Submission: Mental Health Inquiry
Productivity Commission
5th April 2019

Thank you for providing an opportunity for input to the Productivity Commission Inquiry into the economic impacts of mental ill-health.

The Mental Health Industry, as many refer to the now fragmented, disjointed conglomerate that is termed Mental Health Care in Australia, has degenerated into crisis care, and suicide prevention. This is not only costly Economically, but more importantly costing lives.

I will attempt to highlight the main issues that I feel have seen Australia arrive at this disastrous position.

Silos

Jackie Crowe in her article, "Housten, we have a Cultural Problem" (1) aptly states : **"To describe Australia's mental healthcare sector as a "system" would be incorrect. We have a whole set of silos in health and mental health that barely connect.".**

There are numerous operators within the Mental Health Industry. State Governments are still primarily responsible for delivering Public Mental Health care, but they have dramatically decreased the services offered since the roll out of the NDIS. Private Mental Health Practitioners, Allied Mental Health Practitioners, General Practitioners, Federally Funded organisations such as Orygen and Headspace, Service Providers within the NDIS, the NDIS itself, PHN's, FACs, Charities, and so on are all involved with attempting to meet the Mental Health needs of Australians. They are all dependent on each other, but work in Isolation.

As an example. The Federal Government just announced funding for a further 27 Headspace centres, but Headspace is dependent on the availability of services to refer youth to once they identify that a person needs more intensive assistance. In Orygens submission to **The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition (2)** Orygen states amongst other points: "The introduction and roll-out of headspace centres nationally, now provides many young people in Australia with an appropriate, accessible and acceptable entry point into mental health care. However, these services are designed and resourced to respond to mild to moderate presentations of mental ill-health." Headspace obviously needs to have a good working relationship with properly resourced State Health Services, Education both State and Private, GP's and so on. But, there is little evidence that this is the case. In fact the opposite. "This year already at Orygen, where I work, seven young people have died while seeking expert care. Ten years ago it might have been one and this would be taken very seriously. Now there is a sense of inevitability and resignation." Prof Patrick McGorry The Age (3).

There are numerous Papers, news articles and so on readily available that demonstrate that the Silo Mentality of Mental Health Care in Australia is a key determinant in the current crisis, resulting in poor economic outcomes, and loss of lives.

Recommendation

The removal of Silos, and duplication of similar NGOs receiving State and Federal Funding is essential if Australia is to achieve Best Possible Mental Health Outcomes.

Social Determinants of Health

The World Health Organisation states in a paper on Social Determinants of Mental Health (4):

“evidence that strategic action on the social, economic, environmental, and political determinants of the distribution of mental disorders and effective interventions at different stages of the life-course have considerable potential to promote mental health and to prevent and alleviate mental disorders in countries at all stages of economic development”. Australia has largely ignored Social Determinants in addressing Mental Health Issues. Government when writing Social Policies rarely measures the possible affects policy may have on Australians Mental Health. In fact, Government is absolved from responsibility by Organic Psychiatry and the DSM 5, which places the affects of Government Policy on the shoulders of the people, who are said to be suffering from a Mental Illness.

The cited paper provides the necessary information required for the Commissioners to consider the affects of Social Determinants, which are yet another part of the *Silo* approach of Mental Health in Australia

Recommendation

That the Social Determinants Of Mental Health be given far more emphasis than they now have, not only by Government but also Mental Health Practitioners, and society in general. By addressing Social Determinants that are key factors in poor Mental Health is not only economically beneficial for Health Expenditure, but the overall Australian Economy, as more people are able to live fulfilling productive lives, thereby reducing the number of people diagnosed with Mental Illness and the escalating Suicide rate.

Lived Experience

All to often we here that Consumers and those with lived Experience are essential in facets of design, production of so called evidence based systems, policy, internet based applications, etc. Sadly, my personal experience has proved otherwise. I have found that the only Lived Experience voices being heard are those within the closed Mental Health Industry. I was on an Inaugural Lived Experience Board of an Organisation tasked with “co-

producing” a $30mill Federal Mental Health Project. I was the only Member not connected in some way with the Mental Health Industry. This project is neither being Co Produced, or incorporating broad population Lived Experience. How can it when it is dominated by people either employed within the Mental Health sector, NGOs within the Industry, or Academics specialising in Mental health? I was “restructured” off the Board. Sadly the same applies to Consumer groups. I applied to my State Peak. The board was to decide if I could join. That was 1 year ago. To date I have not been accepted.

I am not alone, but one of the majority of Lived Experience, that are unable to contribute in achieving Best Possible Mental Health outcomes, both Lived Experience, and Co Production being used as nothing more than strategies to achieve funding.

Recommendation

That a truly representative population with Lived Experience be involved in all facets of achieving Best Possible Mental Health Outcomes. This could easily be achieved by use of media, including social media that the general population accesses when asking for lived Experience contribution, and in doing so ensuring that a real cross section of society is selected. It is also necessary that those selected are appropriately financially reimbursed.

Experts

For at least the last 30 years Mental Health Policies have been determined by a small group of *Experts.* A perusal of Hansard, references within advice to Health departments and ministers will easily illustrate this. This lack of diversity negatively impacts in the same way as the lack of diversity in the use of Lived Experience. As a former Project Manager and Business Executive I found a lack of diversity in expertise had a serious negative impact on delivering return on investment, and overall company profitability.

Recommendation ,

As for Lived Experience, that Government consult with a wider group of *Experts* from within the Mental Health sector to assist in achieving Best Possible Mental Health Outcomes.

Technology

Much emphasis is being placed on technology providing significant savings in Mental Health. I would urge caution in moving down this path. Mental Health treatment relies heavily on building trust and a relationship for best outcomes. There will be appropriate places for technology, but this may not be the one size fits all that is not anticipated. This would apply in particular to CALD, Indigenous Australians, and children.

Recommendation

Caution and thorough review by a broad section of society, or targeted cultural cohort is required when assessing suitability of technology, including tele-health, applications, SMS, as a means of assisting people with Mental health issues.

NDIS

The NDIS has been seriously overlooked as a contributing factor in the current Mental Health Crisis. It is also a significant factor on the escalating costs facing Federal Health. States have had the opposite, with a significant reduction in expenditure on Mental Health, as services and individual funding were withdrawn as the NDIS rolled out in regions. These services and supports becoming part of the NDIS.

The NDIS is an Actuarial based Insurance Scheme, and as such is expected to not exceed budget. The common interpretation of the scheme not being capped, and can therefore exceed by the number of participants and budget without restriction, is not based on the Actuarial basis of the scheme. In reality to increase the number of participants, and thereby the budget, requires the State/s and NDIA via COAG reaching an agreement before additional people can be accepted, and/or budget increased. This occurred in March 2017, when NSW reached their cap. Once reached no more applicants were accepted until negotiations were completed around September 2017. Oddly there was not a corresponding increase in the Schemes Budget. The Psycho-social cohort of the Scheme was based on an erroneous number of 64K people nationally. This number has not been significantly increased to align with available Data. Prof Allan Fels put the number at c200k (5)

"The initial estimate was that 64,000 people with psychosocial disability would qualify to receive Individually Funded Packages (IFPs) by full rollout in 2019-20. The Department of Health has estimated that it's more like 92,000 people.

"However, the commission thinks that both of these figures vastly underestimate the number of individuals with mental illness who need psychosocial support, and that there may be up to or more than 200,000 people who will miss out on much needed psychosocial support"

And again Prof Fels is interviewed in this article stating "more must get in"(6):

"Australian Bureau of Statistics figures show there are about 700,000 people with severe or psychotic mental illness - but between 64,000 and 92,000 are expected to qualify for an individually funded package under the NDIS by the time it is fully implemented in 2019-20"

Suncorp, in its submission to the NDIS Joint Standing Committee is amongst many others that state the number is much higher (7);

“Current estimates suggest that the projections for IFP eligibility resulting from psychosocial disability is more likely

to be 230,000 (of the 690,000 Australians who experience severe mental illness each year).37 This suggests that

the application of the eligibility rules or the eligibility rules themselves need enhancing to capture those who should

access the scheme.”

Suncorps submission also presents solutions that I believe this Enquiry should examine, to assist determining recommendations to achieve the outcomes this enquiry is tasked with.

NDIS Legislation is also problematic, and needs to be amended. Suncorps Submission (7) also mentions this, as do other submissions (8)

The NDIS is much needed Reform, and essential in achieving Best Possible Mental Health Outcomes.

Recommendations

1:That the Federal, States, and Territory Health Departments enter into urgent negotiations with the Department Of Social Services, and NDIA to determine a more accurate evidence based figure for those eligible to become Psycho social participants of the NDIS.

2:That the relevant Ministers be made aware of the Legislation issues with an aim for dementia by Federal Parliament.

Summary

Mental Health is costing Australia some $60billion annually. A significant reduction in this expenditure can be achieved if Australia removes the existing Silo structure, and introduces a System, rather than the current fragmented approach.

Australia also needs to move away from the current Bio Medical Mental Health model, and align with the now Globally accepted Social Determinant of Health model for Mental Health to further reduce the annual cost on not only Mental Health, but overall Health.

The number of People able to access NDIS needs to be increased significantly to not only enable savings in Health overall, and by reduced Funding of Organisations, NGOs, Crisis and suicide prevention, but also to ensure the economic market place that is another aspect of the NDIS is created, assisting growth in the Australian Economy.

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References

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