HEALTH CONSUMERS' COUNCIL

Productivity Commission review into the Mental Health And Suicide Prevention Agreement Framework

https://www.pc.gov.au/inquiries/current/mental-health-review/interim

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Introduction

The Health Consumers' Council WA Inc. (HCC) was established in 1994 with the purpose of giving a voice to health consumers in Western Australia and improving health outcomes by encouraging and supporting consumer engagement and involvement in health services. HCC also provides an individual advocacy service to support consumers to navigate the WA health system and seek redress.

Executive summary

HCCWA is broadly supportive of this review and the findings of the report, and are specifically supportive of following recommendations:

- Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme
- National Mental Health Commission should run a co-design process with people with lived and living experience, and their supporters, families, carers and kin to identify relevant and measurable objectives and outcomes
- The next agreement should support a greater role for people with lived and living experience in governance
- The next agreement should clarify responsibility for carer and family supports
- Developing a renewed National Mental Health Strategy

This feedback represents the views of Health Consumers' Council WA from our role as an independent non-government organisation with extensive experience of advocating for health system improvement at all levels, and discussions with a wide range of diverse consumers, carers and community members.

General points

Unfinished business

We share concerns with many consumer organisations around initiating a new agreement when the current agreement has not met its goals. Is setting higher goals even achievable if the current set of less-than-adequate goals are not able to be met? Without significant sector reform, a new agreement seems incredibly ambitious.

Review findings welcomed

While we don't doubt that there is plenty of good will and good intention to make improvements in mental health care in Australia, we agree with the review findings that there has been little systemic change under the current agreements, while consumers within the system are crying out for that change.

We concur that there is an urgent need for the implementation of psychosocial supports outside of the NDIS to provide support to mental health consumers. We are also very supportive of the review recommendations that co-design processes be used in the creation of the new agreements as when consumer voices are front and centre in these decisions, we see better outcomes for all consumers.

Stories from a fragmented system

We handle countless enquiries and cases from people who are users of the mental health system, and many of them tell a story of a fragmented system in need of reform. We hear from consumers from Culturally and Linguistically Diverse backgrounds who are not aware of their healthcare rights and find the system challenging to navigate. People who are waiting for medical or surgical care for a complex and disabling medical condition have reported to us that their mental health is not managed during this time, leading to suicidal ideation and a feeling of utter isolation. Others have told us about times when they have been chemically restrained, with one family member sharing that her sister passed away while chemically restrained because the staff had not taken into account her risk of sleep apnoea when administering her medication. Consumers are looking for a system that meets their needs more comprehensively, and it is hoped that improvements in the Mental Health Strategy and Mental Health and Suicide Prevention Agreements assist in this.

Specific recommendations of interest

Draft recommendation 4.1 Developing a renewed National Mental Health Strategy

This is important work, and should inform future agreements and align with existing Strategies such as the National Suicide Prevention Strategy. We are particularly encouraged by the recommendation that this Strategy should be developed by undertaking a co-design process with people with lived and living experience, their supporters, families, carers and kin. At HCCWA we amplify the voices of consumers and have learned from experience that if consumers are present in all levels of decision-making, then outcomes are better for consumers across the health system.

Co-designing a new National Mental Health Strategy will be a long, complex, important piece of work, and it will therefore need considerable investment of funding and time, but this should not be a barrier to undertaking this work. If it is done properly and actually using the principles of co-design rather than simply informing or consulting consumers, the work will have long-term benefits for consumers across the country.

Draft recommendation 4.2 Building the Foundations for a successful agreement

We are particularly supportive of the part of this recommendation that states: “National Mental Health Commission should run a co-design process with people with lived and living experience, and their supporters, families, carers and kin to identify relevant and measurable mental health and suicide prevention objectives and outcomes”

Co-design will amplify the voices of the people who are most impacted by the national agreement. These are the people within the community who currently experience the fragmentation of the system and who are calling out for reform. Putting these decisions in the hands of consumers and others with lived experience allows for a meaningful exchange of information and means that the objectives and outcomes identified are relevant and important to those using services.

Often consumer involvement in developing national strategies is limited to a consultation process where consumer organisations such as ours are relied upon to provide the consumer feedback.

While consumer organisations are well equipped to assist with amplifying the voices of people with lived experience, relying on written submissions from that sector is not an adequate if a proper co-design process is going to be followed.

For a full co-design process, consumers and others with lived experience need to be an active part of the process, not just for one or two sessions, but in an authentic, ongoing manner whereby all decisions around the new agreement are considered by the whole group and the input of consumers is incorporated consistently. This will also require appropriate payments for consumers who are providing their time and expertise to this process.

Draft recommendation 4.4 Governments should immediately address the unmet need for psychosocial supports outside the NDIS

The psychosocial needs of people who live with mental ill health but who are not eligible for the NDIS are not being adequately met. Supports around housing, employment and social activity, if provided free of charge, in an accessible manner and in the communities where people live have substantial flow-on effects that benefit not only consumers, but also the wider health system.

Radically different models of care that provide models that connect people with the psychosocial supports in their communities have been shown to reduce hospital admissions and lead to better health and social outcomes. The important point with these models is that the services are close to where people live, are readily accessible and the cost is not a barrier to participation.

We hear from some NDIS consumers that there are, at times, too many barriers that mean they are not able to access some services. The Mental Health sector can learn from this and can work to deliver psychosocial supports in ways that are more accessible and provide fewer barriers.

The inclusion of psychosocial supports outside the NDIS for people who live with mental illnesses has multiple benefits. It means that people who are not eligible for the NDIS have access to appropriate, funded services, but it also means that those people who do receive NDIS services may be able to access appropriate services for their psychosocial needs without needing the additional red tape of the NDIS.

Decisions on how these services administered and how access to them in managed should form part of the co-design process.

Draft recommendation 4.5 The next agreement should clarify responsibility for carer and family support

When carers and families are provided with adequate support, they are better equipped to help the consumer they are caring for. This in turn leads to better outcomes for consumers and less risk for carers and family members. Identifying the level of government that can fund that support and make that support available is a vital role that the agreements should play. We support this recommendation.

Draft recommendation 4.7 The next agreement should support a greater role for people with lived and living experience in governance.

It is one of the goals of HCCWA that we will see consumers embedded in all levels of care, from the bedside to the board. The next Mental Health and Suicide Prevention Agreement ensuring that people with lived and living experience are involved at all levels of governance of the agreement is a crucial step in ensuring the authentic and ongoing involvement in the voices of people with lived experience beyond the writing of the agreement, and well into the delivery and reporting elements. This level of governance oversight allows for ongoing feedback and improvements to the agreements from the people who are most directly impacted by them.

It is critical that people with lived experience are paid for their involvement and participation in this process.

Additional points

Early intervention is crucial

The existing agreements mention early intervention opportunities being presented in early childhood, primary and secondary education settings, and we agree that this is important. We believe, however that the agreements can be stronger when talking about the complex experiences encountered by some young people and their long-term impact on mental health and suicidal ideation. We would be encouraged to see funding specifically for targeted, local programs that work to provide appropriate interventions and assistance for young people at an early stage.

Radically different models of care and Asset-Based Community Development

Our work with communities across Western Australia has shown us that the needs of one community can be vastly different to the needs of another community, and that often the people in the community have a much greater understanding of what is needed locally. This can be particularly true of early intervention services to keep children in school and to divert young people from criminal behaviours, but are also helpful for adult services as well.

Sometimes those needs may not be immediately obvious or their flow on effects predicted, but it is often the case that the communities know what is needed, they just need to be asked, and need the funding provided to help make it happen. There was a great example of this recently in the remote community of Burringurrah where a new community store opened, which not only resulted in people having local access to good food, but also led to a noticeable increase in children's attendance at school as families did not have to drive for several hours to stock up on food https://www.abc.net.au/news/2025-07-14/burringurrah-grocery-shop-school-attendance-scurvy-benefits/105488210

We would welcome any new agreement or national strategy to allow space for radical solutions to emerge, including solutions where the community is the architect and even the service provider. This would need to include very local funding, so region by region rather than state by state. This sort of decentralised funding is particularly critical in the geographically larger states such as Western Australia where the experiences of people in the capital city could not be more different to

those in remote communities. The future of healthcare cannot continue to just go on as it is, we need to embrace radical new models of care to accommodate the changing, aging and growing population and we need to listen to the people who receive the services, as well as their families, neighbours and communities, to learn how services can best be delivered.

Clare Mullen
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