

**Submission: Productivity Commission inquiry
into the mental health of Australia's
population, the prevention and early
detection of mental illness, and treatment
for those with a diagnosed condition**

QDN

QUEENSLANDERS WITH DISABILITY NETWORK
NOTHING ABOUT US WITHOUT US

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About Queenslanders with Disability Network (QDN)

Queenslanders with Disability Network (QDN) is an organisation of, for, and with people with disability. The organisation's motto is 'nothing about us without us'. QDN operates a state-wide network of over 2000 members and supporters who provide information, feedback and consumer perspectives to inform disability policy and disability advocacy.

This submission is informed by the 'lived' experience of our members and supporters, and our allies including the Queensland Alliance for Mental Health. QDN welcomes the opportunity to respond to the Productivity Commission's Draft Inquiry Report into the mental health and wellbeing of Australia's population, the prevention and early detection of mental illness, and treatment for those who have a diagnosed condition. In line with QDN's values, we believe that mental health services must place the consumer at the centre of care and have a holistic recovery model beyond a focus on clinical outcomes.

Introduction

QDN welcomes the Productivity Commission's Draft Inquiry Report (the Report) on the state of the mental health system in Australia and notes that many of the reform recommendations have been recommended before. One in five Australians will experience a mental illness at some stage in their lives and mental illness continues to be a major health and social issue. It is well-accepted that the current funding for mental health is inadequate. Funding for mental health should be commensurate with the impact of mental health problems to ensure adequate service delivery. QDN supports the need for clear mental health system gateways and effective ways for people to find out about, and to navigate the range of services available. QDN's experience supporting people with disability to access the National Disability Insurance Scheme (NDIS), shows that the ability to access and to effectively navigate human services is key to ensuring good outcomes for participants.

QDN welcomes the National Disability Insurance Agency's (NDIA) efforts to improve the NDIS participant pathway for people with psychosocial disability and notes that approximately 30,000 participants with psychosocial disability across Australia, were being supported by the NDIS as at 30 September 2019. However, QDN has concerns that the implementation of the NDIS is overshadowing the broader mental health national policy agenda, given that most people with psychosocial disability are not eligible for the NDIS.

In terms of the prevalence of mental illness in Australia; the 2019 Australian Institute of Health and Welfare's report on *Mental Health Services in Australia* shows that approximately 2-3% of Australians (approximately 615,000 people, based on the 2017 population) have a severe mental health disorder; another 4-6% have a moderate mental health disorder (approximately 1.2 million people), and another 9-12% (about 2.6 million people) have a mild mental health disorder. QDN recommends appropriate investment to address the service gaps for people with psychosocial illness who did not qualify for the NDIS.

QDN welcomes the Report's recommendations and notes that the draft reform recommendations come under: (1) prevention and early intervention for mental illness and suicide attempts; (2) closing critical gaps in healthcare services; (3) investment in services beyond health; (4) assistance for people with mental illness to get work and enable early

treatment of work-related mental illness, and (5) fundamental reform to care coordination, governance and funding arrangements.

QDN believes that systematic evaluation of health services is needed to understand what is working well and what can be done to improve services for the end-users of health services. QDN welcomes and supports the National Mental Health Commission (NMHC) being afforded legal authority status to evaluate significant mental health and suicide prevention programs and the annual monitoring and reporting on the whole-of-government implementation of a new National Mental Health Strategy. QDN recommends improved monitoring, evaluation and reporting to ensure improved outcomes from the mental health system. QDN recommends the development of a comprehensive nationally consistent monitoring and reporting framework in consultation with people with mental health needs.

QDN supports improving government coordination and the provision of seamless care and support as a person's mental health circumstances change, more funding of mental health service delivery at all levels of government and recommends greater clarity around governance arrangements to enable various parts of the mental health system are cohesive, as they are envisaged under the Fifth National Mental Health and Suicide Prevention Plan.

QDN looks forward to the recommendations from the Productivity Commission being implemented to improve the experiences of people with mental health needs interacting with mental health system, the NDIS and broader mainstream services.

Summary of matters for consideration by the Productivity Commission

Under *Reform Area 1: prevention and early intervention for mental illness and suicide attempts*, QDN welcomes the emphasis on early intervention programs, in particular, that the inquiry has recommended reforms to improve the implementation of the stepped care model. Central to the stepped care model is the idea that the intensity of treatment should be varied according to patient need and is an explicit policy of the Primary Health Network. Although the stepped care model has been adopted nationally, QDN notes that its success has proved challenging with inconsistent national implementation. QDN recommends more specificity built into matching the model to patient characteristics such as age, gender and cultural background.

QDN supports extending the use of on-line treatment options into the stepped care model, for people with mild to moderate symptoms, and for this model to be adequately funded and linked with other psychological therapy, in particular, face-to-face therapy. QDN recommends the use of video-conferencing be routinely augmented with individual and/or group therapy. However, the use of on-line treatment options should be an adjunct to 'physical' services and not seen as a 'stand-alone' option. This is particularly important given the need for more evidence regarding the effectiveness of on-line options.

The level of *digital inclusion* across the Australian population, measured by the Australian Digital Index, is based on the premise that everyone should be able to make full use of digital technologies to manage their health and wellbeing, access education, organise their finances and connect with their communities. The measurement of *digital inclusion* includes, *Access*, *Affordability* and *Digital Ability* and these follow clear socio-economic parameters with

Australian households on high incomes scoring higher than those on low incomes. Australians with disability (classified by the index as those receiving a disability pension) have a substantially lower level of *digital inclusion* compared with other Australians, having an index of 52 points. This is approximately 10 points lower than the national average with the most significant gap being in the *Affordability*. Given the poorer *digital inclusion* of Australians with disability, QDN recommends investment in strategies to improve *Digital Access, Affordability* and *Digital Ability* accompany these reforms so that Australians with disability can participate fully in the use on on-line therapeutic options.

Workforce: QDN welcomes the recommendations at 11.1, 11.2 and 11.3 to build a workforce with the capacity to deliver mental health treatment and care, with an increase in the number of psychiatrists and mental health nurses, and the strengthening of the Peer-Workforce. QDN looks forward to the forthcoming Mental Health Workforce Strategy aligning health workforce skills, availability and location, with the need for mental health services.

Improving the experience of services beyond the health system – interaction with the NDIS: QDN welcomes the Report’s recommendation that the NDIA continue to improve its approach to people with psychosocial disability. As at 30 September 2019, 4,413 Queenslanders with psychosocial disability were supported under the NDIS.

In Queensland, the significant underutilisation of funding in participants’ plans has resulted in people receiving fewer supports once their plans were reviewed by the NDIA. This is not necessarily indicative of the level of need but rather gaps in information on available services or gaps in service availability. As the NDIS is an emerging market, QDN recommends leniency on reduction to plan budgets on review, particularly where there are extenuating circumstances preventing the participant accessing funded supports.

QDN recommends building the NDIS market and increasing participants’ capacity to utilise plan management and self-management approaches, so that all participants, including those with psychosocial disability have real choice and control with their services, especially in the rural and remote parts of Queensland where there are thin markets.

QDN supports the urgent rollout of the psychosocial participant pathway that includes the lessons learned from the Independent Assessment Pilot into the NDIS access and planning processes. QDN also supports governments providing certainty for people not receiving NDIS funding by providing funding of longer-term psychological supports beyond June 2022 and for government contracts to be a minimum five-year term.

In parallel with this Productivity Commission inquiry, QDN welcomes the 5 December 2019 *Joint Standing Committee into the NDIS: NDIS Planning Interim Report’s* recommendations that include; for the National Disability Insurance Agency (NDIA) to ensure additional training and skills development for all persons involved in the planning process so they are familiar with a range of disabilities experienced by participants and that they develop specialisation in particular disability areas (at Recommendation 9), and for the NDIA to immediately stream all participants with complex supports needs, such as those with psychological disability, to an NDIA delegate for the immediate development of their plan and an appropriate funding package.

Improving the experience of services beyond the health system – interaction with the justice system: QDN also welcomes the recommendation for governments to provide a grant to legal assistance providers specifically for assisting with mental illness-related legal issues.

QDN supports the Report's recommendation that this could be modelled on the approach taken under the NDIS, whereby legal aid commissions apply to the relevant government department for grants to provide legal assistance in cases outside of the ordinary legal aid guidelines, with consideration of the applicant's capacity to self-represent or obtain other legal assistance.

Improving the experience of services beyond the health system – interaction with housing:

QDN's experience with the *Going for Gold: Accessible, Affordable Housing Now* project consistently noted that housing was the number one priority amongst QDN's state-wide members. Queenslanders, including over 800,000 people with disability, are currently facing an affordable housing crisis. People with disability face significant barriers in securing a place to call home which include: (1) low incomes; (2) a lack of accessible private and public housing; (3) the failure of the building industry to take up universal housing design as standard practice; (4) the inability to afford modified housing; (5) assumptions about the need for institutional and congregate care, and (6) difficulty negotiating and advocating within the housing system, particularly for those people with complex needs, such as those with psychosocial disability.

QDN notes that affordable housing is often inconveniently located outside metropolitan areas with limited access to public transport, local support services and employment opportunities. These factors further disadvantage people with disability. QDN recommends a coordinated and consistent national housing plan for people with disability be incorporated into a National Housing Strategy under the revised National Disability Strategy to ensure housing stability for those with mental illness.

QDN's experience is that access to stable housing improves the mental health of people with psychosocial disability, and also improves their community participation. QDN strongly supports the Inquiry's recommendation for the much-needed investment in long-term housing solutions for people with mental illness who lack stable housing and recommends consideration of the matters noted above.

Practice models and care pathways: QDN's experience with Peer-to-Peer practice, connecting people with disability to the NDIS, demonstrates that connecting with people with similar experiences promotes capacity building and hope. Studies also confirm that peer work is an evidence-based practice, and that recovery-oriented mental health services are highly valued by the people who use them and produce outcomes as good as and, in some cases, superior to, services from non-peer professionals.

QDN is very supportive of increases in the peer-support model to help people with mental health issues navigate the mental health system. This has real advantages across the person's journey through the health care system and beyond the health care system. QDN welcomes the Report's recommendations that State, and Territory governments include peer-lead after hours services and mobile crisis services as part of the service delivery model.

QDN recommends that peer-support models include peer advocacy, peer representation and peer workers, be clearly defined and include national coordination and consistency of the peer mental health worker approach. QDN notes that people who want to be peer-workers are likely to need to pay TAFE fees so attracting people to undertake this role and their willingness to pay the TAFE fees, may be a challenge.

Recovery-oriented models in mental health services include the development of the person's skills in self-agency and advocacy, personal wellbeing and social inclusion as well as traditional clinical interventions. These models are generally accepted as leading to better outcomes for people with psychosocial disability, compared with approaches that do not include a recovery-oriented focus. QDN supports strengthening recovery-oriented practices and policies within mental health services and for these to be implemented in tandem with other wide-ranging reforms such as increasing the access to affordable housing. QDN recommends that the service infrastructure ensures that recovery-oriented approaches are successfully embedded into everyday practice.

Service delivery: QDN notes that one of the key factors driving poor outcomes for Australia's mental health system relates to the difficulties in finding and accessing suitable supports, sometimes because the relevant services do not exist in regions where people live. This is particularly relevant for the Queensland context where rural and remote communities may be experiencing hardship through economic uncertainty, reduced opportunities and the impact of natural disasters. These issues have a significant impact on the mental health of people living in these communities. Together with limited access to services, these factors increase the risk of people living in these communities experiencing poor mental health and wellbeing.

QDN recommends improved mental health service availability and navigability of the mental health system, for Queenslanders who require mental health support, that includes equitable access for Indigenous Australians, and people from Culturally and Linguistically Diverse backgrounds, people living in rural and remote locations, the homeless, and for people who have interactions with the justice system. For Indigenous Australians, QDN recommends a whole-of-government approach where mental health services are located close to families, local communities and cultural networks.

Advocacy: QDN recommends improving the funding for systemic and individual advocacy specifically for matters related to mental health and for this to be in place for a responsible period. It is especially important that mental health service users have a voice in shaping policy and practice and for them to be able to advocate for themselves.

Conclusion

An integrated system of mental health care across all age groups and spectrum of mental illness can only be achieved by progressive reform. QDN believes this requires committed investment by the Commonwealth and State and Territory Governments to increase the capacity of Australia's mental health workforce, and for the workforce to be distributed appropriately to meet community needs across all geographic locations. Access to and availability of services must be undertaken across the lifespan and must be equitably implemented across all ages, patient groups and settings.

QDN looks forward to reforms in the governance arrangements of Australia's mental health system that ensure genuine accountability and clear jurisdictional responsibilities, and also include the participation of consumers of mental health services and their carers, from the beginning, in the design of the policies and programs that affect their lives.