Response to the Productivity Commission Review of the National Mental Health and Suicide Prevention Agreement

Thank you for the opportunity to provide feedback on the Interim Report of the Productivity Commission's Review of the Mental Health and Suicide Prevention Agreement Review. Overall, the Interim Report is excellent and captures the key issues and concerns that those in the mental health sector have been expressing for many years. I commend the Commission on its report, I support the draft recommendations, but I would like to make some additional comments as outlined below.

1. I agree, that the current Agreement is not fit for purpose. However, rather than just being supplemented by a new National Mental Health and Suicide Prevention Strategy, I believe it should be replaced by an interconnected suite of policy documents that clearly outline what governments are trying to achieve at an individual consumer/carer level and at a whole of population level, how they intend to get there, the funding they will invest, and how they will track progress and measure success. This means we need:

    i. A National Mental Health and Suicide Prevention Policy which provides an overarching vision for how governments will work together to promote, protect, and support the mental health and wellbeing of the Australian community (the last national policy was published in 2008). This document should provide a vision for everyone to work towards and outline the principles that will underpin all actions taken in this area.
    ii. A National Mental Health and Suicide Prevention Strategy that provides a high-level outline of the key areas that stakeholders and governments should work on over the next decade to improve the mental health of the whole Australian population, drive down suicide rates, and improve outcomes for people who access mental healthcare services. This document should articulate how all the 'pieces of the jigsaw puzzle will fit together' and provide a roadmap for continued reform.
    iii. A National Mental Health and Suicide Action Plan that aligns to the Policy and the Strategy and that outlines the *specific* initiatives that the Federal and State/Territory governments intend to implement over a 5-year period. This should provide a detailed outline of key initiatives, the outcomes and targets governments are trying to achieve, and timelines for implementation. This Plan should include initiatives that relate to mental health, and those that relate to suicide prevention.
    iv. A National Mental Health and Suicide Prevention Funding Agreement that sets out the funding that will be allocated by the Federal government and State/Territory governments for each initiative in the Action Plan and each government's respective roles and responsibilities. The Agreement should list initiatives that relate to mental health, and those that relate to suicide prevention.
    v. A National Mental Health and Suicide Prevention Outcomes Framework and associated minimum dataset to track changes in population level risk and protective factors, trends in population wide mental wellbeing and mental ill-health and in suicide, and outcomes for consumers/carers accessing any type of mental healthcare service.

2. Any such Policy, Strategy, Action Plan, and Agreement should all align with the following principles:

    i. A greater balance is required between investments that aim to promote mental wellbeing and prevent the occurrence of mental health conditions and those that aim to ensure that people experiencing a mental health condition have access to affordable, high-quality, supports and services to support their recovery. As a nation, we are currently not doing anywhere near enough to tackle the underlying root causes of mental ill-health and suicidal distress, and to prevent mental health conditions and suicide from occurring in the first place. I therefore believe that we need to embed promotion and prevention as core pillars of government action and investment and a focus on promoting mental wellbeing and preventing mental ill-health should therefore be included in any new mental health Policy, Strategy, Action Plan or Funding Agreement. A focus on downstream mental healthcare services alone, is not going to fix this mess.

    ii. We need to act early in life. Most mental health conditions commence early in life, and in many cases continue or recur in adult life. Our approach to promotion, prevention, early intervention, and recovery support should align to this epidemiological reality. Governments should therefore rebalance their investments and significantly increase the funding that is targeted to the 0-12 age group, and the 13-25 age group through new money, not money that is redirected from the adult and older adult population. Any new mental health Policy, Strategy, Action Plan or Funding Agreement needs to prioritise children and young people.

    iii. We need to act early in episode and support people in distress by making it easier for people to get help. A person experiencing a psychological crisis or life-threatening suicidal distress should be able to receive the same urgent and effective support from paramedics and mental health services as a person experiencing a heart attack or stroke currently receives. A person with a mental health condition should be able to access the same high-quality, evidence-based, interdisciplinary, compassionate treatment that a person with a newly diagnosed cancer currently receives. The institutionalised stigma and judgement, arbitrary eligibility criteria, rigid gate-keeping and buck passing has to stop, and consumers should be able to access whatever mental health service they choose, when they want it – whether that's a telephone helpline, digital platform, a private GP, psychologist, allied health professional or psychiatrist, or a State/Territory managed mental health service or hospital emergency department. Any new mental health Policy, Strategy, Action Plan or Funding Agreement should therefore clearly articulate how Federal and State/Territory governments will work together to create a flexible system that is designed to meet the needs of service users, not one that is based around intergovernmental squabbles and bureaucracies.

    iv. Given the myriad social, cultural, and economic factors that influence our mental wellbeing and recovery from mental ill-health we need to move away from a medicalised approach to mental health and towards a biopsychosocial approach. This paradigmatic shift needs to be adopted across the spectrum from promotion, prevention, and early intervention right through to recovery support where a greater emphasis needs to be placed on wellbeing measures, and psychosocial supports. Any new mental health Policy, Strategy, Action Plan or Funding Agreement needs to

champion a holistic biopsychosocial approach and articulate the key actions that governments will take beyond the 'mental health system'.

v. We need to ensure that people with lived and living experience of mental ill-health and/or suicidal distress, and their families, carers and supporters are involved in the (re)design, delivery and evaluation of promotion, prevention, early intervention, recovery support and suicide prevention policies, programs, and services and they have a clear, and remunerated role in decision making and governance structures. Any new mental health Policy, Strategy, Action Plan or Funding Agreement should therefore articulate how their views will be prioritised.

2. Political attitudes to mental health, and the governance and oversight structures in mental health and suicide prevention need to be overhauled and greater commitment, transparency and accountability needs to be fostered. Improvements in mental wellbeing across the Australian population and improved outcomes for people with mental health conditions are dependent on elevating the position that mental health holds politically. If mental health was given that same priority and status by politicians as 'physical health' and 'Medicare' we would not be in this situation. The relatively low priority given to mental health needs to be called out and challenged. We also need to shift towards a whole-of-government, cross-portfolio approach where every Minister, every government department, and every level of government plays its role in promoting, protecting, and restoring mental health.

   i. We need prioritise the mental wellbeing of the Australian community as a national goal and embed action in mental health promotion, preventive mental health, and mental health support in every aspect of government decision making and action.

   ii. We need to be clear about what we're trying to achieve at a service level, and at a whole of population level. We therefore need to review our National Standards Framework and develop a National Mental Health and Suicide Prevention Outcomes Framework so that we have a clear, nationally consistent approach to tracking whether service providers (digital, primary care, or specialist) are meeting service standards and hitting targets for key recovery outcomes, and whether at a State/Territory and National level we are shifting the dial in terms of prevalence, psychosocial disability, and premature mortality (i.e., the Burden of Illness).

   iii. We need an independent umpire with real teeth that can review this information and hold service providers and governments to account by calling out failures and potentially imposing penalties on those who fail to meet their obligations or standards. This might be a new independent National Mental Health Commission or an independent Mental Health & Wellbeing Commissioner within the Australian Human Rights Commission. Ultimately, we need an entity with the power to oversee, review, call out and impose sanctions where appropriate, otherwise poor practice and mediocrity will never be overcome.