

Australia's mental health system – can we achieve generational change?



Australia will never realise its potential without mental health system reform

Australia has an urgent need to develop a better mental health system. Despite the substantial increase in policy attention and funding since the early 1990s, poor mental health continues to affect too many Australians. Without system reform that ensures people can receive the right care, delivered at the right time and in the right setting, millions of Australians will continue to be left behind. They will miss out on the opportunities for social inclusion and economic participation that are the right of all Australians. Australia will also fail to address its key economic challenges of increasing workforce participation and productivity.

A workshop convened by *beyondblue* and Medibank Health Solutions presented a path forward for system reform

In August 2013, *beyondblue* and Medibank Health Solutions convened a two day workshop to reinvigorate the reform process. The workshop followed a substantial research project on Australia's mental health system (see box at right).

The workshop was attended by more than 40 of Australia's leading thinkers in mental health, health and social services, and included practitioners, academics, consumers and carers and representatives from a diverse range of organisations. A list of attendees appears at the end of this document.

The workshop produced two days of energetic, passionate and insightful discussion that was not hindered by any preconceptions or organisational agendas. While recognising and supporting the significance, success and potential of recent innovations in mental health service delivery in Australia, participants debated the challenges with the existing system, considered what needs to change to

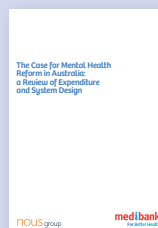
improve outcomes and how to build momentum for reform. There was a clear awareness of the failure of the mental health sector to both articulate and unite around the elements of a reformed system. This is despite the significant investment from both governments and the NGO sector in mental health frameworks, reports and strategies, and new organisations to drive reform.

Over the two days, considerable consensus emerged about the:

- vision of a reformed mental health system
- philosophies that should drive reform
- key elements of a reformed system
- next steps required to build consensus across the community to achieve reform.

This document, which sets out the key insights from the workshop, provides a starting point for meaningful mental health system reform.

The Case for Mental Health Reform in Australia, authored by Medibank and Nous Group, provides a detailed picture of expenditure to support people with mental illness and potential system level reforms.



The key findings of this report are:

1. Total direct expenditure on supporting people with a mental illness in Australia far exceeds that previously estimated – direct health expenditure is at least \$13.8 billion and direct non-health expenditure is at least \$14.8 billion. (This excludes indirect costs such as lost productivity.)
2. The mental health, social services and support payment systems are characterised by fragmentation and insufficient coordination.
3. The mental health system is not delivering: the prevalence of mental illness is high and stable; significant numbers of people with a mental illness do not seek or receive appropriate treatment; and the needs of people who receive treatment are not consistently met.
4. Selected reform models in Australia and internationally suggest key elements of a successful overall system design.

A bold new vision and key philosophies underpin mental health system reform

A clear objective must be at the heart of a reformed mental health system:

Maximising social inclusion and economic participation while respecting and encouraging individual choice and control.

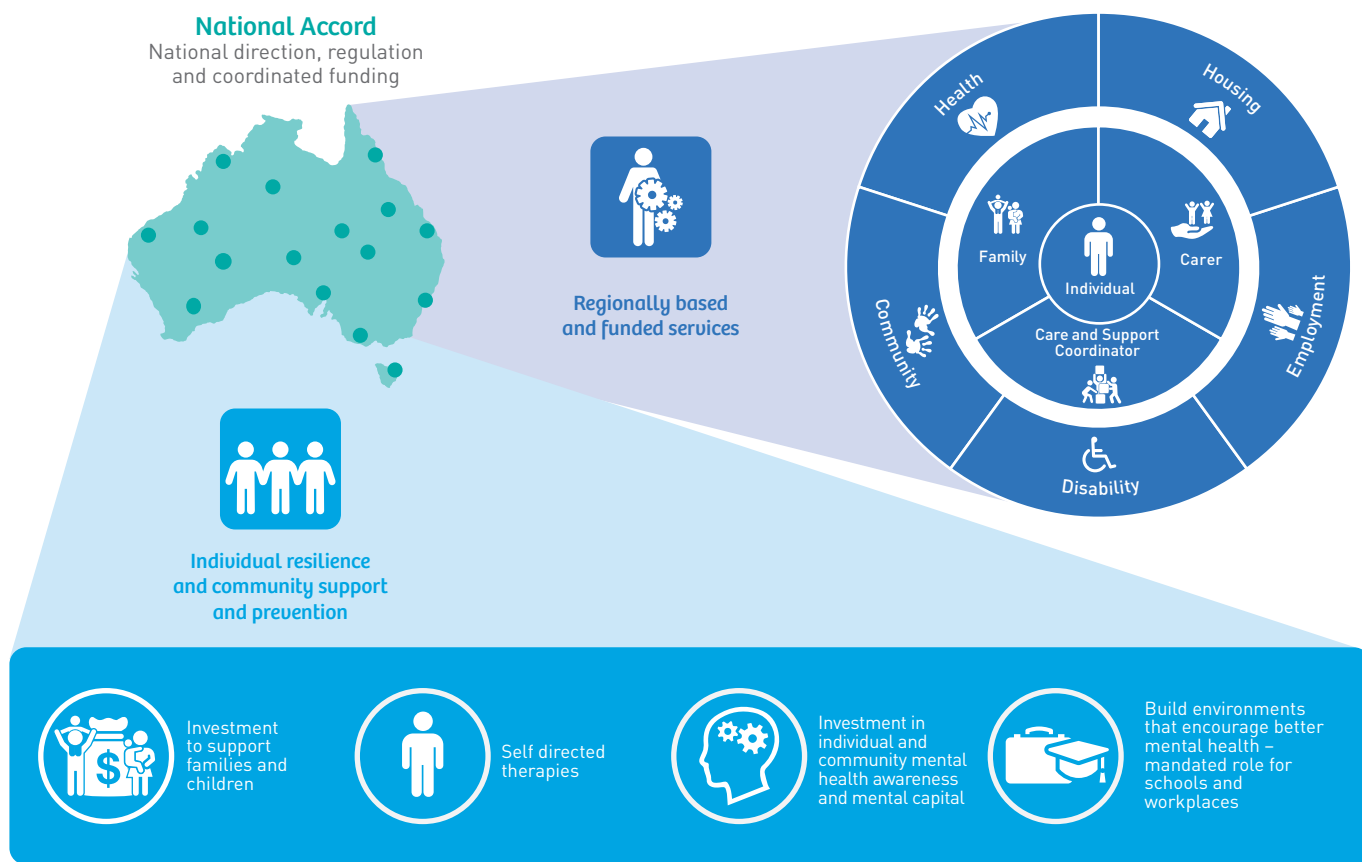
Maximising social inclusion and economic participation emphasises the importance of wellness, and not just treatment. Individual choice and control emphasises the importance of individuals rather than service providers.

The objective informs five philosophies to drive reform. The philosophies are purposefully designed to force change to current system practices.

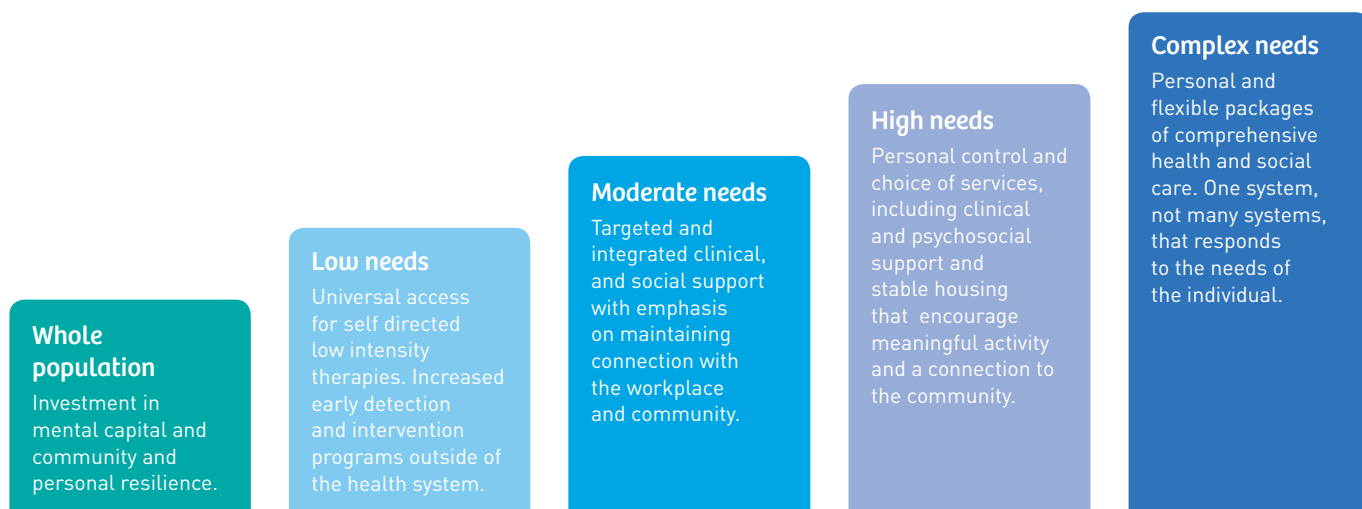
The vision and philosophies inform the elements of an improved mental health system, illustrated in the diagram on page 4 and more fully described in the table on page 5.

Philosophies of a reformed system	Current system practice
1. Individuals, their families and carers exercise choice and control	Funding is provided to service providers. Individuals have limited choice over services and service providers. Services are not tailored to individual needs.
2. Funding and service delivery for health, wellbeing, housing, employment, education and other human services is fully integrated across the life stages	There are distinct mental health, social service and support payment systems with limited coordination and separate funding. Individuals face substantial challenges to access and navigate services. Lack of integration leads to waste and duplication.
3. Investment is based on complexity of needs, evidence and measured outcomes	Funding is based on the number of services delivered, not severity of need or outcomes achieved. Services are funded without an appropriate overall evidence base or an evaluation framework.
4. Barriers to social and economic participation are identified and dismantled	There is no structured, cross-government consideration of the social determinants of mental health. Health and human services policies are too focussed on treatment, not wellness.
5. Investment is equitable, is tailored to specific individual and population needs, strengthens natural and informal supports, and build mental capital	Vulnerable populations receive less care and poorer quality care. There is a lack of support for and recognition of the role played by carers and families. There is insufficient recognition of the need for individual and community resilience.

A reformed mental health system is nationally directed, with services delivered regionally and controlled by individuals...



... a reformed mental health system is a system based on complexity of need ...



... and a reformed mental health system creates a community that values good mental health and provides a basis for people to develop resilience and maintain their mental wellbeing.

Investment in developing individual and community resilience and prevention will be a crucial part of a reformed system. Creating communities and environments that value and nurture good mental health increases 'mental capital' or the population's ability to manage and cope with life's 'swings and roundabouts'. Providing universal access to evidence based prevention programs and self-directed therapies will reduce the rates of depression and anxiety, reduce the utilisation of face to face clinical services and increase the nation's wellbeing and productivity.



1. Individually controlled services

- Individuals with significant needs have personal control to choose the services and supports that best meet their circumstances.
- Individuals have portable funding packages, based on assessed need, with the flexibility to choose from a range of service providers.
- There is a defined and accepted role for families and carers to assist individuals to drive service provision.
- Individuals with more complex needs have access to care and support coordinators to help plan service provision.



2. Regionally based and funded services

- A regionally based organisation is responsible for the development of mental health services in its location, with funding based on local population needs.
- Each region must broker service providers to ensure provision of:
 - a nationally agreed set of baseline, or ‘safe harbour’, services, such as assessment/triage, acute community crisis services/beds, and sub-acute beds
 - a broader set of mental health and psychosocial services
 - full regional integration of mental health, primary health, social, and drug and alcohol services.
- There is full contestability of baseline and broader services, with service providers incentivised to improve outcomes.



3. Individual and community resilience and prevention

- Significant investment to support families and children, particularly in early years, with universal access to proven interventions.
- A focus on building community and individual mental health awareness and capital to address structural determinants of individual and population mental health and builds environments supportive of better mental health.
- Universal access to evidence based self-directed therapies and early intervention programs.



4. National Accord

- A National Accord, agreed to by federal and state government departments and agencies, industry groups and the private sector, service providers (government and non-government), consumers and carers, that provides:
 - integration across key government portfolio areas – health, human services, police, justice, housing, education and employment
 - national direction and regulation, coordinated funding and agreed targets for mental health outcomes
 - a national framework for the delivery of services, based on:
 - community delivery of services
 - a stepped model of care informed by complexity of needs
 - a translational research agenda to advance innovation and continuous practice improvement
 - pooled funding across all relevant federal and state government departments and agencies to provide integrated services for individuals with complex needs.

Case Study 1: A new mental health system provides Mark, an individual with complex needs, with comprehensive, coordinated health and non-health support and skill development

Mark is 36. He has schizophrenia and ongoing problems with substance abuse. His illness makes it difficult for him to maintain relationships and he is currently estranged from his family. He has been living on and off in a boarding house, but for the last six months has consistently slept rough. After an acute schizophrenic episode, Mark is admitted to a regional mental crisis centre attached to the local hospital which provides him with supported accommodation, detoxification and clinical services. When he stabilises, Mark is discharged to a community recovery centre with supported accommodation and clinical and psychosocial support. Based on the complexity of his needs, Mark is assessed eligible to receive a full individual support package, and is able to combine his Disability Support Pension, a housing benefit and other services he believes will most assist his recovery. Mark secures accommodation close to his family and has access to a support team for four hours a day – they work together to develop a plan for his recovery and develop the skills he needs to look after himself (cooking, cleaning and budgeting). They also take him to appointments, such as his GP or psychiatrist, and monitor his medication. As Mark recovers, his need for comprehensive support reduces and he chooses to work with a peer support coordinator who uses his lived experience to assist him to manage the services he requires. Mark has an interest in IT and his support package allows him to purchase a computer and enrol in an IT course online. He also signs up to an online therapy service that provides him with the tools to cope with some of the symptoms of his illness.

The next steps

Australia's recent change of government presents an opportunity for a reinvigorated and reenergised reform movement, a truly visionary crusade that is not limited by existing interests and services.

In the first instance a group of willing and resourced organisations facilitated by *beyondblue* and Medibank Health Solutions will be organised to unify the mental health sector and engage with the new government, the business community and, most importantly, people with a mental illness, their families and carers.

Case Study 2: A new mental health system provides Rafiq with the right support to maintain his mental health following an injury

Rafiq is 16 years old. He is a keen student and gifted cricket player. He slips while playing cricket at school, breaks his wrist and is unable to play for three months. He takes the sidelining hard – his relationship with his parents and siblings deteriorates and he has trouble dealing with his anger and resentment. Rafiq starts skipping school, drinking and smoking marijuana. His form teacher, drawing on training the school has provided, recognises the change in Rafiq's demeanour, introduces Rafiq to the school soccer coach who encourages Rafiq to join the team and recommends that he use the online self-directed counselling service that students had been shown earlier in the year. Rafiq's desire to excel at soccer sees him quit drinking and smoking with the help of a peer support drug and alcohol program at his school. The online counselling service also helps Rafiq to address his anger and resentment and encourages him to repair his relationship with his family.

It is time to engage with government

The review of mental health services promised by the Coalition in the 2013 federal election provides a significant opportunity. The sector needs to ensure the review's terms of reference drive consideration of the substantial system reform needed to truly improve outcomes.

It is time to engage with the business sector

The impact of mental illness on the workforce is well recognised. Until we are able to effectively treat and reduce the prevalence of mental illness, and encourage business to take a more proactive approach to support people with mental illness, substantial and unnecessary costs will continue to be incurred by Australian businesses.

It is time to engage with mental health consumers and their families and carers

The reform path must build the capacity of people with a mental illness and their families and carers to take control and shape a system that serves and supports their needs.

The promise of successful reform is substantial – an improved mental health system that provides better health outcomes, maximises social and economic participation and gives a substantial boost to the Australian economy.

Case Study 3: A new mental health system ensures Natasha, an individual with moderate needs, receives the right health support, develops skills and maintains a connection with work

Natasha is a 45 year old mother of two with ongoing anxiety and depression. She is in a long-term, stable relationship but the cyclical nature of her illness has an effect on her family and her ability to maintain long term employment. On her GP's advice, Natasha has enrolled in a collaborative depression management program organised by the regional mental health service. She works with her GP and a Care Manager from the service to develop a treatment plan overseen by a psychiatrist. The treatment plan includes medication, psychotherapy, education in self-management techniques and help for her family.

Natasha joins a supported employment program run by the regional mental health service and works with an employment specialist who helps her refine her resume, enrolls her in a customer service training program and assists her to find an appropriate position. After a series of paid, part-time internships in local businesses (with her wage subsidised by government), Natasha secures a permanent position in the local library. Her employment specialist continues to coach her and works with her employer to make sure that Natasha receives support at work. When Natasha's father dies she has a relapse. Her employer agrees to reduce her hours and her salary is supplemented by Newstart. Her GP and Care Manager are able to adjust her treatment plan and provide her with the extra counselling she requires.

Workshop attendees

The workshop held on the 15 and 16 August 2013 was facilitated by Dr Norman Swan with Simon Guttman and Greg Joffe from Nous Group and Rebecca Tinning from Medibank and the School of Public Health and Community Medicine UNSW.

The views presented in this paper should not be construed as reflecting the views of individual attendees.

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For more information

The Case for Mental Health Reform in Australia and its companion documents can be downloaded at www.medibankhealth.com.au/Mental_Health_Reform

Contact Medibank Corporate Affairs at Medibank.CorporateAffairs@medibank.com.au

About Medibank

Medibank is Australia's largest provider of private health insurance and health solutions. Medibank has insured the health of Australians since our inception in 1976 and, under our Medibank and ahm brands, we provide cover to over 3.7 million people. Each year we purchase billions of dollars worth of hospital and allied health services and deliver almost 600,000 clinical care episodes, helping millions of Australians live healthier, fuller lives. At Medibank, we stand For Better Health.



About *beyondblue*

beyondblue, the national depression and anxiety initiative, is an independent, not-for-profit charity working to increase awareness and understanding of depression and anxiety in Australia and to reduce the associated stigma and harm. We are working towards ensuring that all Australians impacted by depression and anxiety get the help and support they need to achieve recovery and resilience. *beyondblue* runs programs aimed at prevention and early intervention at all stages of life, from the perinatal period, early childhood, school, university, the workplace. We also focus on groups who are less likely to seek help such as men, older Australians and people from CALD communities and on sector of our community with higher rates of mental health issues such as indigenous communities, LGBTI people and the homeless.

