Melbourne Disability Institute

SUBMISSION TO THE PRODUCTIVITY COMMISSION INQUIRY INTO THE SOCIAL AND ECONOMIC BENEFITS OF IMPROVING MENTAL HEALTH

This submission is in response to the Productivity Commission Issues Paper on the Inquiry into the economic impacts of mental health-health and the social and economic benefits of improving mental health.

The focus of this brief submission is on the investment architecture, governance, economic benefits, data and evidence, market stewardship, commissioning, workforce and quality and safeguards framework for an effective mental health system designed for the 21st Century.

In particular, it draws heavily on my experiences designing, governing, managing and researching the National Disability Insurance Scheme (NDIS), rather than focusing on the detail of optimal mental health support arrangements, where others have much greater knowledge and experience.

It also refers to significant work which has already been done by the Productivity Commission, governments and other organisations on which this Inquiry should build, in order to minimise duplication and ensure that the recommendations are person-centred.

In essence, it is recommended that the Productivity Commission focus on the following **ten** essential points to ensure that mental health services are reformed to deliver enduring social and economic benefits:

First, the recent *Study of the National Disability Agreement* by the Productivity Commission provides a blueprint for the allocation of responsibilities for mental health between Commonwealth and State and territory governments clear accountabilities and the relationship between mental health policy and health, education, housing, and skills. As part of a person-centred approach, mental health should be added to disability and indigenous as a key target population group.

Second, we need an investment approach rather than a welfare approach to mental health and the economic benefits of investing in mental health should be included as a key element of this Inquiry. *Investing to Save: Modelling the Economic Benefits for Australia of Investment in Mental Health Reform* and the framework which was utilised by the Productivity Commission in Chapter 20 of the ground-breaking 2011 Report on *Disability Care and Support*, which led to the establishment of the NDIS, together provide very useful starting points.

Third, it is essential that the newly designed mental health system is actually person-centred in its implementation. This will require unprecedented collaboration between the Commonwealth and States and territories and unprecedented collaboration between government departments, in order for it to be delivered successfully. New structures, designed to jointly design and implement optimal solutions which start with citizens and their lived experiences and which counter current top down processes which

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prioritise narrow funding considerations first, will be essential. Where service delivery is out-sourced by governments, collaborative values-based commissioning will be essential rather than more traditional purchaser-provider relationships. One approach, to foster collaboration and evidence and which could be highly effective, would be to position a national research agenda and research partnership at the centre of the new mental health system. This would need to bring together all levels of government, with universities and research institutes, people with mental health issues and the mental health sector and then have a formal role to provide advice, based on the research, as part of inter-governmental processes, such as COAG and a new National Mental Health Agreement.

Fourth, as funding is directed to individuals, so that they can exercise control and choice, it is essential that there are clear responsibilities for market stewardship and market architecture. A failure to provide clear accountability in this area has been a major factor in some of the teething issues with the NDIS over the past five and a half years. Furthermore, maintaining and building social capital (the "glue" in our community), collaboration in human service delivery and access to timely, reliable and accessible information need to be part of this framework. There must also be clear mechanisms to ensure effective commissioning. In particular it is essential that the process of commissioning of mental health services by governments translates into timely quality services for users which meet their needs, promote their independence, provide choice, are cost-effective and support the whole community. At the individual level, many people with mental health issues are unable, or at times are unable, to commission effectively through a lack of agency. This can then be further complicated by a lack of effective family supports. Consequently, access to a range of service navigation supports, which also build capacity, through to case management, in the most severe and complex mental situations, will be essential for the market to work effectively.

Fifth, the role of family and informal supports needs to be nurtured and sustained. It is notable and deeply problematic that support for carers has been eroded in recent years. In the absence of programs to enable carers to continue to do what they do through love, the costs to governments of mental health will become unaffordable and quality goals will be unachievable because a quality life requires a combination of informal supports and sufficient government funding. We need also to invest in carers and their capacity.

Sixth, the emerging policy framework for mental health must recognise the essential role of a suitably trained and motivated workforce. In the absence of a workforce which is empathetic, aligned to the goals of mental health policy and, above all experiencing workplace satisfaction and fulfilment, mental health policy will fail to meet its aspiration of equity and fairness. Further, given the growth in demand for disability, aged care and health services, an overall human services workforce strategy with clear accountabilities is a *sine qua non* for effective outcomes following this Inquiry.

Seventh, the Commission should also give consideration to the important role that private health facilities play in providing in-patient mental health care to many Australians. This suggests that integration challenges will need to be resolved across both the private and public systems. It should also be noted that in other areas of healthcare, arrangements that make private health care facilities available to public patients are being considered to take up fluctuating demand. Such arrangements may take pressure off overstretched public systems, while also allowing private facilities to defray fixed costs.

Eighth, the Productivity Commission *Review of NDIS Costs* in 2017 and the *Study of the National Disability Agreement* both highlighted the essential need for data and data linkage to ensure an evidence-based framework for policy implementation and development. *Investing to Save: Modelling the Economic Benefits for Australia of Investment in Mental Health Reform* also highlighted critical data needs. Mental health and psychosocial disability data which can be linked to health, housing, education, social security, employment, NDIS and justice data which is then available for research, under the 'Five Safes', is essential for people with mental health and psychosocial disabilities to receive optimal support following this Inquiry.

Ninth, the quality and safeguards framework for mental health should be aligned with people with disability, the aged and children, as part of an overall system designed to protect vulnerable people.

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