Post-draft report submission to the Productivity Commission Inquiry into Mental Health

January 2020

EACH would like to acknowledge the enormous work that has gone in to producing such a comprehensive review of mental health needs in Australia, the strengths of the current service system, and the opportunities for significant improvement. Having provided an original submission in April 2019 and a subsequent submission to the Royal Commission into Victoria's Mental Health Services, we felt it appropriate to offer a further submission regarding some of the recommendations set out in the Draft Report and we thank you for the opportunity to do so.

Our initial submission focused on 5 key aspects for consideration: Early intervention; psychosocial supports, social inclusion and housing; the importance of lived experience; services for families, carers and informal support networks; and, realistic funding models. We have chosen to offer feedback on the draft report based around these 5 key areas which we believe are of particular significance. We have also provided feedback in two additional areas: National Mental Health Workforce Strategy and Data Sets.

Early Intervention

In relation to Recommendations 17.3, 17.4 & 17.5 – Learning, education and wellbeing programs in schools

The proposed wellbeing leader in schools presents a great opportunity for enhancing capacity in schools to recognise and connect young people with appropriate supports early. However, it is important that prevention activities are also built into this or another role to build the awareness and skills of all young people to anticipate and recognise when they may be facing significant life transitions or challenges, and can implement strategies for self-care in advance of this time (building resilience and coping skills). These are life-long skills that, if developed in the supportive environment that schools can be, could reduce the likelihood of service needs in later life.

Although mental health needs may only require low intensity intervention if that intervention is provided early, a more holistic, family-inclusive response to the young person's needs may not be addressed through low intensity interventions, thus requiring more intensive intervention down the track. In the instance of school disengagement, our experience and program evaluations suggest that there is often co-occurring parental mental health needs that are unaddressed. Any program aimed at reducing school disengagement should include a strong emphasis on and resourcing for a systemic response that includes family-inclusive practice in order to not only address the presenting symptoms for the young person, but also any underlying causal or related factors within the family.

Psychosocial Supports, Social Inclusion & Housing

In relation to Recommendations 10.3, 15.1 & 15.2 – Single care plans, care coordination, housing security and housing maintenance

EACH strongly supports the recommendation for the use of single care plans, care coordination services, and information sharing protocols between service providers for some consumers with moderate to severe mental illness who are receiving services across multiple clinical providers, but who may not qualify for NDIS support. EACH's experience being part of the Eastern Melbourne Mental Health Service Coordination Alliance is that these are valuable and important aspects of coordinated and streamlined care for consumers.

In terms of the recommendations related to housing and homelessness, we would like to advocate for further consideration of funding models that are flexible and allow for capacity building and service provision that may not be directly attributable to an individualized package of care. Our experience suggests that as funding in the mental health sector has moved increasingly towards individualized funding models, the work with and support to crisis, transitional and longer term housing providers has reduced. Where multiple tenancy arrangements are in place and conflict arises between tenants that threatens to destabilize their housing situation and escalate their mental health needs, individualized packages of support allow limited flexibility to intervene early and stabilize the housing situation. Historically, these types of flexible supports have been offered to housing and homelessness services to build capacity within the service, whilst also engaging or re-engaging consumers who may only require time-limited support to re-stabilise their circumstances.

The Importance of Lived Experience

In relation to Recommendation 11.4 – Strengthen the peer workforce

EACH welcomes and acknowledges the recognition of the value of lived experience and the need to strengthen the peer workforce. Although we believe the recommendations will offer significant steps forward, we firmly believe that the professional peer mental health workforce requires better recognition and integration across all components of the system. Moreover, better access to targeted training and development opportunities could enable more robust and diverse career paths and opportunities within the sector. EACH's experience to date suggests that peer workers benefit from a flexible and committed workplace, regular support through a community of practice involving other peer workers, and peer work methods specific supervision.

Services for families, carers, and informal support networks

In relation to Recommendation 13.3 – Family-focused and carer-inclusive practice

We are particularly heartened to see the findings and recommendations that acknowledge and seek to support the role of carers in the lives of those experiencing mental ill-health. Our experience suggests that the needs of children and young people who have a parent with a mental illness are often overlooked until such time as they also need mental health support.

As outlined in our original submission, EACH believes strongly in service and funding models that enable community capacity building activities reducing stigma, promoting awareness, understanding and inclusion within local communities for those with a mental health condition, as well as for those who live with or care for someone experiencing mental ill-health, are particularly important to ensuring people remain connected and engaged with the informal supports that will

aid their recovery.

Funding Models & Structural Reform

In relation to Recommendations 12.1, 23.3

The recommendation to increase funding cycle certainty for psychosocial programs reflects the regular and consistent feedback from consumers who have accessed this type of service through EACH and our partners in this space. Longer term funding cycles are important for all areas of mental health service provision, not just the psychosocial space, in order to really develop the workforce and services, and evaluate their effectiveness.

The proposed "rebuild" concept is exciting and we believe that it would potentially offer the opportunity to simplify service navigation for consumers and reduce service gaps. However, there is a need to seriously consider what happens during this process as it is not as simple as renting somewhere else whilst the rebuild takes place. It is essential that something robust is in place to ensure people still continue to receive supports while a rebuild is in process and that this is done using existing expertise.

National Mental Health Workforce Strategy

In relation to Recommendation 11.1

In line with our submission to the Royal Commission into Victoria's Mental Health System, EACH believes that respectful and competitive remuneration is needed to retain high quality individuals within the mental health workforce. Remuneration across the mental health workforce currently varies considerably, depending upon, inter alia, the type of experience, qualifications, discipline, and sub-sector that an individual employee works within. However, as a long term provider of mental health programs, EACH has noted that when qualified mental health staff leave the organisation, it is often due to the short-term nature of program operations/funding.

Furthermore, working for a sustained period of time in the mental health sector can expose individuals to greater workplace risks, including exposure to primary and secondary trauma. In particular, workers that deal with high acuity presentations (e.g. forensic mental health, dual diagnosis, anti-social behaviours) and simultaneously experience high through-put demands/internal organisational pressure are at greater risk. Greater facility to have portability of entitlements across mental health roles and subsectors may assist the mental health workforce to proactive manage their own career and wellbeing in the industry.

Data Sets

In relation to Recommendations 25.1-25.3

EACH would strongly support the exploration of opportunities to link data sets across mental health, suicide prevention and alcohol and other drugs services and across regions. The current context often requires services to enter data in duplicate systems (internal and funder chosen) in order to meet both service development and continuous improvement requirements, along with funding requirements. This is not efficient and takes valuable time away from direct service delivery. There is also limited capacity for funded services to regularly view dashboards and feedback on the minimum data sets as held by PHN's. Access to consistent datasets, dashboards and reports of the minimum data sets could enable funded services to enhance their service delivery on a much more frequent basis.

Summary

We are pleased to see such an extensive range of proposed improvements, including the possibility for a rebuilding of the sector that, if measures can be put in place to ensure the transition period is well managed through the existing expertise, could offer significant improvements to the lives of so many. We look forward to the Commission's final report later this year.

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