Submission in Response to the Productivity Commission Issues Paper *The Social and Economic Benefits of Improving Mental Health*

April 2019

Introduction

Data collected by Neami National (Neami) over the past five years highlights four primary unmet needs as identified by consumers experiencing serious mental illness. Whilst the community mental health sector demonstrates efficacy in supporting consumers to address these needs, the sector is increasingly fragmented, de-valued and de-professionalised due to significant policy changes in relation to the funding of mental health services, resulting in service gaps for people experiencing high levels of psychological distress and a reduction in non-clinical, community-delivered, recovery-focused service options for consumers at the severe end of the mental health continuum.

Evidence of Need

Neami has a long history of collecting consumer data to inform and improve service delivery. Camberwell Assessment of Need (CAN) data, collected nationally over the past five years, illustrates that consumers experiencing serious mental illness consistently identify as their primary unmet needs:

- Social isolation
- Lack of meaningful activity
- Distress from psychological symptoms
- Poor physical health

These identified unmet needs support a national focus on mental health programs that provide social connection, meaningful activity (particularly employment and education), self-management of psychological distress and improvement of physical health. A national focus on these unmet needs would directly contribute to addressing the significant life expectancy gap that still exists between people experiencing a serious mental illness and the general community, currently considered to be 7 - 10+ years lower life expectancy.[1]

Funding and Efficacy of Community Mental Health in Australia

Neami, and the broader specialist community mental health sector, have demonstrated a capacity to work with consumers to address the above needs[2] through service models that consumers and carers value: recovery-oriented, person-centred, holistic and collaborative engagement that promotes self-management and social connection[3]. The community sector is also practised in delivering service

[1] Erlangsen A, Andersen K, Toender A, Laurse M, Nordentoft, M and Canudas-Romo, V. (2017) 'Cause-specific life-years lost in people with mental disorders: a nationwide, register-based cohort study', The Lancet, Vol 4, Issue 12, P937-945

[2] Camberwell Assessment of Need data collected by Neami from over 1500 completed questionnaires between 2013-2018

[3] Wolstencroft et al. International Journal of Mental Health Systems (2018) 12:60

models characterised by high-quality relational work with consumers, increasingly recognised as crucial to mental health recovery, particularly in the context of consumers who have experienced significant trauma[4].

Neami, and our community-sector partners, are committed to service models that place primacy on the therapeutic relationship, ensuring that consumers experience an incremental improvement in their capacity to develop connections with and trust others, the fundamental underpinning of any recovery journey as evidenced through research and in line with the stated wishes of consumers themselves[5]. Consumers have made clear that what they need from services is connection, stable relationships that mitigate against the need for the consumer to re-tell their story and constantly re-start the support journey. Unfortunately, within the context of current funding policy changes, consumers are increasingly being shunted between newly formed services that are contracted for short periods of time within a competitive commissioning cycle. These crucial relationships often come second to the need to maintain throughput in line with KPIs that stretch even the most efficient service delivery teams, especially when these teams are shrinking in line with shrinking budgets.

What is overlooked is that, even within the most integrated stepped care system, consumers need stable, consistent support delivered from well-integrated hub-and-spoke services and assistance navigating a complex service system in which they will likely require the support of multiple services. Sadly, the services with the skill and experience to provide this support – PIR, PHaMs, Mental Health Community Support Services (Vic) – are among those currently being defunded. With no viable alternatives yet available, there is a substantial gap in services and, arguably, in the trauma-competence of the entire mental health system, a gap that clinical services are historically unable to fill due to differences in service focus and alignment with the principles of recovery.

The community sector currently has a substantial national service footprint and a large, multi-disciplinary, professional workforce in place, yet is contracting due to the amalgamation of State-based community mental health money with Federal NDIS funding; short-term, competitive Primary Health Network (PHN) commissioning cycles; and the increasing de-valuation of recovery-based service models that do not incorporate significant emphasis on traditional clinical service interventions. The result is a national mental health sector which increasingly emphasises clinical intervention over the collaborative, relational, person-centred models of engagement, known to be valued by consumers and carers and important to the process of recovery,[6] offered by specialist community mental health organisations.

Other Funding Issues and A Potential Solution

Funding to support people experiencing serious mental ill-health is currently problematic. The States vary substantially in their level of support and the Federal Government are now primarily funding the NDIS, for which only a portion of this target group are eligible. As the PHNs appear to be relatively poorly funded to date and have themselves been subject to the uncertainty of the Federal funding cycles on which they rely, much of the community mental health sector is being forced to downscale in the context of the short-term nature of most newly commissioned services, the funding for which is increasingly lean.

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[4] Mental Health Coordinating Council (MHCC) 2013, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction,* Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

[5] Schön U, Denhov A and Topor, A, 'Social Relationships as a Decisive Factor in Recovering from Severe Mental Illness', International Journal of Social Psychiatry, 2009 55: 336

[6] Ljungberg A, Denhov A and Topor A, Psychiatric Quarterly (2015) 86:471–495

Whilst the general view is that there is insufficient funding available to support the maintenance of these effective, evidenced, community mental health services alongside the more recent NDIS and PHN activities, there do appear to be options. A notable example would be a review of funding levels across the mental health continuum. Given the importance of early intervention and prevention activities, it is unsurprising that initiatives and programs targeting those with mild-to-moderate mental health issues attract substantial and increasing funding.[7] In contrast, Partners in Recovery (PIR), a successful, high-quality program supporting consumers with the most complex needs[8], is now being rolled into the NDIS at the expense of those consumers not eligible for an NDIS plan. This situation, replicated across other recently de-funded programs, leaves a host of people with severe and complex needs largely unsupported.

A review of funding policies in relation to the needs of people at all stages of the mental health continuum would likely highlight this need to maintain and bolster support for people experiencing the most debilitating forms of mental distress. One viable option, inspired by the Improving Access to Psychological Therapies (IAPT) program in the United Kingdom, would be to distribute the available mental health funding to the PHNs on a per capita basis. PHNs would then commission services by targeting populations in response to local need, ensuring the greatest value from spending by providing access to services for people along the continuum of need. This approach would provide for increased accountability across all programs and would allow for improved integration with local services, avoiding unnecessary duplication whilst situating the consumer within the broader system for ease of referral where necessary.

Other components of the IAPT model, absent in an overarching sense from Australia's approach to mental health funding, that would bolster value for money across the system include:

1. A focus on evidence-based psychological therapies, with practitioners accountable for their fidelity to these therapies;
2. Routine outcome monitoring, supporting the development of a collaborative approach to the goals of therapy and promoting transparency in service delivery;
3. Regular, outcomes focused supervision, supporting practitioners to deliver high quality care through continuous improvement;
4. Integrating mental health support with other primary care services to address long-term physical health issues and other co-morbidities as a service development priority; and
5. Embedding a focus on employment outcomes as a core component of improved mental health outcomes.

Crucially, it would be beneficial to align any system overhaul with well-evidenced and well-advanced strategies for moving to a high-value health care delivery system.[9] Encouraging results from around the world indicate that this may be an approach that delivers the most efficient value for Australia's mental health money.

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[7] Rosenberg, S and Hickie, I, 'The runaway giant: ten years of the Better Access program', The Medical Journal of Australia, March 2019

[8] Hancock, N., Smith-Merry, J., Gillespie, J. A., & Yen, I. (2017) 'Is the Partners in Recovery program connecting with the intended population of people living with severe and persistent mental illness? What are their prioritised needs?', Australian Health Review, 41(5), 566-572

[9] Porter M, and Lee T, 'The strategy that will fix healthcare', Harvard Business Review, October 2013

Conclusion

Secure and coherent funding models for people experiencing a serious mental illness are imperative to the mental health of the Australian population. The specialist community mental health sector has demonstrated a capacity to support consumers to address needs identified by them as core to their ongoing recovery and self-management. The sector is currently in a state of contraction due to changes in funding policies at both the State and Federal levels, resulting in the loss of a highly skilled workforce and significant gaps in service provision for the people experiencing the most severe challenges to their mental health.

Whilst the identification of novel funding streams is challenging, it may be time to review mental health funding across the continuum of need in line with successful international models and approaches. This review might support calls for the ongoing delivery of specialist community mental health programs that have demonstrated a capacity to positively impact the recovery of consumers Australia-wide over many years, if not decades. Such a move would ensure that those people experiencing the most debilitating issues with their mental health receive the continuity of care they require and are well supported into the future, irrespective of increasingly uncertain Federal and State funding environments.