of mental health research, standardised risk assessment tools and processes for identifying at-risk children be developed specifically for use in a range of community and health settings.**

**Recommendation 74**

**3.65 That the Australian Government commits recurrent funding to ensure the future sustainability of the National Youth Mental Health Foundation.**

## Older people

**Recommendation 75**

**3.66 That governments develop and provide education and awareness training for health care providers, aged care providers and the community on mental health problems in older Australians.**

## CALD communities and refugees

**Recommendation 76**

**3.67 That state and territory mental health services provide CALD consumers, their carers and families with information on their rights under state and territory legislation in an understandable manner appropriate to their language and culture.**

**Recommendation 77**

**3.68 That the Australian Government review funding levels to providers of mental health services to refugee communities, to ensure those levels reflect the high levels of need amongst this population.**

**Recommendation 78**

**3.69 That appropriate assessment protocols for CALD consumers be developed and disseminated to increase the capacity of primary care providers to detect and manage the early signs and symptoms of mental health problems and mental illness.**

**Recommendation 79**

**3.70 That culturally specific mental health services be developed in partnership between all levels of government, migrant resource centres and other organisations, including the Forum of Australian Services for Survivors of Torture and Trauma.**

**Recommendation 80**

**3.71 That funding be provided to develop and disseminate throughout CALD communities translated information delivered in a variety of media about early signs and symptoms of mental health problems and mental disorders, where to get help and how to provide support.**

**Recommendation 81**

**3.72 That**

- **there be a review of health care policies for the delivery of health care for refugee and asylum seekers in both the Australian community and**

**Australian run detention centres, with a view to developing more culturally sensitive and comprehensive policies and standards that recognise the complex needs of asylum seekers; and**

- **there be consideration of providing access to Medicare rebates during refugee determination processes.**

## Rural and remote

**Recommendation 82**

**3.73 That there be wider availability of community information, services, and initiatives for raising awareness of mental health issues in rural and remote areas.**

**Recommendation 83**

**3.74 That in determining the allocation of community-based mental health centres and ratios of mental health professionals to populations (Recommendation 1) remoteness and other factors of disadvantage be included in the formulae.**

**Recommendation 84**

**3.75 That greater flexibility in the allocation of Medicare provider numbers for mental health service provision (for instance psychiatric nurse practitioners and counsellors), is exercised in rural and remote areas in recognition of the shortage of psychiatrists and psychologists in these areas.**

**Recommendation 85**

**3.76 That state and territory governments provide and support greater training to the existing medical workforce in the treatment of mental illness and ensure that the special needs of people with mental illness are considered when acute care services in rural areas are being reviewed.**

**Recommendation 86**

**3.77 That ongoing incentives and supports be provided to GPs and mental health professionals to promote working in rural and remote areas.**

**Recommendation 87**

**3.78 That a review be commissioned into the adequacy of income support and travel assistance allowances for carers in rural and remote areas, who have to travel long distances to access treatment and support.**

**Recommendation 88**

**3.79 In recognition that in rural areas police and ambulance services often attend and manage crisis situations without specialist assistance, ensure that rural police and ambulance services are a high priority for mental health first aid training.**

## Indigenous

**Recommendation 89**

**3.80 That 'Indigenous only' education venues for Indigenous health workers are adequately funded and supported to provide collaborative, culturally affirming learning environments for Indigenous people. Consideration should be directed to extending the capacity of facilities such as the Bachelor Institute Indigenous College, the Djirruwang Program at Charles Sturt University, or the introduction of scholarships for Indigenous health professionals, and incorporation of Indigenous Health curriculum in mainstream courses.**

**Recommendation 90**

**3.81 That governments fund the *Commonwealth-State Mental Health Institute* in collaboration with the National Aboriginal Community Controlled Health Organisation to research the most effective means of addressing Indigenous mental health needs, including the development of appropriate diagnostic tools for assessment of mental illness among the Indigenous population, collection of data and provision of information.**

**Recommendation 91**

**3.82 That governments direct recurrent funding to Indigenous community controlled health services to administer the development, implementation and evaluation of appropriate mental health programs.**

Senator Lyn Allison
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