



23rd January 2020

**Mental Health Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2601
Submitted via on line portal**

**Submission in response to the Mental Health Productivity Commission Draft Report
(October 2019)**

Merri Health welcomes the opportunity to provide feedback on the Mental Health Productivity Commission's Draft Report that was released in October 2019.

About Merri Health

Merri Health creates healthy, connected communities through local health services for people at every age and stage of life.

We know that at different times, health needs change. That's why we support people throughout life, with a range of wraparound services available all through the one local network.

Our approach addresses the medical, social, environmental and economic aspects that affect health with services spanning across:

- children and families
- young people
- carer support
- management of chronic conditions
- dental
- mental health
- disability services
- health and wellness
- aged care

We've been the trusted health service of local communities for over 40 years. As a not-for-profit organisation, our focus is on partnering with people, responding to local needs and strengthening the health of entire communities.

Introduction

Merri Health wishes to offer its congratulations to the Productivity Commission (PC) on its Draft Report, which presents a thorough assessment of the Mental Health system within Australia through its comprehensive and wide-ranging recommendations. As a community health organisation who

has provided mental health services for over 30 years, we appreciate the importance of this report in shaping mental health reform within Australia.

We welcome this opportunity to provide feedback on the Draft report before the final report is handed to the Australian Government in May 2020.

Overall, Merri Health is in support of most of the recommendations and can see how, if fully implemented, these would significantly improve the Mental Health service system within Australia. There are, however, a number of areas for further consideration that we would like to raise with the Productivity Commission through this submission. We have structured this feedback into key themes/areas for consideration, with some areas relating to a number of different recommendations (which will be referenced throughout, as required).

Areas for further consideration

(i) Community-based Mental Healthcare

As a provider of community based mental health supports for many years, Merri Health are passionate about the value and importance of recovery-oriented care. We have long seen the value and impact of providing recovery-oriented care in the community, both at an individual and group based level. We therefore ask that the PC consider including a clear statement around the value of recovery-oriented care and its ongoing importance to the future shape of the mental healthcare system in Australia.

The provision of psychosocial supports is another key element of the community based mental health sector within Australia. We believe that access to psychosocial supports is an integral component of high quality mental health care, and therefore needs to be fostered and strengthened. As such, we strongly support the PC's recommendations around psychosocial supports (DR 12.1 and 12.2). Extending contract lengths and guaranteeing the continuity of psychosocial supports are key elements in ensuring the long term accessibility of psychosocial based care. However, we do ask the PC to consider including specific recommendations about the funding levels attached to the provision of psychosocial support. Current funding levels have not been sufficient to meet demand, therefore we ask for a statement to be included that indicates the need for additional and growth funding to ensure the adequate provision of psychosocial supports into the future.

(ii) Key population groups

The importance of individualised and specialised mental healthcare is central to providing a responsive and accessible service system for all. Whilst the PC has highlighted the needs of particular population groups at various touchpoints within the system, there are some additional population groups we think also require focus to ensure that their needs are addressed within the service system. The two population groups we would like to draw the PC's attention to are: older Australians and members of the LGBTIQ+ communities.

- Older Australians: Older Australians face significant challenges and difficulties in accessing support around their mental health and wellbeing. With the age cut-off for many services of 65 years of age, many older people are forced into an aged care system which is unable to adequately support their mental health needs. This issue has been further amplified with the introduction of the NDIS, as people with psychosocial disabilities over the age of 65 are not able to access the scheme. We therefore have a situation

where people over the age of 65 are entering an aged care system which often does not have the skills, expertise or resources to provide them with the necessary supports and care. Whilst we appreciate that there is currently a Royal Commission into Aged Care Quality and Safety, we ask that the PC considers the mental health needs of older Australians as a priority, to ensure this population group receives integrated and high quality mental healthcare.

- LGBTIQ+ communities: As a Rainbow-tick accredited organisation, we are committed to supporting and advocating for members of LGBTIQ+ communities. Rates of mental ill health, including high rates of suicide, are key health concerns of many people who identify as LGBTIQ+. It is important that any reform of our mental healthcare system seeks to understand the often complex and intersectional factors that impact on the mental health and wellbeing of people who identify as LGBTIQ+. The service system needs to be responsive and accessible for these communities in order to ensure that services are utilised as needed. Therefore, we ask that the PC makes specific recommendations around service accessibility and prioritisation for this vulnerable population group. We would also recommend that those with lived experience and organisations with specific expertise are consulted to ensure that any recommendation is reflective of community need.

(iii) Carers/Families

Carers/families play a vital role in the functioning of the mental healthcare system in Australia. As such, their voice needs to be heard and valued throughout the planning and actioning of any reform to the Mental Health system. As an organisation with a rich and extensive history of providing care and support to carers, we welcome and appreciate the PC's inclusion of recommendations around the specific needs of carers, thus highlighting the important role that they play within the mental health care system.

We also welcome and endorse recommendations from the PC which seek to involve carers in the design, implementation, monitoring and evaluation of the service system (DR 22.3). We see the active involvement of carers throughout the service system as vital in achieving the best possible outcomes for all stakeholders. We also suggest that the PC seek to consider the carer experience in all aspects of reform, as their experience is often so closely tied to that of the consumer. For example, DR 8.1 speaks to improving the experience of consumers who present at Emergency Departments however this recommendation could also include reference to the experience of carers in this context. Therefore, we ask the PC to keep the carer experience in view throughout all aspects of the reform.

Family-focused and carer-inclusive practice is another area of reform that is strongly supported by Merri Health. We welcome and endorse the inclusion of a specific recommendation focused on this practice (DR 13.3). However, we wish to emphasise the importance of family-inclusive practice and believe that this should be an expected component of any mental healthcare service response. The importance of carers/families being involved in the mental health care of their loved ones cannot be

underestimated, and we would therefore encourage the PC to consider how family-inclusive practice could be built in to the service system into the future.

(iv) NDIS Interface

The interface between the National Disability Insurance Scheme (NDIS) and the rest of the mental health service system is vital to ensuring an integrated and coordinated service response for consumers and their carers/families. Currently, this interface is not well established or working effectively with many consumers ‘falling through the cracks’ in the system.

In Draft Recommendation (DR) 10.3 the PC speak to the need for consumers with moderate to severe mental illness to have a single care plan when receiving services across multiple clinical providers. We ask the PC to consider further developing this recommendation to articulate how this may occur when the consumer has NDIS supports in place. As an NDIS service provider, we are aware of the challenges that can come from important care information about a consumer being held by multiple agencies often with limited communication between those involved. Therefore, we believe that the service received by consumers would be greatly enhanced by the development of a single care plan that is able to be shared between key stakeholders, including NDIS providers.

Also, as stated in DR 10.4, we strongly agree with the need and importance for consumers with severe and persistent mental illness to have access to care coordination, including consumers who are accessing the NDIS. However, we ask the PC to consider strengthening this recommendation to include a statement about the inclusion of Support Coordination in NDIS plans for consumers with psychosocial disabilities. Currently, the inclusion of Support Coordination in NDIS plans for consumers has not been consistent and in many cases is removed from plans after the first year. Given the importance of care coordination for consumers with complex needs, we recommend that Support Coordination be stated as a key component of a consumer’s NDIS plan. Lastly, we ask the PC to consider extending its recommendations in DR 12.3. Whilst we support this recommendation’s focus on improving how the NDIA approach people with psychosocial disability, we think this could be further strengthened by recommending the NDIA also work proactively to ensure all NDIS service providers with the mental health space are providing a skilled and high quality care response to NDIS participants with psychosocial disability.

(v) Workforce

Addressing workforce needs is an integral component of any reform to the mental healthcare system. There are currently a number of workforce issues impacting the service system, with many of these addressed in DR 11.1 through DR 11.7. We particularly welcome and endorse the PC’s recommendation around strengthening the peer workforce (DR 11.4) and believe that full implementation of this recommendation would have many positive and beneficial outcomes.

Given the range of professions that sit within the mental health sector, we would recommend that the upcoming update of the National Mental Health Workforce Strategy include specific actions and directions for each profession or service delivery area. For example, the methods for attracting and retaining staff may differ between psychiatrists and community mental health practitioners, therefore requiring different

strategies and actions. With this in mind, we ask that the PC provides further detail in this recommendation about the diverse professions that make up the mental health service system, and the importance of tailoring workforce strategies to the specific needs of each profession.

Of particular importance to Merri Health as a provider of community based mental health services is the ongoing breakdown of the community/psychosocial workforce due to the transition to the NDIS. We would strongly recommend that the PC give particular attention to this issue as short term solutions are required to stabilise and then rebuild this unique workforce. Since the transition to the NDIS began, many skilled and experienced community mental health workers have left the sector, choosing to move into other service systems, such as AOD or family violence work. This has had a two-fold impact; firstly the impact to the service system which has seen the loss of skill, knowledge and expertise and secondly the impact on NDIS consumers, who are now often receiving service from staff who do not have the necessary level of skill and expertise to adequately support them. This community/psychosocial workforce provide a unique and highly important component of the mental healthcare service system. If we completely lose this workforce, it will take a considerable amount of time to rebuild to its previous level of skill, expertise and experience. Therefore it is important that both short and long term strategies are put into place to curb the collapse of this workforce. With this in mind, we ask the PC to consider a specific recommendation addressing the urgent needs of the community/psychosocial workforce.

(vi) Governance/Roles and Responsibilities

True reform to the mental health system requires clear and well implemented governance arrangements. To date the system has struggled to achieve clear governance due to a number of factors, including the separation between Commonwealth and State/Territory funded services and the lack of planning across the service system. These issues with governance have been further compounded by the historical under-resourcing of the service system, which has limited the sectors ability to meet the growing needs of consumers and their families/carers.

We welcome and endorse the PC's stance that major reform is need to the governance arrangements underpinning Australia's mental healthcare system. We are in strong agreement with DR 22.3 which speaks to the need for all levels of Government to collaborate with consumers and carers in all aspects of mental healthcare, including planning, design, monitoring and evaluation. True co-design and genuine collaboration will no doubt generate positive outcomes across the system.

We also support the proposed expanded role of the National Mental Health Commission (NMHC) outlined in DR 22.5. We could also envision the NMHC having a broader national leadership function, operating as an independent body to lead and oversee the broader system. We therefore encourage the PC to further consider the role that the NMHC may play through this time of reform and beyond.

Conclusion

In conclusion, we again wish to thank and congratulate the PC on its comprehensive Draft Report. We believe that if these recommendations are agreed upon and implemented, there will be major and much needed, reform to the mental health service system in Australia. Such change will

considerably improve the care, experience and mental health and wellbeing outcomes for consumers; which is at the heart of all that we do.

If further information or clarification is required, please contact:

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This submission is provided by Merri Health (www.merrihealth.org.au)