

VISIONARY THINKING

Submission to Mental Health Inquiry of the Productivity Commission

Australia is on the cusp of a once in a lifetime breakthrough opportunity to transform lives through newly funded , redesigned & forward thinking ways for people to restore their mind health, live resilient lives whilst experiencing ongoing changed mind health , and to be given hope through inclusion , treatment, peer connections , and choices.

One of the most ingenious & valuable traits of Australia's society is inclusiveness through the fair-go . This exact national identity trait is one of the most profound attributes to which we can form and exude a new exuberant confidence in adopting a national ethos , culture and investments in our collective resilience & mind health encompassed in an emboldened fair go mentality . We must continue to reject & defeat stigma towards people experiencing mental health decline. Australia should embrace a national social impact mission to change the lives of people experiencing enduring mental health decline or a mental health injury.

Now is the time for deliberate investment in forming a new identity for adult mind health services that evokes a sense of confidence & personalisation rather than resentment, stigma, and some sort of services for the mendicant.

This is achievable through empowered redesign of the image, experience and service design by government & Australians. The Commission's inquiry into Mental Health in Australia has started discussion about the future for Mental Health in Australia, profound change is required which will take dedicated, inspiring, and robust leadership.

Australia can lead the world in pioneering new mental health injury & trauma responses through accessible therapeutics and funding vanguard research into preventive psychopharmacology.

As a society we can create a culture that values mind wellbeing & collective resilience, both through leadership, identifiable local mind health culture-change campaigns, and a new era of service design that is driven by service experience insights , demand driven funding that is centred on portability, and a new ethos that expresses that people deserve mind health through inclusion and the means to live a meaningful life.

Visionary change could make Australia the nation for Healthy Minds , valued & productive lives.

To advance Australian's mind well-being , invest in recovery & outstanding services our nation must come to terms with the need to raise new funds to make life-changing reforms a reality . The future of our responses to suicide prevention , youth mental health , Alzheimer's & elder cognitive decline all requires phenomenal investment . This is why a new funding source must be considered , one possibility is an increase to the GST of 2.5% on electronic goods is to gain these funds as a contribution to the services transformation investment that Australians deserve. We must not live in denial that real investment does need new government revenue to fund it.

Australia needs to establish a network of Centres for Minds & Collective Resilience as a new community led place of expertise that enables Australians to contribute to the mind wellbeing of their community through collective resilience building , these centres must lead preventative health & stigma elimination in communities whilst providing a launch pad for collaborative services that treat & enable people experiencing enduring mental health decline.

Philanthropic Investment in research for new psychopharmacological treatments as well as direct assistance for people experiencing Mental Health decline is required not as a substitute for government funding but to advance and strengthen the acceleration of research & assistance.

Philanthropic investment should also be relentlessly sought for new scholarships to enable talent & new leaders to study mental health recovery work or leadership in order to enhance the diversity & talent of the workforce available.

As part of The Productivity Commission mental health inquiry report it could be considered to recommend the government give to & promote the establishment of a National philanthropic giving pursuit “ MindsFund “ that is directed at accelerating mental health leadership , research , workforce enhancement , and direct assistance.

A new Australian Mind & Mood Medicines research, development and practice implementation accelerator could be established to build momentum, catalyse accelerated research & practice improvement for vanguard preventative & treatment psychopharmacology.

Eliminating service barriers as a priority

GP's should be at the forefront of identifying mental health decline in adults and have the means/ability to refer that adult to psychosocial , psychological, psychiatric , and community-based residential treatment settings . GP's are uniquely placed within the health system as often the most accessible & common place people go to for healthcare and are more likely to be available in regional communities . A new GP mind health MBS item could be created to enable longer consultations that give Australians the chance to voice trauma and express a way for them to be treated or counselled.

After hours mental healthcare needs to be given urgent attention and resources to prevent suicide and respond to mental health crisis more effectively. After hours mental health care is not working and does not have the capacity to respond to demand. Improving the ability & awareness of people experiencing mental health crisis to access an afterhours mental health service outside of emergency departments should be given a resourcing priority.

A directly funded national provider could best meet this need as this will give certainty and consistency of service. A new direct access phone line & app called MindNow should be established, one unified brand that is recognisable should be created, this brand needs to reflect the urgency of the service. I recommend that “health direct” with the assistance of a leading digital experience agency establish this new crisis and afterhours connection gateway .

People who are diagnosed with a mental health condition that identify they are becoming unstable or experiencing deterioration that warrants a relapse prevention type service should be able to easily self refer to 'step up' services wherever possible to lessen barriers to access. A NDIS contingency funding item for services of this nature that provide relapse prevention with very short notice should be enabled as part of plans for Australians who experience psychosocial disability.

Step up , step down treatment services should be expanded to wherever possible to reduce hospital admissions whilst also operating a model which has a less 'confining & stigmatised' image than hospitals by allowing more flexible visitation experiences , transition to home trials , and focussing on providing people with personal safeguards , skills , and service connections to prevent hospitalisation and restore sustainable independent living where possible. Step-up , Step down services should be able to offer services to people with private health insurance also rather than solely government funded.

It is likely that state governments will not have the resources to accelerate the roll out of these vital services and that the Australian Government will need to establish a gradual development pipeline for these transformative relapse prevention and transitional support providers.

Funding & implementation

Upon reflection of the findings of the commission I urge the commission to consider tasking Primary Health Networks with mental health service commissioning responsibilities rather than the creation of new entities . I urge this as this will continue to enhance any possibilities for the funding of integrated responses to physical and mental health rather than fragmenting . I also believe that by tasking these already established networks with an expanded mind health task is the fastest way of gaining change.

Funding of after hours mental health care by Locum GP's or Nurses may require a new MBS item to enable this to occur .

Funding for non-NDIS psychosocial supports could be accessed through a GP developed enhanced care plan which enables 'full funding portability' or a choice of provider to the person seeking a psychosocial support. This should be demand driven funding rather than capped and the private health industry should also be enabled to provide greater rebates for psychosocial supports rather than a sole reliance on MBS , NDIS , or public funding .

It is evident for a long time now that the Australian Government has had a key role in funding Psychosocial supports and the full devolution of this responsibility to states comes with risks. A reduction in the services & resources available for psychosocial supports has already been shown to have severely negative impacts upon people and needs to be avoided.

A new national philanthropic / charitable response needs to be established to raise funds for highly disadvantaged Australians experiencing persistent psychosocial disabilities to fund MindHealth sponsorship that assist these individuals to afford essential psychopharmaceuticals & reduce the inhibitions to medicine compliance

The Productivity Commission has the opportunity to influence the future direction of personal mental health investment by individuals through the recommendation of an evolutionary adjustment to private health insurance rebate. I recommend that the Private Health insurance rebate be renamed and modified to meet the emerging challenges and disengagement of Australians who experiencing mental health decline. The private health insurance rebate should be renamed “Personal Health Insurance Incentive” .This bold new direction for the rebate towards a Personal Health Insurance Incentive can continue to be means tested but can be adjusted in a way that incentivises Australians to purchase health insurance which will better cover psychological , home visit mental health nursing , intensive psychosocial support, and vanguard neurotherapeutics .The Australian government will not be able to afford to invest in the intensive and recovery based medical and non-clinical treatments and wellbeing improvements of all Australians through Medicare , PHNS , and NDIS , as the required investment is astronomical .

Improving individual spending power for mind health investment coupled with a collective resilience culture shift in communities is a powerful way to reduce ongoing underinvestment risks and create a sustainable mind health system that is both high calibre and affordable.

Investments in relationship counselling and disability employment for people experiencing mental health decline are still inadequate and require a ground-breaking shift. To realise the full potential of investments made in these areas it could be highly cost effective to combine these responsibilities into the newly funded co-located Minds & Collective Resilience Centres that are tasked with quality of life improvements for Australians experiencing changed mental health. These quality of life improvements are direct productivity investments and have the potential to enable workforce inclusion and income growth for individuals whilst reducing income support dependency.

Service experience optimisation

The co-location of GP , Employment & community mental health services should occur as soon as possible and a new “ co-operatives/collectivist” model should be made standard & required to have all workers capitalising on the resourcing , skills and service offering integration but also forming stronger / broader skillset & view point teams . This co-location would emulate the comprehensive & cohesive service model of Headspace and enable adult mental health services to better respond to the overall health & wellbeing needs of clients through the provision of personal, sexual , mental health & primary care from one place.

A high performance culture that recognises the emotional stamina , compassion , and time with clients required should become the basis for driving mental health service workplaces that foster morale , collaboration, and a “ mission “ culture (meaning that the mission is clear and momentum , reward , and talent are aimed at meeting the mission goals).

A new identity for community mental health centres should be given real consideration in tandem with the broadening/co-location of services , and funding that incentivises higher levels of person contact , in order to lessen resentment , shift the organisational persona and image in community . These services should be able to accept private health insurance patients as well as public .

Any government run services should be subject to more regular performance audits which gain service users insights to inform performance audit recommendations.

Aftercare

Hospitals should be forming discharge plans for patients which seek to prevent suicide risk and promote recovery . These discharge plans need to consider all viable measures for relapse prevention. Where service gaps are identified these should be raised with the relevant policy & funding authorities.

New Mind health service experience leadership, change activation, and systems change direction

I strongly advocate a clear shift to a new direction for “ care co-ordination “ that aims to empower individuals even more through the establishment of Services & Recovery Advisors (rather than care co-ordinators) this role would promote independence but also have the capacity to work as both an advisor & collaborator with an individual to secure , maintain , change , and identify the services that can enable that individual to begin , strengthen , or optimise their recovery . These advisors would also feedback service experience insights for innovation, pricing , and performance improvements to service providers , funders , trainers and governments. People determined to require or benefit from Services & Recovery coordination should be given the choice over the provider.

The National Mental Health Commission should be tasked with a change activation role once the final Productivity Commission recommendations are adopted by Government. This Change Activation role has the power to lead a Systems Change Strategy.

My recommendation is for the National Mental Health Commission to made into a statutory authority with the power to undertake service performance audits and to implement new strategy whilst taking control over all non-NDIS National funded mind health investments and programs, such as (Head to Health digital directory interface ,the million minds research mission , psychosocial disability employment funds outside of NDIS , relationships counselling funding contracts). This change to the authority and positioning of the Commission is required for the systems change to be successful. The commission would be expanded and become Mind Health Australia to signal and bring to fruition a bold leadership and change activation role.

An Australian Mental Health Ombudsman role should be created; this role would handle complaints and implement a new set of safeguard measures for people interacting with commonwealth authorities and as ordinary consumers. The Ombudsman would take over any discrimination complaints of mental health stigma from the human rights commission and the commonwealth ombudsman. The Mental Health Ombudsman would be tasked with the implementation of mandatory industry financial inclusion plans that lessen risks upon mentally unwell or cognitively impaired customers of banks , finance , telecommunications , insurance , superannuation , and healthcare providers. The Ombudsman would seek to develop in collaboration with state authorities an improved legal access scheme for mentally unwell people. This access scheme would allow people to draw from superannuation or access a no-interest loan for the costs of legal representation.

Carers , Parent Support , and Child impact

Carers should be able to access assistance and employment transitional support all through Integrated Carer Support, a fragmentation of the service delivery of this should be avoided. Extra resources for carer counselling and crisis resilience responses are urgently required.

Consideration should be given to altering Carer income support to become more reflective of the impact upon income loss. This alteration could be commenced through a redesign process where carer income support tapers up , starting at a base rate for 20 hours care per month to a max rate for 64 hours plus a month. This change would result in more adequate carer income support for some carers who currently are not recognised for income loss. Carer income support should continue to be means tested but the cut out threshold should be lower to enable investment in improving the design of the ISP for carers of individuals who experience episodic psychosocial impairment. Ideally Carers income support would become one single income support payment known as Carer Allowance with the tapering up mechanism providing the means to determine the rate of ISP the Carer is granted. Reducing access complexities, tightening income means testing, increasing respite hour's flexibility all need to be considered urgently.

Rent assistance for Carers should be preserved in its current form. A social impact bond should be created to market test the ability for an accommodation matching technique that improves the tenancy experiences of carers and the care recipient when they reside together.

Children of parents who experience long term severe mental health conditions should have access to a program which provides education on mental health conditions , social inclusion and wellbeing activities in order to reduce isolation and disadvantage experienced by these young people. This once existed and was called COPMI , I am not suggesting that name , rather something more contemporary such as Young Minds Tribe , Child Mind Champions . A new ongoing grants fund to enable children & parents who experience complex mind health challenges to have respite , retreat , and enrichment activities must become a urgent priority. A ground-breaking and life-affirming opportunity use to be provided to west Australians who were in a position where they would benefit through health promotion and relapse prevention by taking a break or engaging in a health promotion activity funded by what was a grants program called SUPPORT INSITE , i urge this program to be explored and for a national rollout of a similar program be created with good oversight and not connection to NDIS.

Parents who experience a persistent mental health condition should be given access to peer &/or psychosocial support that enables them to retain their role as a parent or preserve their family functioning. Parents at risk of or demonstrating reduced parental capacity should have resources directed towards a family inclusive support plan to safeguard the wellbeing of the family and avoid children leaving the parent's care .Additional child care subsidy or funds to attain more child care for a time limited period should be considered for these parents when this enables them to pursue actions towards recovery , reduces relapse risk , counters child social isolation, and prevents child protection child removal.

As a nation we need to invest in The establishment of 'Child Advocacy' centres in every state & territory to provide the highest quality safe places for Children & Young People to describe, and be counselled through the interview process of Police when disclosing Child sex abuse & traumas . These centres represent a unique response to what is a harrowing situation that requires well thought-out spaces.

A new echelon of career start/change enablement

The establishment of a National career change / readiness initiative to enable & attract people to mental health Careers should be recommended. I proposed MindWork a industry membership organisation for people priming for mental health careers. This organisation would lead a new direction which emphasises attracting a diversity of talented individuals to pursue mental health work whilst catalysing career starter mentoring, readiness & broader industry learning exchanges. MindWork would embark on testing & implementing workforce attraction/capability-building techniques. MindWork could usher in transformation of the cultural image of mental health work and aim to accelerate capability improvements to psychosocial work broadly. This initiative may have similarities to “ teach for Australia “ such as to maintain a network of paid industry mentors for new mental health work students both clinical and non-clinical, and advance quality through regular seminars / informal learning that improves both worker resilience & skills.

Stigma reduction & culture change

A “Creativity for Minds” grants round should be considered as a way to get funds targeted to local media, creative, or behaviour change initiatives that are locally responsive to stigma reduction. This grants round would likely be administered by the National Mental Health Commission and could be released into two ways, one being large scale grants round to local governments or community organisations to commission the local creative projects for stigma reduction, or two through a split grants round where the first release of funded projects are evaluated and then a second release is made informed by those evaluations.

Australia’s private health insurers , superannuation funds , workers compensation providers , and the Australian government should work together to develop compelling behavioural insights and a behaviour adaption media campaign called MindFutures that seeks to inspire Australians to look after their mind health and their children’s mind health to be resilient into the future.

Further investment in targeted stigma reduction and resilience building for Young Australians is required. The Young and Well collaborative research centre and Headspace with the leadership of Orygen have made true advancements in this space yet the shadow of stigma continues to lurk within youth culture.

Conclusion

Australia has an exciting & profound opportunity to reinvent the cultural emphasis , value & image of mental wellbeing by becoming a world leading exemplar in mental health service design , individually directed funding portability, modernised services & recovery coordination, research investment , embracing a multiple funding source model that shifts the composition of funding towards non-hospital clinical / non-clinical therapeutics/services , strengthening of incentives for hospitalisation prevention , investing in better supported housing experiences & healthcare built environments , and partnering with Carers through income support redesign , inclusion , and enduring respite options.

I am passionate and would be honoured to contribute to bringing to fruition the ideas set out within this submission.

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