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Mental Health and Suicide Prevention Agreement Review
mentalhealthreview@pc.gov.au

The AMA welcomes the Productivity Commission's interim review of the National Mental Health and Suicide Prevention Agreement (*The Agreement*). The AMA supports the interim review findings that the Agreement, in its current form, is not fit for purpose, is failing to meet its objectives, and is not serving the needs of the Australian community. The AMA appreciates the PC's request for further feedback on key questions relating to services and workforce.

As outlined in AMA submission to the PC review of the Agreement, the fragmentation, duplication and lack of review of the effectiveness of mental health services are leaving people with chronic and complex conditions to fall through the cracks. These gaps are widening as private mental health facilities—both inpatient and outpatient—close, while investment in mental health care within public hospitals and outpatient settings remains minimal. Many patients with mental illnesses require consistent, longitudinal care.

The AMA reiterates the four key areas for improvement:

1. Increase investment in mental health services by expanding the capacity of mental health wards in both public and private hospitals, including both the number of beds and the workforce needed to support them.
2. Provide greater support for general practitioners, who play a crucial role in delivering a significant proportion of mental healthcare in the community. GPs are vital in preventing the deterioration of patients' mental health and managing complex, chronic conditions.
3. Allocate more resources to mental healthcare across the full spectrum of needs, ensuring these investments are guided by evidence-based practices.
4. Improve mental health governance and reduce complexity to keep as many individuals healthy and out of hospital as possible, promoting proactive care in local settings.

The Committee has asked for additional information. Our responses are below:

*Information Request: 4.1 The PC is seeking views on whether there should be an additional schedule in the next agreement to address the co-occurrence of problematic alcohol and other drug use and mental ill health and suicide.*

As mentioned in the the interim report, a key barrier to reform is system fragmentation and insufficient collaboration. The complex relationship between mental health and alcohol and other drug (AOD) use is well documented. A serious concern for healthcare professionals

working in Australian emergency departments (EDs) is the rise in violence and aggression. In the Australasian College for Emergency Medicine (ACEM's) report: Breaking-Point-An-Urgent-Call-to-Action-on-Emergency-Department-Safety, a key recommendation for state and territory governments is to urgently improve funding and service models for mental health and addiction services. This includes inpatient units and associated staffing to meet the demand for care, step-up/step-down services and community-based supports commensurate with the burden of disease.

At present, the approach to AOD is different across jurisdictions. Both Western Australia and Queensland have integrated AOD into the mental health and suicide space, while all other states and territories treat AOD and mental health separately. Following recommendations from the Royal Commission into Victoria's Mental Health System, Victoria is developing an Integrated AOD and Mental Health and Wellbeing Framework. This mandates integrated treatment and care for those with co-occurring mental health and substance use disorders, aiming for "no wrong door" access and collaborative multidisciplinary responses. National leadership is required and best practices need to be shared between jurisdictions. Hence, to see improved coordination between AOD and Mental Health treatment services across Australia, a new schedule in the next agreement is recommended.

*Information Request 4.2- 4.4 address integrating peer workers in clinical mental health settings and participation in government forums.*

The AMA is concerned about the growing number of patients with severe, complex, and chronic conditions, where mental illness is often one of many coexisting issues. AMA members have reported positive patient feedback from their interactions with both consumer and carer peer workers, who can offer hope, empathy, and support to families and carers. However, when the peer workforce operates in isolation from well-designed, multidisciplinary teams where there is strong clinical governance and medical leadership, overall health outcomes suffer.

Peer workers are valuable members of multidisciplinary teams but should not be seen as a substitute for medical or psychology team members. There must be more support structures developed for peer workers, who are equally or perhaps even more vulnerable to burnout and personal stress as their medical colleagues.

Yours sincerely,

Dr Danielle McMullen
President, AMA