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Mental Health Inquiry
Productivity Commission

Open Minds Australia Response to Productivity Commission

Draft Report Overview and Recommendation into Mental Health

To Whom It May Concern,

Open Minds welcomes the Productivity Commission Review into Mental Health, and Draft Report.

Open Minds a leading provider of mental health and disability support services in Queensland and Northern New South Wales. With over 100 years of history, Open Minds is committed to its purpose of enabling an independent and positive future for people living with mental illness and disabilities**.** Open Minds is also a registered NDIS (National Disability Insurance Scheme) provider, with over 520 employees spread across 35 locations.

Open Minds is the Lead Agency for two headspace centres located in Redcliffe and Taringa, established in 2014. Since opening, these centres have supported over 6970 Young People and completed over 38,000 Occasions of Service. We are also a consortium member of headspace centres in Northern New South Wales. Other mental health programs run by Open Minds include social work and psychology services via the Open Minds Mental Health Hub, located in Morayfield.

We wanted to highlight some recommendations we believe to be particularly positive;

- Draft Recommendation 14.3 — Staged Rollout of Individual Placement and Support Model
    - Individual Placement and Support (IPS) Models have been trialled in some headspace centres. We believe further expansion of this, leveraging off further headspace sites would be of benefit to more young people.
- Draft Recommendation 24.1 – Flexible and Pooled Funding Arrangements
    - Specifically, the amendment to section 19.2 of the Health Insurances Act 1973 (Cth). Currently within our headspace centres, we are unable to combine any of the funding we receive from our PHN contract, with funds billed by staff or subcontractors working under Medicare. Being unable to combine these funds to either top up salaries or incentivise sub-contractors means we are unable to compete with the income Mental Health Clinicians could make in state health services, or private practice where they have the ability to charge a gap fee. The ability to combine these funds would allow much more funding flexibility.

Key Areas of Concern – Open Minds headspace Centres

1. Removal of quarantining of funds for headspace makes it difficult for young people to seek and access help, and gives commissioning bodies the 'choice' of which services young people can access rather than young people

    a. We have concerns about the removal of quarantined headspace funding. Having recently attended the International Association of Youth Mental Health Conference we know Australia has the largest and most systemically rolled out youth mental health service compared to any of the other 41 countries represented at the conference. International delegates were surprised this was being considered given they viewed Australia, and headspace specifically, as a leader in the area of youth mental health.

    b. headspace centres have been independently reviewed on two occasions. Once in 2009 and again in 2016, both of which demonstrated positive improvements and areas for improvement. A number of such improvements were made between the 2009 and 2016 reviews and subsequent to the 2016 review.

    c. In 2019 headspace also released its first longitudinal study with key findings being;

        i. The vast majority of participants reported high or very high levels of psychological distress upon entry to headspace.

        ii. All age groups reported a decrease in psychological distress (K10) while at headspace and most age groups reported further improvement after leaving.

        iii. The greatest improvements seen from young people were in general wellbeing, coping and participating in day to day activities while at headspace. General wellbeing and relationships with family continued to improve for participants after leaving headspace.

        iv. Participants experienced a decrease in the number of days they were unable to work or study (days out of role) while at headspace and these gains were maintained at the time of follow up.

    d. We recognise, like any program, there are areas in which headspace centres can improve. However, we believe much of this improvement would be achieved by building on the current platform with extended models of care and not by removing headspace centres and starting again.

        i. An example of such an extension at one of our centres is an enhanced headspace service supporting "missing middle" young people. This program is only a couple of months old, however indications suggest we are having early positive outcomes for young people in the program. Prior to this program these young people would have been underserviced by headspace, and mostly likely, other services they would have attended.

2. Assertion that low intensity supports are always appropriate for young people

    a. We believe, prior to any consideration being given to mandating specific low intensity program percentages in headspace, it would be better to focus on developing a consistent model of assessment to acutely assess what level of stepped care best suits a young person. Currently we have population data on stepped care, however no consistent assessment to consistently categorise an individual person within the stepped care model. This results in either over, or under servicing a person based on an inappropriate assessment of their level of need.

    b. We believe the National PHN Guidance Initial Assessment and Referral for Mental Health Care Report is a good starting point. We do, however, have some reservations about the increased workload this may put on General Practitioners (GPs). We question if assessment of stepped care should be completed by a Mental Health Clinician as part of their initial assessment with feedback then provided back to the referring GP.

3. The current one size fits all funding of mental health services under Medicare services.

    a. Our view is the biggest challenge faced by our headspace centres and most primary mental health service is the current Medicare structure. We strongly support the recommendations of the Medicare Mental Health Reference Group Report. In particular the move to a three tiered model of service. We would also recommend integration of team based care of people with complex mental health needs. Something which headspace centres are well positioned to provide.

The Open Minds Mental Health Hub is a whole of life service run from the Morayfield Health Hub, north of Brisbane. The Morayfield Health Hub is an integrated health hub where providers collaborate, and engage with the local community to:

- Be a centre of excellence delivering quality, multidisciplinary, integrated person-centred care.
- Partner with people for better health and a better life
- Conduct research and education to improve health and wellbeing

We believe large scale primary health care sites, like Morayfield Health Hub, will be the direction of primary care in the future as health care needs integrate. This is not dissimilar to the headspace model of service for young people.

The Open Minds Mental Health Hub delivers mental health services via a multitude of funding sources including Medicare, NDIS, DVA and WorkCover. At full capacity this site would have 26 full time equivalent mental health staff members. The number of staff is based on modeling from 2017 indicating the mental health staff workforce shortage in the area.

Key Areas of Concern – Open Minds Mental Health Hub

1. Workforce shortages, we support the recommendation in the draft report to address various areas of workforce shortage. We believe there is a missed opportunity to highlight workforce shortages in urban areas. Both the Open Mind Mental Health Hub, and headspace Redcliffe, are within the Australian Statistical Geography Standard Remoteness Area 1, which is considered the least remote category. However, both sites are severely understaffed and have been for a substantial period of time. It is our understanding that the local Hospital and Health Service also suffer and persist with severe understaffing.

    - We believe that Districts of Workforce Shortage should be developed for allied mental health professional, and then incentive funding provided to support attracting mental health professional to these areas.

2. Our service receives regular referrals for the mental health support of children and we strongly support the recognition of early intervention for children and young people. However, it is very difficult for our services to support these children and families due to having limited staff willing with work with children.

    - We believe the draft report has missed the opportunity to highlight the systemic issues of inadequate training of most mental health professionals to work with children and families. We believe recommendations should be made to increase the skills and training of mental health clinicians to work with families and children. One example of is to have Education and Developmental Psychologists Medicare rebates increased to match that of Clinical Psychologists. This would likely attract psychologists back to this area of endorsement.

We would like to thank you for taking to time to consider this information and we look forward to the final report from the Commission

Kind Regards,

Jamie Thompson
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Open Minds Australia