

Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health

Mental Health: Draft Report

Response from the Community Services Industry Alliance

23 January 2020

Organisational background

The Community Services Industry Alliance (CSIA) exists to advance the business of our industry to deliver transformational community services. CSIA's core focus is to increase the capacity and viability of community service organisations and secure a prosperous future for the industry.

CSIA's Foundation Members are organisations delivering human and social services across a wide range of areas including health, aged care, disability services, child protection services, housing and homelessness and more.

CSIA's founders embedded a set of objectives in our constitution. They are:

- I. promoting the profile, value and contribution of the Community Services Industry to position it as an influential, active and respected contributor to social and economic planning and policy development for the benefit of the Australian public; and
- II. building an innovative, productive, sustainable and connected Community Services Industry including developing the economic and business capacity of organisations engaged in delivering community services for the benefit of community service clients and the broader Australian public.

More about CSIA is available [here](#).

CSIA's April 2019 submission to this process outlined our work in [Commissioning for Outcomes](#). As previously stated, this is a way government and the community services industry can work alongside people using services to create lasting change and to allocate resources based on the needs and outcomes in a service area. The approach is strategic, seeking to design, resource and deliver services based on clearly defined outcomes, responding appropriately to individual and community needs.

We continue to improve and refine our model and methodology, and while the results of this work are not yet publicly available, we would welcome the chance to share key learnings with the Productivity Commission.

Comments

Chapter 11 Mental health workforce

CSIA supports draft recommendation 11.1 for a National Mental Health Workforce Strategy and notes the appropriate focus on the health workforce, including mental health service providers and specialist medical professionals. Given the interface between mental

healthcare and the broader human services system, CSIA **recommends consideration of mental health workforce development needs in associated sectors**. This could include community services and other areas of human services, and consider trauma informed practice, psychosocial supports and peer worker training. It could also consider other industries, including initiatives such as mental health first aid or domestic and family violence training for hairdressers and barbers¹. This would also be in line with the reform goal of a more people-oriented system.

Chapter 22 Governance

CSIA supports draft recommendation 22.1 for a national mental health and suicide prevention agreement. Good mental health outcomes are supported by the mental health and health system, as well as by the broad range of supports that a person may access. We **recommend strengthening the statement of “recognising the role of non-health supports in meeting consumer and carer needs, particularly psychosocial supports” and specifically including community services within the scope of stakeholder groups**.

Similar to the draft report’s statement that the role of the private mental health sector is not always considered in the National Mental Health Strategy (p897), CSIA notes a benefit to the National Mental Health Strategy of stronger connection to and understanding of the role and significance of community services in supporting better mental health outcomes for people. This includes but is not limited to community mental health and disability services.

We propose recommendation 22.2 A new whole-of-government mental health strategy be amended:

The COAG Health Council should develop a new whole-of-government *National Mental Health Strategy* to improve population mental health over a generational time frame. In developing the new strategy, the COAG Health Council should:

- collaborate with relevant health and non-health portfolios of Australian, State and Territory Governments, consumers and carers, and the private **and community** sector...

In relation to the possible adoption of targets for accountability discussed in *section 22.5 Improving accountability*, CSIA’s work on Commissioning for Outcomes supports the Commission’s statement that targets can “narrow the focus of system participants to the goals being measured” (p914), and notes that in particular, the way targets can be translated into investment design can be problematic and counter-productive. CSIA supports the Commission’s approach outlined in *A proper role for targets* and recommendation 22.4, and also **recommends the targets are co-designed with consumers and carers, and include both quantitative and qualitative evidence and data, to ensure relevance and fit for purpose**.

Chapter 24 Funding arrangements

CSIA supports changes to the way mental health care is funded and the concept of a flexible and regionally controlled mental health system. This aligns with initial findings in our Commissioning for Outcomes work of the importance of subsidiarity and flexibility to deliver better outcomes for people.

With respect to recommendations 24.1 and 24.2, whether the Renovate or Rebuild option is chosen, **CSIA proposes the inclusion of a requirement that commissioning bodies**

¹ See, for example, Stigma Cutz, <http://www.stigmacutz.org.au/>, and Hairdressers with Hearts, <https://www.hairdresserswithhearts.com.au/>

demonstrate mechanisms across the commissioning cycle to engage with and, where possible, co-design mental health services with the people using and seeking to use those services, and their carers and families. This would be in line with the overarching purpose of the reforms, to create “a mental health system that is person-oriented, where people with mental ill-health and their carers can access the services most suited to their needs, and navigate between services without falling through cracks.”

Chapter 25 A framework for monitoring evaluation and research

In recent work regarding the role of data and evidence in moving towards an outcomes focus, CSIA has found that it is useful to consider the role of qualitative data in understanding complex commissioning, such as in human services. We recently trialled the Most Significant Change evaluation methodology to build a better understanding of homelessness outcomes.

That work identified an underlying mental model that saw quantitative data as ‘objective’ and ‘real’, and qualitative data as not, which led to gaps in knowledge and understanding of how the service system was operating and the ability to make improvements. This concept is also seen in section 26.3 of the draft report, *Looking beyond the numbers*, which notes that qualitative evidence can be a powerful form of information to support system change.

Drawing on that work, **CSIA recommends the monitoring, evaluation and research framework consider the use of a variety of quantitative and qualitative approaches to data collection, including clarifying the ‘fitness’ of different kinds of data for different purposes.**

Chapter 26 Benefits of reform

The draft report sets out a range of benefits to mental healthcare reform, with a focus on benefits to the individual, the whole community, and to the economy through greater workforce participation. CSIA also notes that a better mental healthcare system will have further flow on benefits, for individuals experiencing mental ill-health as well as for people working within community services with those individuals. The framework for this flow-on benefit is outlined in the attached ideas paper, [the Value of Community Services](#), that is, that economic and social value is derived not only from productivity, but also from outcomes and from the social licence, trust and relationships built by community services.

Thank you for the opportunity to comment. Please feel free to contact me should you wish for any further information.

Sincerely,

Matthew Gillett
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Community Services Industry Alliance