



**NATIONAL MENTAL HEALTH  
CONSUMER & CARER FORUM**

Human Services inquiry  
Productivity Commission  
Locked Bag 2, Collins Street East  
Melbourne VIC 8003  
[HumanServices@pc.gov.au](mailto:HumanServices@pc.gov.au)

### **Response to the Productivity Commission Preliminary Findings Report**

The National Mental Health Consumer and Carer Forum (NMHCCF) welcomes the opportunity to provide comment on the Productivity Commission Preliminary Findings Report, Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform.

The NMHCCF is a united, independent and national voice of consumers and carers committed to reforming mental health in Australia. The NMHCCF has 28 members of which 14 are mental health consumers and 14 are mental health carers. Membership is comprised of one representative mental health consumer and carer from each Australian state and territory and representatives from key national health consumer and carer organisations and population groups, including those from culturally and linguistically diverse backgrounds and the Indigenous community.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers. NMHCCF members represent mental health consumers and carers on a large number of national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events.

The NMHCCF acknowledges the widespread nature of people living with mental health issues in the community. The use of human services by the people affected varies considerably. The Minister for Mental Health, Susan Ley said in an October 2016 press release:

Mental illness is a significant health and social issue. One in five Australians aged 16 to 85 years will experience a mental disorder each year and almost half will experience a mental disorder in their lifetime. In addition, almost one in seven young people aged four to 17 years were assessed as having a mental disorder in the previous year.

Many people living with mental health issues work, organise their own lives, access health services on a needs basis determined by them, and have relatively infrequent contact with the broader health and human services system. This paper will emphasise the needs of people affected by more severe and complex mental health issues who are more frequent users of human services across the broad span of such services. Provision of Australia's human

services is fundamentally related to the care and support of people living with mental health issues across health, education, housing and other community services.

The Productivity Commission's Preliminary Findings paper utilised a three-stage framework to ensure a consistent approach to assessing the suitability of each service for competition, contestability and user choice reform as follows:

- Assessing whether there is scope for changes in policy settings to increase the wellbeing of the community as a whole by improving the provision of human services.
- Examining whether the characteristics of the service user, the service itself and the supply environment mean that improvements in service provision could be achieved by introducing greater competition, contestability and user choice.
- Identifying potential costs associated with introducing greater competition, contestability and user choice, including costs to users and providers, and the costs of government stewardship [p.11].

Following assessment and examination of other jurisdictions, the recommendation in the paper suggested the following human services that could benefit from an introduction/increase in competition and contestability in service provision, these are:

- Social housing
- Public hospital services
- Specialist palliative care
- Public dental services
- Human services in remote Indigenous communities
- Grant-based family and community services [pp.11,12]

Given the diversity of people living with mental health issues there would be a large cohort of recipients of mental health services (largely being sought by those with severe mental health issues) also needing access to the above service types. The NMHCCF acknowledge that current provisions are not adequately meeting the needs of people with mental illness and this needs to be improved.

It is critical to ensure that other service types provided at the same time and complementary to the 'competitive' service will remain in situ. For example, a private dental competitive service may be needed in conjunction with a mental health service given that dental health is essential to physical health and is one of the areas that people living with mental illness are not always able to easily access. This may be relevant to any of the above examples with the need for continuation of a core mental health support or acute service at the same time as accessing a competitive, contestable service.

It will be important, particularly in social housing, that the provision of support services be separate to property, tenancy services. There have been many reports and testimonies to the potential for exploitation and evidence of this is clear as is the principle that clients are better supported if the same service follows them throughout the life of their accommodation whether

or not that consists of one or many tenancies.<sup>1</sup> The University of Tasmania's evaluation of homelessness supports in Tasmania notes that:

Effective services should attempt to connect and refer clients to mainstream services whenever possible, with separate provision of housing and support services to minimise the perception by vulnerable tenants that support is part of 'the system'.<sup>2</sup>

Finally, as demonstrated above, it is clear that mental health is not just about the health sector and that any government mental health plans must recognise that it is essential to involve the education, labour, justice, transport, environment, housing, and broader human services sectors. If competitive, contestable human services are increased by government there will be a need for robust clinical/social oversight and accountability for standards of care. It will be essential that the purpose of any service be based on the needs of the individual and not allow budget drivers to shape the level of service.

Yours sincerely

Lyn English  
Consumer Co-Chair

Elida Meadows  
Carer Co-Chair

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<sup>1</sup> G Johnson, S Parkinson, and C Parsell (2012), *Policy shift or program drift? Implementing Housing First in Australia*, Final Report No.184, Melbourne, Australian Housing and Urban Research Institute, pp. 5 -7, [https://www.ahuri.edu.au/\\_\\_data/assets/pdf\\_file/0012/2064/AHURI\\_Final\\_Report\\_No184\\_Policy\\_shift\\_or\\_program\\_drift\\_Implementing\\_Housing\\_First\\_in\\_Australia.pdf](https://www.ahuri.edu.au/__data/assets/pdf_file/0012/2064/AHURI_Final_Report_No184_Policy_shift_or_program_drift_Implementing_Housing_First_in_Australia.pdf)

<sup>2</sup> *Evaluation of New Homelessness Support Services in Tasmania, Report Five: Evaluation of Supported Accommodation Facilities – Common Ground Tasmania* (2014), Hobart, Housing and Community Research Unit, University of Tasmania, p. 16, [https://www.dhhs.tas.gov.au/.../NPAH-Supported\\_Accommodation\\_Facilities\\_-\\_CG](https://www.dhhs.tas.gov.au/.../NPAH-Supported_Accommodation_Facilities_-_CG)