Chapter 2

Recommendations of *A national approach to mental health – from crisis to community*

2.1 On 30 March 2006 the committee's first report, *A national approach to mental health – from crisis to community*, was tabled in the Senate. This chapter presents the recommendations contained in that report.

Seeking CoAG agreement on more community care

Recommendation 1

2.2 The committee recommends that COAG initiates:

- **A substantial overall increase in funding for mental health services over time, to more closely reflect the disease burden and to satisfy the very significant unmet need.**

  Note: evidence suggests that the mental health budget should, by 2012, reach between 9 and 12 percent of the total health budget and whilst significant investment is required in mental health in the short to medium term, it is anticipated that early intervention and community-based care would deliver savings in the long term.

- **From this additional funding, the establishment of a *Better Mental Health in the Community* initiative, comprising a large number of community-based mental health centres, the distribution primarily determined on the basis of populations and their needs. (Assuming populations of around 60 000, this would represent 300 to 400 community based mental health centres nationwide.) The *Better Mental Health in the Community* program should be rolled out over 4-5 years with governments contributing as follows:**

  - **States and territories to provide infrastructure for and ongoing management of mental health centres**
  - **Commonwealth to establish new direct Medicare recurrent funded arrangements for employed or contracted mental health staff in these centres – psychiatrists, psychologists, general practitioners (GPs), psychiatric nurses and social workers – with the expectation that services would be provided at times of greatest demand, including after hours and on weekends.**

- **The linking of resourcing for mental health to the two principles of rights to services, and responsiveness to needs of populations, including:**

  - **Establishment of defined mental health regions nationwide and commit to equitable mental health funding to each, basing this on Health Needs Index weightings.**

- **Development of population-specific budgets, mental health plans and evidence based protocols for children, youth, aged, culturally and linguistically diverse (CALD) communities and Indigenous people.**
- **Definition of benchmark ratios of mental health professionals to populations, based on analysing numbers needed to meet the population's mental health care needs now and in the medium and long term, recognising the range of health professions relevant to the sector.**
- **Designation of an agreed number and distribution of community based mental health centres for youth 12 to 25 years of age, those with dual diagnoses and for specialist geriatric and Indigenous mental health, where appropriate.**

- **The Australian Government reform the Better Outcomes initiative to include a new set of Medicare mental health schedule fees and rebates for combinations of private consulting psychiatrists, GPs and psychologists who agree to work together or in conjunction with mental health centres under integrated, collaborative arrangements in the management of primary mental health services. Consideration should be given to the Divisions of General Practice managing the reformed Better Outcomes, perhaps restructured as Divisions of Primary Health.**

Developing mental health strategies

2.3 The above recommendation lies at the heart of the committee's vision of a mental health care system that is more accessible, more community centred and better resourced. However, more coordinated and effective planning should also pay big dividends for mental health, including reforms to the National Mental Health Strategy, as well as developing concrete plans in some specific areas of mental health.

Recommendation 2

2.4 The committee recommends that the Australian Health Ministers agree to:

- **Reform the National Mental Health Strategy (NMHS) to guarantee the right of people with mental illness to access services in the least restrictive environment, to be actively engaged in determining their treatment and to be assisted in social reintegration and underpin those rights with legislation.**
- **Include in the next NMHS Plan specific, measurable targets and consumer and/or health outcomes that are monitored and reported on annually.**
- **Agree to develop specific national mental health action plans for addressing child and adolescent, youth, aged, CALD communities and Indigenous Australians.**

- **Ensure that the objectives in the next NMHS Plan increase emphasis on delivery of community care, prevention and early intervention, providing a more appropriate balance between these services and acute and emergency care.**
- **Integrate the NMHS, National Drug Strategy, National Suicide Prevention Strategy and the National Alcohol Strategy and the delivery of services under these strategies.**
- **Agree that building public mental health services of high quality and high regard is a key to addressing mental health workforce issues.**

Recommendation 3

2.5 The committee recommends that the Australian Health Ministers agree to establish a timeline and implementation plan for the National Statement of Principles for Forensic Mental Health

Advocacy, monitoring and research

2.6 The committee heard extensive evidence of the need to strengthen consumer advocacy, improve mental health research, and create more rigorous monitoring of the implementation of mental health policy objectives. The committee is of the view that a range of organisations can contribute to achieving these goals. The following recommendation aims to spread a range of tasks across some existing, and some new, organisations that work on mental health and human rights.

Recommendation 4

2.7 The committee recommends that Australian Health Ministers agree to

- **Fund and empower the *Mental Health Council of Australia* to:**
  - **report annually on progress under the NMHS**
  - **conduct annual independent investigation, monitoring and reporting of services and Commonwealth/state expenditure**
  - **identify gaps in service provision, training and performance of the workforce, and**
  - **report on measurable targets such as suicide rates, homelessness, use of involuntary treatment orders, medication rates for high prevalence disorders, incarceration rates, and rates of engagement in education and the workforce.**
- **Establish and fund a *National Mental Health Advisory Committee* made up of consumers, carers and service providers to:**
  - **advise CoAG on consumer and carer issues**
  - **be an advocate for mental wellbeing, resilience and illness prevention**
  - **promote consumer involvement in service provision**

- **promote the recovery model in mental health**
- **promote community and school-based education and stigma reduction, and**
- **promote and manage mental health first aid programs aiming for 6% of the population to be trained and accredited, targeting those with the greatest probability of coming in contact with mental health issues – teachers, police, welfare workers, and family carers.**

- **Establish and fund a joint *Commonwealth-State Mental Health Institute* to**
  - **develop a prioritised national framework for research and pilot programs**
  - **review evidence-based research on health needs and cost effectiveness of treatments**
  - **disseminate best practice service standards, and**
  - **assist with establishing service targets and integration of services.**
- **Provide recurrent funding to the *Human Rights & Equal Opportunity Commission* (HREOC) to:**
  - **monitor human rights abuses and discrimination in employment, education and service provision of those with mental disability**
  - **liaise with state and federal ombudsmen to identify trends and systemic failures that give rise to complaints, and**
  - **investigate discrimination against people with mental illness in Supported Accommodation Assistance Program (SAAP), respite and private and public rental housing,**

2.8 The committee believes other measures should also be introduced that would strengthen leadership and consumer advocacy in mental health, including the following:

Recommendation 5

2.9 The committee recommends that Australian Health Ministers agree to recognise mental health as a designated ministerial responsibility in federal, state and territory departments of health

Recommendation 6

2.10 The committee recommends that state and territory governments agree to harmonise Mental Health Acts relating to involuntary treatment and admission 'sectioning', and establish inter-state arrangements for treatment where the strict application of state and territory responsibility can mean far longer distances must be travelled to access services than could be the case.

Recommendation 7

2.11 The committee recommends that all governments establish benchmarks for the employment of consumer and carer consultants in mental health services, including forensic mental health services, and that all service providers have formal mechanisms for consumer and carer participation.

2.12 Progress in mental health reform will rely on being able to assess the changing nature of mental health service provision, and on boosting the mental health research effort significantly. The committee believes that better information and research about mental health is something that could be a useful part of a CoAG package of reforms.

Recommendation 8

2.13 The committee recommends that the Australian Institute of Health and Welfare should collect comprehensive data on mental health service provision such as the number of people receiving treatment and the nature of that treatment, public and private, and on population wide indicators of mental health and wellbeing.

Recommendation 9

2.14 The committee recommends that the Australian Government increase funding to the National Health and Medical Research Council (NHMRC), to enable an increase in research funding on mental health from $15 million,[1] at least doubling it to $30 million per year.

Other joint government initiatives

2.15 The committee heard about a host of other reforms and service delivery proposals that could deliver better mental health services. They have been discussed throughout the first report. In its first report the committee mentioned two that it believed would require cooperative action by governments and could be considered as part of the current CoAG process.

Recommendation 10

2.16 The committee recommends that Australian Health Ministers consider the creation of a national emergency 1800 telephone helpline, resourced to provide mental health crisis responses 24 hours a day, 7 days a week and staffed by personnel with expertise in mental health.

1 A. Jorm, K. Griffiths, H. Christensen and J. Medway, 'Research priorities in mental health, Part 1: an evaluation of the current research effort against the criteria of disease burden and health system costs', *Australian and New Zealand Journal of Psychiatry*, vol. 36, 2002, p. 325.

Recommendation 11

2.17 The committee recommends that Australian Health Ministers agree that funding for SAAP be increased overall, and that there be dedicated resources within that funding for clients with complex needs including dual diagnosis.

Recommendations for specific governments

The committee put forward the following recommendations for Australian, state and territory government action, for consideration within the context of CoAG negotiations:

Further recommendations for specific Australian Government action

Recommendation 12

2.18 The committee recommends that the Australian Government

- **Increase the number of funded places and financial incentives in accredited medical and allied health training courses to meet future mental health workforce demands.**
- **Substantially increase job support for people with mental illness, recognising its therapeutic value and provide tax incentives for businesses employing people with mental illness.**
- **Fund public education campaigns and programs for prevention and reduction in substance abuse.**
- **Consider tax incentives, wage replacement schemes and other financial support for employers to provide more flexible transitions into work, in hours worked, timing of work and workload and the provision of mental health services for those employees needing assistance in the workplace.**

Further recommendations for state and territory government action

Recommendation 13

2.19 The committee recommends that state and territory governments

- **Establish more respite and step up/step down accommodation options in conjunction with the federal government *Better Mental Health in the Community* program.**
- **Provide long-stay in-patient facilities with a focus on rehabilitation for patients with severe and chronic mental disability, co-located with general hospitals but set in spacious, home-like environments.**
- **Ensure safe environments for consumers in acute, long-stay and emergency settings, including gender and age group separation.**
- **Provide specialised mental health and dual diagnosis spaces or departments (as appropriate) within emergency departments in general hospitals.**

- **Establish more longer term supported, community-based housing for people with mental illnesses with links to community mental health centres for clinical support.**
- **Increase funding to establish more detoxification and rehabilitation services for people with drug and alcohol abuse disorders.**
- **That there be specialized inpatient facilities for people with dual diagnosis.**
- **Establish specialised programs within designated community mental health facilities to treat conditions such as eating disorders, perinatal depression and personality disorders.**
- **Transfer responsibility for mental health in general prisons to the department within each state or territory with portfolio responsibility for health.**
- **Increase levels of consumer involvement in mental health services, including consumer representation at all levels and provision of funding to consumer-run mental health services.**

2.20 The committee hopes this report will be a step forward in the process of improving mental health services in Australia. It looks forward to the adoption of the recommendations included here by CoAG and by all Australian governments.