1. Introduction

For mental health to thrive in supporting Australians’ economic participation, and thus enhance productivity and economic growth, there are major changes needed in how this aspect of public health is designed, planned, managed and delivered to better benefit consumers, carers and the wider community. Consumers and Carers (C&Cs) must be at the forefront of reform, given power to influence permanent changes.

While mental health is a key driver of economic participation and productivity, it is still treated as a pathology, managed by a small clique of clinical “experts”. This focus helps to perpetuate massive funding allocations and kudos for the clinical health system. But it has also bred the “siloes of self interest” that Professor Ian Hickie long ago pointed out as the core problem in maintaining inertia in real health reform.

To practically address people getting well and staying well, in the community and the workplace, we need a health system that is outward looking and collaborative, not self-referential and inward focused as at present. Partnerships for development with consumers and carers, co-design and co-delivery of policies, programs and professional development, and developing workplaces and community settings as places to foster health and wellbeing – these are the sorts of approaches we need, to achieve real improvement in Australia’s mental health.

There are currently massive negative impacts on incomes and living standards, as well as social engagement and connectedness, due to a total favouring of “the medical model” in major public funding. This keeps focusing on expensive hospital beds and highly paid clinicians. Improved population mental health and health promotion will markedly reduce costs to the economy, as well as helping to create healthier and happier citizens. Currently the one-sided funding imbalance just props up the “clinical siloes” which keeping producing people who are told how “sick” they are.

Acute services dominate funding allocations. Recovery and Rehabilitation get small pickings. Trauma informed care, preventative and early intervention programs are only given lip service so far. And the massive funding of unaccountable non-government organisations and privately delivered services in so-called community mental health support needs to be held much more to account.

For policy settings to be sustainable, efficient and effective, we need a revolution in how mental health and wellbeing is planned, designed and delivered. And people with lived experience, as consumers and carers, need to be at the forefront of this change.
2. **Areas for Reform**

- Effects of mental health on economic and social participation, productivity and the Australian economy –

Current approaches to mental ill health focus predominantly on treating sick people in clinical settings, not helping people to recover in community settings. The equation needs to be rebalanced and more emphasis put on people helping themselves in community settings. One key sector so far ignored in this is ACE, Adult Community Education, where people gather in community settings and can help each other to move forward in life. These ACE venues include community colleges, libraries, information and neighbourhood centres, men’s and women’s sheds, art and cultural centres. Funding needs to be directed into ACE to host many more mental health recovery activities.

- How sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity –

Proactive programs run by non-health and non-MH-NGO groups, including employers, small businesses, sporting and cultural groups, C&C groups, can forge new patterns of recovery, learning and life development for those living with challenges. But they need proper patient funding, not fly-by-night shot-term grants that don’t give them a chance to prove the models and develop an evidence base.

- Effectiveness of current programs and Initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups –

Current programs run by massive NGOs have failed. They have simply set up more middle class bureaucracies, with little evidence of life changing outcomes. More accountability needs to be brought to this sector, just as it does to the JSA sector that achieves zilch in terms of employment outcomes.

- Assessing value for money and improved outcomes for individuals, their families, society and the economy –

Consumers and Carers need to be on the planning and reporting committees that design and oversee accountability measures. Otherwise these things become self-justifying exercises for academic and bureaucrats.
• Drawing on domestic and international policies and experience –

There are great examples of workable, cost effective reform models in individual places across Australia and the world. These need to be brought into a White Paper that leads to major funding redirection. And a roll-out reform program needs to be planned and delivered without domination by “the usual suspects” who continue to serve their own cliques’ interests.

• Developing a New Framework to measure and report Outcomes – By having Consumers and Carers at the forefront of leading reform, you can guarantee that there will not be a repeat of the self-serving, empire-building outcomes of previous MH reform initiatives.

3. New Partners to invite to the table

To avoid the usual mistake of only seeking “expert opinions” in MH, and thus propping up the same old mates club that has run things forever, the following groups are recommended to be included on any overseeing body managing the hoped for reform in MH across Australia:

• Community-run Recovery Colleges
• Mental Health Recovery Clubhouses
• Family Drug Support Australia
• Community Colleges Australia
• Adult Learning Australia
• Libraries Australia
• Information & Neighbourhood Centres Australia
• Men’s and Women’s Sheds Australia