

Final Review of the National Mental Health and Suicide Prevention Agreement

The Agreement articulates a national vision for a people-centred, integrated and sustainable mental health and suicide prevention system.

The Agreement outlines how the Australian, state and territory governments will work together to make sure the mental health and suicide prevention system embeds lived experience in the design, planning, delivery and evaluation of service and is able to improve the wellbeing of all Australians and reduce the rate of suicide in Australia.

Submission writers are encouraged to identify issues and provide suggestions for ways forward. The PC would appreciate evidence in support of any views, such as data, research reports and case studies.

The PC is focused on improving understanding of opportunities to improve Australia's national prosperity and economic progress more broadly.

Scope of the inquiry with personal comments in italics

The PC is to conduct the Final Review of the National Mental Health and Suicide Prevention Agreement.

In undertaking the review, the PC should holistically consider, assess and make recommendations on the effectiveness and operation of these programs and services in line with the National Agreement, including but not limited to:

- a) The impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity – *I could not find any details of any mental health and suicide prevention programs and services delivered under the National Agreement so to offer feedback on the impact is practically impossible. The only help post-diagnosis bipolar (2011) I have received has been a quarterly appointment with The Alfred Hospital psychiatry, an ineffective series of appointments with a counsellor at The Alfred Hospital who had no understanding of my diagnosis let alone capacity/ capability to help me recover, an ineffective experience with a Star Health social worker a year or two after diagnosis and a series of appointments with a psychologist through a referral from The Alfred to the South East Melbourne Primary Healthcare Network.*
- b) The effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations – *the objectives make no mention of progressing from mental illness to mental health and from a lived experience perspective are basically meaningless. The outcomes detailed also bear no relation to helping progress from mental illness to mental health.*
- c) The opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity arrangements could be achieved – *there is no leadership nor accountability offered in the agreement to deliver this*
- d) The extent to which the National Agreement, including the integration and implementation of Schedule A and the bilateral schedules that support its broader goals – *what does this mean?*

- e) Whether any unintended consequences have occurred such as cost shifting, inefficiencies or adverse consumer outcomes – *the whole mental health system is a mess, designed and funded to achieve dysfunctionality with little regard to the end user experience – that is the patient.*
- f) Effectiveness of the administration of the National Agreement, including the integration and implementation of Schedule A and the bilateral schedules that support its broader goals – *meaningless?*
- g) Effectiveness of reporting and governance arrangements for the National Agreement – *ineffective*
- h) Applicability of the roles and responsibilities established in the National Agreement – *what does this mean?*, and
- i) Without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/ or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon.

Key points:

Diagnosed in 2011 at the age of 43

Never been an inpatient

Only point ever received explanation of diagnosis was in 2011 when I was psychotic

Only received medication, no help to progress towards recovery

Only received quarterly appointments of half-an-hour with consultant psychiatrist, since 2020 has been trainee.

It is exhausting repeating my story but I will continue to do so until someone takes notice.

This document is an incomplete attempt to offer my perspective.

The Federal Government policy approach in delivering a fit for purpose mental health system is so misaligned to what works.

As noted by The National Mental Health Commission, the nation is, in some instances, heading backwards despite the \$billions being allocated to improving outcomes.

Recovery journey – what worked personally.

Memoirs (of those who've been diagnosed bipolar)

Bipolar (Peer/ lived experience) Support Group

Research into how to achieve a sense of recovery which has taken over ten years

What didn't work:

Psychiatry

Counselling

Medication

Primary care/ general practice

My personal view

It has taken me almost a decade to find answers post-diagnosis. How I am still alive I will never know (I have survived a six month psychotic episode in 2011 and a further episode in 2016).

The mental health system is a total mess and despite the plethora of documents published by Federal and State Government patients (see Appendices) I have yet to find any evidence of any outcomes evaluation indicating any level of government is delivering anything resembling the aspirations contained in the various documents published by any level of Government.

Personal Advocacy

The Productivity Commission report, the Victorian Royal Commission Report and then the Federal Parliament report detail how incompetent the current system is in terms of delivering outcomes aligned to individual and community expectations. That the Federal Government has failed to make

any progress as detailed in the National Mental Health Commission review demonstrates either a lack of political leadership, a lack of policy competence or both. People's lives are on the line and politicians seem to demonstrate either a lack of understanding of their duty of care or a lack of compassion for their constituents.

It is also noteworthy that there appears to be no specific legislation relating to the provision of mental health services from a Federal perspective which surely influences political judgment and subsequent outcomes for the nation.

That some \$12 billion annually is allocated to mental health to achieve outcomes the evidence of which no-one has shown the effectiveness of the Agreement and the impact it has had on the health of the nation.

The Australian Public Service Commission in its factsheet "Defining Integrity" notes:

From a public service context, integrity is:

"the pursuit of high standards of APS professionalism, which in turn means doing the right thing at the right time to deliver the best outcomes for Australia sought by the government of the day."

Conclusions

Federal Parliament has a duty of care in delivering safe and effective evidence-based policy to meet the needs of the nation as detailed in various documents published over the past decades.

The Appendices that follow are a flavour of the problem.

There is a policy but it seems out-dated.

There seems to be no coherent strategy or plan, more a "lets throw lots of seeds in the air and see what happens".

The results are detailed in the National Mental Health Commission report card – no progress and in some cases drifting backwards.

From a personal perspective, I am exhausted.

Someone with a diagnosis of bipolar should not be left to their own devices to craft their own journey of recovery.

Unyet that is my truth.

Government isn't working and I question whether it ever will for those experiencing mental illness and seeking to attain mental health based on the evidence available and detailed in this document.

Federal Government – policy landscape

The following pages offer a flavour of what is happening and may explain why policy is not delivering to meet the needs of the nation.

National Mental Health Policy 2008

The National Mental Health Policy represents a commitment by all health and mental health ministers to the continual improvement of Australia's mental health system.

Published January 2009

Foreword

Most Australians will be directly or indirectly touched by the impact of mental illness at some point in their lives. Mental illness is common, with 3% of us experiencing severe or recurrent illness and up to 45% of us experiencing mental illness at some time in our lives. The impact on those affected, for their families and carers, and for the Australian community, can be profound.

This revised National Mental Health Policy represents a renewed commitment by all Health Ministers and Ministers with responsibility for Mental Health to the continual improvement of Australia's mental health system.

The Policy works towards ensuring Australia has a mental health system that detects and intervenes early in illness, promotes recovery, and ensures that all Australians with a mental illness have access to effective and appropriate treatment and community supports to enable them to participate in the community fully. A system that supports efforts to prevent mental ill health, promotes resilience and lessens the stigma so often attached to mental illness.

The Policy embeds a whole of government approach to mental health, first agreed to by the Council of Australian Governments in July 2006, within the National Mental Health Strategy. Through the Strategy, reforms into the future must maintain the effort and build on the successes of the past, but recognise that new challenges require innovation and new ways of working together across systems and sectors to achieve better outcomes. Health Ministers embrace the challenge of leadership in mental health reform and the need for greater collaboration and commitment across governments to realise and sustain change.

All Governments have increased their mental health reform efforts in recent times, with many significantly investing in clinical and community support services and a number creating new Mental Health Ministerial Portfolio positions, reflecting a strengthened commitment to mental health as a national health priority area. This Policy is the next step towards creating a better mental health system. It is the actions and outcomes to flow from this Policy that will ultimately make the difference

In commending this Policy to you, Ministers acknowledge the evident commitment, expertise and experience of all those involved in the revision process, in particular the contributions of the Review Committee responsible for the review. We call on all levels of Government, the private, community and non-government sectors to embrace the Policy and to forge an improved service system to improve the lives of all Australians affected by mental illness. The Hon Katy Gallagher MP Chair Australian Health Ministers Conference March 2009.

<https://www.health.gov.au/resources/publications/national-mental-health-policy-2008>

A national framework for recovery-oriented mental health services: guide for practitioners and providers

This document provides guidance to mental health practitioners and services on recovery-oriented practice and service delivery.

Published August 2013

Foreword

The release of our national recovery framework marks a pivotal moment in the history of mental health services in Australia. Recovery approaches are not new here; the movement has been gaining strength and momentum over many years. It began as people with lived experience, carers and advocates sought greater influence and control over their experiences in mental health services. Then individual practitioners and organisations began to incorporate the recovery approach into their practice and service provision. What started as a grassroots movement led to government policy as national, state and territory governments formally adopted a recovery approach. A national recovery framework agreed by all governments across Australia is the next important step along the path. Work on a national framework began in March 2011. Since the very beginning, people with a lived experience of mental health issues, their carers and families have participated enthusiastically in its development. Their passion and optimism have been inspirational. The process was a truly collaborative one with state and territory mental health service directorates and chief psychiatrists working in partnership to share research, gather evidence and create opportunities for participation by leaders, managers, practitioners, peer workers and volunteers in mental health services across Australia. There was a terrific response during the consultations and submissions. The framework has benefited greatly from the wisdom and unique experience of many people with mental health issues in their own lives or in the lives of their loved ones. This is their framework. The consultations have made a lasting contribution to the national dialogue on recovery-oriented practice and this was in evidence during the National Mental Health Recovery Forum in June 2012, which was an important step in the framework's progress. With the framework now in the public arena, the real work begins. The next stage is to make the framework live; to embed its principles into everyday practice and service delivery around the country. We need to capitalise on the momentum we have gained through the framework project and the June 2012 forum and achieve real change in how we respond to people with mental health issues and their families. We want a system that puts people with a lived experience at the heart of everything we do and offers consistently high-quality care that has long-term positive impacts on people's lives. Change of this magnitude is not easy and it takes time. As we establish and embed recovery approaches in mental health services across Australia, this guide will be a valuable resource to help us and remind us of the important reasons why we have embarked upon this journey. Every one of us who is involved in the provision of mental health services—leaders, practitioners, peer workers and volunteers—has a role to play. I am continually impressed by your professionalism, compassion and empathy. I know that with your commitment we will achieve our vision of recovery-focused services that meet the needs and expectations of our communities.

<https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers?language=en>

National Study of Mental Health and Wellbeing

Summary statistics on key mental health issues including national and state and territory estimates of prevalence of mental disorders

Key statistics

- 42.9% of people aged 16–85 years had experienced a mental disorder at some time in their life
- 21.5% of people had a 12-month mental disorder, with Anxiety being the most common group (17.2% of people aged 16–85 years)
- 38.8% of people aged 16–24 years had a 12-month mental disorder

<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

National Mental Health Research Strategy

Under the Fifth National Mental Health and Suicide Prevention Plan, the National Mental Health Commission has developed a National Mental Health Research Strategy to enhance Australia's mental health research system.

It is intended that the Strategy be used by academics and practitioners to stimulate partnerships and collaboration in mental health research; to guide research funders in funding decisions; to enhance research collaborations with people with lived experience of mental ill health and caring; and to guide future policy from Australian governments.

The National Mental Health Research Strategy (the Strategy) is driven by the vision of a mentally healthy Australia with an innovative and responsive evidence-based mental health system that is continually improving outcomes that matter to people experiencing mental illness, their families and carers.

It outlines 5 guiding principles for driving reform in the mental health research system:

- Strengthen mental health research
- Strive for research with impact
- Support lived experience, collaboration and leadership
- Embrace a whole-of-life and whole-of-community approach
- Grow a strong mental health research workforce

The Strategy will achieve its vision through supporting actions that address each of the guiding principles. The actions represent initial steps in bringing the Principles of the Strategy to life. Actions will be built upon over time to ensure alignment with emerging priorities for mental health.

<https://www.mentalhealthcommission.gov.au/projects/national-research-strategy#national-mental-health-research-strategy>

Stakeholders

Medical Research Future Fund

The Million Minds Mental Health Research Mission is investing \$125 million to support a million Australians with mental health issues. This funding will enable access to new approaches to prevention, diagnosis, treatment and recovery.

About the Million Minds Mental Health Research Mission

The Million Minds Mental Health Research Mission is investing \$125 million in innovative mental health research.

Why it is important

This Mission supports research to improve mental health by translating research outcomes into practice.

More than 3.8 million Australians aged between 16 and 85 experience a mental illness each year. We need ongoing research into mental illness so we can reduce its impact on people's lives.

The Million Minds Mental Health Research Mission will support research that addresses key national mental health priorities. It specifically encourages research to be translated into practice.

Objectives

The objective of this Mission is to help an extra one million people be part of new approaches to mental health prevention, detection, diagnosis, treatment and recovery.

Meeting our objectives

The [Mission's second Expert Advisory Panel](#) was appointed in April 2022 and has revised the Mission's [first Roadmap](#) and developed an Implementation Plan to advise the Minister for Health and Aged Care on the strategic priorities for research investment through the Mission.

The draft Roadmap and Implementation Plan were reviewed by an international panel of experts on 17 November 2022 who provided expert feedback and advice in the context of relevant activities occurring internationally. See the [Million Minds Mental Health Research Mission International Review of the Roadmap and Implementation Plan report](#).

The draft Roadmap and Implementation Plan also underwent a national consultation between 28 October 2022 and 1 December 2022 to seek community feedback on these documents. See the [Million Minds Mental Health Research Mission Roadmap and Implementation Plan Consultation Report](#).

Based on the feedback from the international review panel and the national consultation, changes were made to the final Roadmap and Implementation Plan.

The [Roadmap and Implementation Plan](#) for this Mission were published in April 2023 and will be used to develop the Mission's grant opportunities

National Health and Medical Research Council

Mental health is a National Health Priority Area and a major health issue receiving NHMRC research support.

NHMRC Special Initiative in Mental Health (SIMH)

The *NHMRC Special Initiative in Mental Health* supports a multidisciplinary and nationally focussed team to establish a national centre for innovation in mental health care as a collaborative network across Australia. The team will undertake innovative, high quality implementation research to improve health outcomes and outlooks for people living with mental illness. The centre will operate as a virtual network across Australia, coordinated by a single institution acting as an administrative hub. The centre will include flagship programs to focus the network's activities on each of the identified research themes. The flagships include a broad membership of researchers, health care services, carers and consumers in mental health to facilitate innovative service delivery across Australia.

The key components of the initiative are:

- focusing (at least initially) on the following outcome areas (core research themes):
 - improving experience of care through more effective and innovative models of care and health system redesign, and
 - reducing early mortality through evidence-based strategies for addressing physical, behavioural, psychological and other determinants.
- fostering innovative, multidisciplinary approaches to mental health by bringing together a diverse range of stakeholders with lived experience and professional expertise to define the issues, provide evidence for solutions, deliver improved health outcomes and outlooks for people living with mental illness, and
- engaging and developing the next generation of mental health research leaders.

A National Research Translation Centre to implement Mental Health Care at Scale – ALIVE

On 16 March 2021 University of Melbourne was awarded \$10 million for *A National Research Translation Centre to implement Mental Health Care at Scale (ALIVE)*. ALIVE will operate as a virtual national network of leading researchers working with more than 2,000 people living with mental illness to co-design and implement better models of care across the Australian community.

The new national centre will be funded over 5 years through the NHMRC's Special Initiative in Mental Health, to lead a generational shift in mental health care research embedded in the community.

The centre will operate from a research hub at the University of Melbourne to establish the ALIVE Lived-Experience Collective – supporting lived-experience research capabilities growth and lived-experience led research - and Co-Design Living Labs at 15 universities across all states and territories.

Guided by lived experience, this evidence-based model will emphasise early identification and prevention over crisis support, and take a holistic approach, addressing physical as well as mental health. Research will identify opportunities for better coordination of services and more accessible

and successful care models that can be rolled out to reach more people across primary care and the community.

Priority populations include Aboriginal and Torres Strait Islander communities and people who are living with severe and complex mental illness.

<https://www.nhmrc.gov.au/research-policy/research-priorities/nhmrc-special-initiative-mental-health>

National Standards in mental health services

“The Commission considers that implementation of the second edition of the NSQHS Standards provides a robust framework for safety and quality in mental health services in public and private hospitals, and community services provided by local health networks.”

<https://www.safetyandquality.gov.au/our-work/mental-health/national-standards-in-mental-health>

“The Commission has a strong commitment to promote, support and encourage safety and quality in the provision of health care for people who experience mental health issues across all healthcare settings.”

<https://www.safetyandquality.gov.au/our-work/mental-health>

Evaluation

“So, how are things tracking overall? Overall, we are not seeing an improvement in mental health and wellbeing for people in Australia over the past decade or more, and some are experiencing a decline in whole of life outcomes.”

<https://www.mentalhealthcommission.gov.au/publications/national-report-card-2023>

Solutions

The Minister has framed a direction through setting a vision of mental health reform through lived experience unyet the pathways seem low key given the scale of the challenge the nation is facing in providing safe and effective evidence-based mental healthcare.

The Victorian Royal Commission into Mental Health has resulted in reform though there's little in terms of progress iro bipolar to improve outcomes for those diagnosed.

To look internationally for solutions, a good example could be the Ireland Government's response to the needs of their nation:

"Sharing the Vision – A Mental Health Policy for Everyone is Ireland's ambitious, multifaceted national mental health policy to enhance the provision of mental health services and supports across a broad continuum from mental health promotion to specialist mental health delivery during the period 2020-2030."

Source: <https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/>

Pathways to Wellbeing – National Mental Health Promotion Plan

"Pathways to Wellbeing is a significant milestone on this journey. There is compelling international evidence that focusing on mental health promotion can have positive effects on wellbeing as well as reducing risk for mental health difficulties. The goals set out in the Plan focus on the key areas which can have a significant impact on promoting mental wellbeing at a population level."

Source: <https://www.gov.ie/en/press-release/e2c5e-interim-chief-medical-officer-launches-national-mental-health-promotion-plan/>