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Mental Health Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

Dear Committee Members

Productivity Commission Mental Health Inquiry

Uniting Vic.Tas welcomes the opportunity to make a submission to the Productivity Commission inquiry into the role of improving mental health to support economic participation and enhance productivity and economic growth. We commend the Commission for recognising the crucial role of both health and non-health sectors, including employment, housing and social services, to support people with a mental illness and improve overall population mental health.

Uniting in Victoria and Tasmania is the community services organisation of the Uniting Church in Victoria and Tasmania. We were created in 2017 from the merger of 24 entities: 21 UnitingCare agencies, Wesley Mission Victoria and two divisions of the Synod of the Uniting Church in Victoria and Tasmania. Together we are more than 7000 people delivering over 770 program and services to people experiencing disadvantage including children at risk, aged and carer services, disability and mental health, employment services, alcohol and drug dependence services, housing, family violence and early learning.

The attached submission reflects our expertise and experience in the causes and consequences of mental health issues; comments on the effectiveness of current programs and supports; and proposes alternative approaches to better support people with a mental illness and improve population-wide mental health. Case studies have also been included to voice the lived experience of some of the people we work with.

We look forward to ongoing opportunities to contribute to the Commission's inquiry following the release of the draft report and would be happy to provide further input if requested.

Yours sincerely,

Paul Linossier
Chief Executive Officer

Uniting's Position

- Uniting believes that every person should be able to enjoy their best possible mental health, yet mental health issues affect one in five people in any given year, and almost half of the population in their lifetime.¹
- People experiencing poor mental health must be able to access effective and empowering medical and psychosocial support services that respond to their needs. By doing so they can feel a sense of wellbeing, undertake in daily activities, participate in their communities and cope with day-to-day stress at every life stage.
- Mental health is strongly shaped by social, economic and environmental factors so it is critical that strategies address causes of disadvantage such as homelessness, unemployment, family violence, trauma, physical illness, cultural and language barriers, and financial hardship.²
- Australia needs a more comprehensive, overarching mental health framework, with government funding commensurate to the scale of the problem, to facilitate prevention and appropriate care for people with mental illness.

Case Study 1

Sarah* is a single mum with 3 children under 14 years of age. Last year she was diagnosed with both Post Traumatic Stress Disorder (PTSD) and Anxiety.

While accessing Uniting Vic.Tas emergency relief services, the team were able to discuss other support available after Sarah mentioned feeling very isolated, living in insecure and inappropriate housing for her family. Sarah was referred to Uniting's Mental Health Community Support Services and was allocated a dedicated support worker. Sarah has also been encouraged to regularly see her GP and a psychologist.

Support to move into secure accommodation has also been provided and Sarah says she now feels safe and is able to afford the transitional housing. Ongoing support has meant that Sarah has been better able to manage the effects of her mental illness and the impact it was having on her life.

She says that without these burdens, she can focus on her future – including her recovery, her financial independence and pursuing additional training, as well as learning new parenting skills. The chance to bond with her children and know they are safe have been the most important outcome, and Sarah is glad she can now describe herself as a more reliable and loving mother.

*Name has been changed

¹ Australian Institute of Health and Welfare (AIHW). Mental health services in Australia: in brief 2018. Cat. no. HSE 211. Canberra: AIHW, 2018. Available from: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary>

² World Health Organization (WHO) and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva: WHO, 2014. Available from: https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/

Assessment Approach

- As a significant provider of services and programs for people experiencing disadvantage, Uniting is strongly aware of the impact of life experiences or circumstances that disadvantage or marginalise people, including
 - unemployment;
 - lack of housing;
 - lack of social support;
 - trauma;
 - cultural and language barriers; and
 - lack of access to appropriate services.
- These factors can increase vulnerability to mental health issues and also reduce an individual's capacity to access treatment.³ We commend the Commission for broadening the scope of this inquiry beyond the health care sector and welcome the assessment focus on the intersection of mental health with people's incomes, living standards, social engagement and connectedness. Achieving population-wide improvements in mental health will be impossible without broader actions addressing the social, economic and environmental factors that lead to people being disadvantaged and marginalised.
- Previous government inquiries into mental health have predominantly focused on urban or metropolitan contexts and neglected non-metropolitan areas. This has led to recommendations and service models ignoring the significant differences and barriers faced by these communities and implementation failing due to the lack of transferability. Furthermore, the isolation and hardships of rural life can contribute significantly to declining mental health as people struggle with drought, frosts and hail ruining crops, poor harvest, very limited mental health supports and services, loneliness and lack of public transport for those who don't have their own means of transport. Not being able to access mental health services in their local area causes further stresses and detrimental impact on mental health. We encourage the Commission to directly engage with these communities and develop recommendations that acknowledge the distinct needs of people in regional, rural and remote Australia.

Structural Weaknesses in Healthcare

- Australia's mental health system is made up of a patchwork of services including primary care, community-based services, alcohol and other drug treatment, specialist and clinical services, and now, the National Disability Insurance Scheme (NDIS). Within this complex and piecemeal system, the respective roles of Commonwealth, state and territory governments, private organisations and the community sector are not always clear, leading to people struggling to navigate the fragmented system and missing out on services they need due to absence of a joined-up system.
- The NDIS was never intended to replace the mental health system, however funding previously allocated for Mental Health Community Support Services (MHCSS) has been transferred into the scheme, leading to enormous pressure

³ Strassmayr C. Mental health care for socially marginalised people in Europe: results from the European Commission funded PROMO study. *Medicine & Health*. 2012;3:58-60.

on the community mental health sector, with services closing their doors, and a rapid loss of occupational expertise in the mental health workforce.⁴ The Commonwealth Government provision of additional transitional funding for a further 12 months for Primary Health Networks to continue running programs - Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR), and Support for Day to Day Living in the Community (D2DL) – will only provide short term relief, failing to provide certainty to the mental health sector and the people they support.

- Uniting’s mental health providers have communicated great concern about clients who do not qualify for NDIS support or those who do qualify but insufficient support has been provided. In Uniting’s experience, only 20% of people using our existing psychosocial service (aimed at disadvantaged individuals) are eligible for an NDIS package, while others with severe but episodic illness, dual diagnosis, complex needs or over the age of 65 are left without services. With limited community mental health services, the burden will increasingly fall to acute and clinical services, the police and the justice system.
- The NDIS reforms have also significantly changed the philosophy underpinning mental health services. Rather than providing a holistic approach to overall wellbeing and focusing on recovery as a priority for action, as promoted by the National Mental Health and Suicide Prevention Plan,⁵ clients must now describe how they are on their very worst day and must argue that they are not going to ‘get better’. Many of Uniting’s clients who previously received support through Mental Health Community Support Services (MHCSS) funding have requested mental health support from their mental health recovery worker and want to participate in our recovery groups but are unable to unless they submit funding applications to Local Area Coordinators and NDIA coordinators that use particular language/words/goals etc. Furthermore, NDIS funding is concentrated on support for domestic duties so participants no longer receive funding for supports to assist them in developing strategies to help maintain healthy relationships and positive behavioural management. This contradicts the core principles and objectives of jurisdictional Mental Health Act legislation, and the aim of the NDIS, to promote the importance of people having choice and control over supports and services to assist them with their mental health recovery.
- In order to address the structural weaknesses inherent in the NDIS, Uniting recommends the development of a recovery-focused psychosocial pathway and review of the current pricing structure to better incorporate mental health services, as well as increasing the range and availability of psychosocial support programs for people not eligible for the NDIS. These actions will help to address the current gaps that are impairing the ability of the Scheme to improve population mental health and promote economic and social participation.

⁴ Psychiatric Disability Services of Victoria (VICSERV). Submission on Market Readiness to the Joint Standing Committee on the NDIS. Melbourne: VICSERVC, 2018. Available from <https://www.mhvic.org.au/policy-publications/policy-submissions>

⁵ Department of Health. The Fifth National Mental Health and Suicide Prevention Plan. 2017. Australian Government, Canberra.

Early Intervention and treatment

- With one in seven children experiencing a mental illness and mid-late adolescence a common age for the onset of psychotic disorders, Uniting believes there is a need to focus on early intervention for children and young people showing the first signs of mental health issues to develop protective factors like resilience.⁶
- Our work with people experiencing trauma, illness and grief, and their increased risk of mental illness as a result of these experiences, has also highlighted this as an appropriate time for early intervention.

Specific health concerns

- We consider that there is still a significant issue of stigma and misunderstanding around some mental health diagnoses, particularly Borderline Personality Disorder (BPD). People with BPD experience a lot of rejection which exacerbates their feelings of 'being different' and/or not feeling validated. They regularly receive different treatment for incidents of self-harm, where they are left for long periods of time before they are seen by medical staff, and they aren't treated with the same respect and dignity as people who are injured in other ways. Stigma and misunderstanding can impact the level of care and treatment an individual receives. This means that education and training is required for health professionals, as well as family/carers, to improve their understanding of this condition and promote appropriate responses.
- We are also concerned about the under-treatment of high prevalence mental health conditions such as anxiety and depression. We believe this is largely due to funding only being provided for short-term plans, with no ongoing support. People experiencing these conditions are often not eligible for supports that are now offered under the NDIS. Uniting recommends a review of Medicare provisions to better recognise the need for longer term treatment and support for these conditions, including an expansion of the number of sessions provided under Mental Health Plans from ten (10) to twenty (20) sessions.

Health Workforce & Informal Carers

- Many mental health workers are expected to have qualifications in Social Work, OT, Psychology, Counselling etc. However the pay is comparatively lower than other professions and a large majority of the workforce is employed on short term contracts, leading to high staff turnover.
- Difficulty attracting and retaining qualified and experienced mental health workers is particularly pronounced in regional areas, leading to these communities having insufficient access to mental health services and experiencing a higher burden from mental illness.⁷ Providing longer-term funding for programs would greatly improve job security and enhance the attraction and retention of staff.

⁶ Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-child2>

⁷ Australian Institute of Health and Welfare. National Health Workforce Planning and Research Collaboration 2011: Mental Health Non-Government Organisation Workforce Project Final Report. Adelaide: Health Workforce Australia, 2016.

- NDIS funding arrangements impair the ability of services to pay for qualified mental health workers. Therefore many organisations who were previously providing mental health support under block funding i.e. MHCSS programs, have closed as they were unable to maintain qualified staff under the NDIS price guide.⁸ Furthermore, no funding is provided to deliver essential specialised mental health training, such as Suicide ASIST, to the NDIS workforce. This means there is now a lack of qualified staff working in a specialised area and inexperienced staff are delivering services to highly vulnerable clients. It is critical that NDIS funding arrangements are reviewed to invest in upskilling NDIS staff to better address mental health issues.
- Insufficient services means that an additional burden is falling on the 240,000 unpaid carers that support people with mental illness. According to a report commissioned by Mind Australia,⁹ these people provide an estimated 208 million hours of informal care per year to people with mental illness (the equivalent of 173,000 full time employees). To replace carers with formal support workers would cost \$13.2 billion annually.
- Unfortunately many programs and supports for family members and others caring for people with mental illness are being dismantled to fund the NDIS. Carers are increasingly losing the services and supports that helped them to provide the best possible care for their loved one and to maintain their own mental health and wellbeing. Again, the inevitable and globally-evidenced consequence of this is carer burnout and ultimately greater costs on the mental health system and wider society. Governments have a responsibility to provide adequate and appropriate training and information to carers, to support them financially and ensure they have a safe working environment to deliver care in.

Housing & Homelessness

- The link between deinstitutionalisation and the increase in homelessness (particularly among people with mental health issues) cannot be overlooked. On a daily basis our homelessness services are having to manage and respond to people being exited from mental health facilities into homelessness and those who are experiencing homelessness as a result of their mental health.
- Uniting's services are often required to advocate for clients that are facing eviction from public/social housing or private rentals due to mental health issues being perceived as 'anti-social behaviour' and rent arrears occurring as a result of their condition.
- Uniting's homelessness services also assist many clients with a mental health condition who are finding it very difficult to access mental health services as they either do not meet the criteria or are unwilling to participate in the assessment process. These clients are often on Newstart and barely able to survive financially, further reinforcing their mental distress.
- Often there is pressure on people to move to more affordable areas, where rent is cheaper but if they already have links and supports and familiarity in a

⁸ Psychiatric Disability Services of Victoria (VICSERV) Submission on Market Readiness to the Joint Standing Committee on the NDIS. 2018. Available from: 23. Psychiatric Disability Services of Victoria (VICSERV). Submission on Market Readiness to the Joint Standing Committee on the NDIS. Melbourne: VICSERVC, 2018. Available from <https://www.mhvic.org.au/policy-publications/policy-submissions>

⁹ Diminic S, Hielscher E, Lee Y, Harris M, Schess J, Kealton J, Whiteford, H. The economic value of informal mental health caring in Australia. Brisbane: Mind Australia & University of Queensland. 2018. Available from: http://www.caringfairly.org.au/sites/default/files/pdf/The_economic_value_of_informal_care_full_report.pdf

particular region it is a big change to move to another area. Some move to other areas where rent is cheaper, or they have agreed to take public housing in an isolated area because the property is available sooner, leading to a decline in mental health and an increase in other areas of concern.

- Many clients we see with mental health concerns find it difficult to live with others and others find it difficult to live with them. It is very hard to find appropriate accommodation that clients on Newstart can afford on their own and it is extremely challenging to find something affordable to share.
- Different housing options suit different people so a range of housing options are required to meet the individual needs of each client, particular when they are experiencing poor mental health. There is a need for:
 - affordable and physically accessible 1 and 2 bedroom properties close to services and public transport;
 - well managed affordable rooming houses;
 - Supported Residential Services (SRS) geared to younger people with relevant youth-friendly activities on-site and well trained staff;
 - programs which provide variable outreach support on-site for people living independently in rooming houses or apartment/unit/house; and
 - safe housing for children/minors.
- Housing models must also address social and safety barriers for minorities, as well as facilitating cultural safety. Our work with LGBTIQ+ clients has shown that that inability to access safe affordable housing can significantly exacerbate the detrimental impact on mental health of perceived and actual discrimination.
- There is a need to integrate housing/homelessness services and mental health services, particularly for young people. Outside major metropolitan service areas, there are currently inadequate referral pathways and housing services staff are often unable to recognise the presentation of mental health issues until symptoms are quite severe.
- An example of an effective program offered by another community organisation is the Supported Housing At Discharge Eastern Service (SHADES)¹⁰ which operates from Maroondah Hospital to prevent homelessness among patients being discharged from the mental health wards. This program provides short-term support to prevent relapse and re-admission, and longer-term support with help with finding stable housing appropriate to the individual's situation.
- The Australian Housing and Urban Research Institute (AHURI) report: Housing homelessness and mental health: towards system change (commissioned by the National Mental Health Commission),¹¹ outlines the many systemic issues and policy issues that affect the intersection between these disparate policy systems. Uniting supports the key recommendations of this report, particularly:
 - the need to reshape state and federal policies to more effectively address housing insecurity for people with lived experience of mental illness;
 - scaling up successful models of consumer and recovery-oriented housing for national program delivery; and

¹⁰ <http://www.each.com.au/service/support-and-discharge-eastern-service-shades/>

¹¹ Flanagan K, Martin C, Jacobs K. and Lawson JA. Conceptual analysis of social housing as infrastructure, AHURI Final Report No. 309, Australian Housing and Urban Research Institute Limited. Melbourne: AHURI ,2019. Available from: <http://www.ahuri.edu.au/research/final-reports/309>

- greater use of tenancy sustainment services and capacity building in the housing sector to recognise and appropriately respond to the early warning signs of a mental health crisis.
- The fundamental challenge of attempting to address the links between housing, homelessness and mental health is that Australia is currently facing a housing crisis and unable to meet demand for social and affordable housing. Implementing housing models that support people experiencing mental health concerns cannot be addressed in isolation from broader housing policy and will therefore require significant investment in addressing some of the current challenges facing the housing sector. Uniting supports the Everybody's Home¹² campaign calling on the for the Federal Government to:
 - Wind back the negative gearing and capital gains tax concessions, using these savings to kick start investment in the 500,000 social and affordable rental homes desperately needed by Australians on low and middle incomes;
 - Increase funding for homelessness services so we can end homelessness by 2030; and
 - Increase Commonwealth Rent Assistance by \$20 a week to reflect the fact that rents have skyrocketed across the country.

Financial Hardship

- Through our services for people experiencing financial hardship, Uniting has witnessed the huge impact these difficulties can have on a person's mental health. Our clients often present with depression and anxiety as a direct result of their financial difficulties. In other circumstances their mental health concerns are the cause of their financial difficulty (e.g. inability to work and/or inability to manage finances and communicate with creditors).
- Uniting's CareRing program currently supports individuals and families experiencing financial issues who live in Victoria and are customers of major banks and utility providers.¹³ Mental health issues are consistently named as one of the top five vulnerabilities faced by these clients.
- Uniting supports the implementation of the recommendations outlined in the *Senate Economic References Committee report into Credit and financial services targeted at Australians at risk of financial hardship*, particularly:
 - recommendations to develop a strategy to raise the incomes of low income Australians;
 - passage of the National Consumer Credit Protection Amendment (Small Amount Credit Contract and Consumer Lease Reforms) Bill 2017; and
 - increase in the number of full time employed financial counsellors.¹⁴
- These actions will greatly assist people experiencing financial hardship and help minimise the risk of already vulnerable people developing mental health concerns.

¹² <https://everybodyshome.com.au/>

¹³ <https://www.unitingkildonan.org.au/programs-and-services/financial-support/caring/>

¹⁴ Uniting Vic.Tas Position Paper on Small Amount Credit Contracts. 2018. Available from: <https://www.vt.uniting.org/wp-content/uploads/18-EXT-SACC-Policy-Doc-0818-02.pdf>

Social Participation and Inclusion

- Through our programs with young people identifying as LGBTIQ+, it is evident that this group experiences higher levels of isolation and often disengage from services or organisations which do not promote and affirm the community that they identify with. Feeling connected to peers and supportive people can help increase feelings of positivity and in turn build their confidence to seek further support from outside services that are perhaps not known as being an affirming or inclusive place. Groups where young people can step into a safe space and explore their feelings around gender identity by listening to and learning from other peers can help to decrease the stigma and shame they feel internally and help them to increase their self-esteem and self-worth, known protective factors for mental health. Youth-led and youth-facilitated groups with the support of adult peers assist in ensuring capacity and skills are developed and help to shine a positive example on the journey and outcomes for LGBTIQ+ people, whereas the focus can often rest on negative outcomes amongst LGBTIQ+ identifying people.
- Uniting's 101 Engagement Hub in St Kilda currently meets the needs of 450 vulnerable people, and sees around 90 people a day. Of the 450 people the Engagement Hub works with, only 20% are eligible for the NDIS. The remaining 80% includes people with:
 - dual diagnosis i.e. addiction and severe, episodic mental illness
 - complex needs i.e. homelessness and severe, episodic mental illness
- Without the Engagement Hub these people would not access mainstream mental health and primary health services. They would not have a space to engage in social interaction, with its associated impact on their sense of meaningful social connection and being part of the local community. We believe that without the services provided by the Engagement Hub many of these people would be on the street with nowhere to go. There would be an increase in socially challenging behaviours and their associated impact on local residents, businesses and other service systems (police, emergency departments etc).

Case Study – Uniting's St Kilda 101 Engagement Hub

Bradley* had been experiencing debilitating bouts of diagnosed depression and anxiety as well as obsessive compulsive behaviours for many years, and has been unable to hold down work as a result. His doctor recommended he attend the St Kilda 101 Engagement Hub. Without knowing what to expect, Bradley made his way to the Engagement Hub during their Christmas Drop-In celebrations back in 2010.

He met others who could relate to his experiences with mental health concerns, and it reminded him that he was not alone. While there, he also found out more about the different classes and workshops the Engagement Hub offered, and decided he wanted to see what they were like.

From that day, Bradley has been able to enjoy the friendships he's built over the years, as well as the delicious food, and all the programs on offer. He enjoys yoga classes, and has also tried his hand at singing, drama and writing classes.

"For some of us experiencing mental health concerns, our goal is just to stabilise. Just keep our heads above water," says Bradley. "Being here every week, we're treated with real respect. We're reminded that we are capable of doing things, we have the chance to learn and engage. I think, if we couldn't come here, a lot of us would deteriorate...When we come here and connect with one another, we are reminded how important community is. And it's because of the support of this team and their programs that we can manage better in our everyday life."

*Name changed

Justice and Child Protection

- Justice inclusion programs, such as the Enhanced Entry Project provided by the Eastern Community Legal Centre in Victoria¹⁵, provide extra support when accessing legal services for people experiencing particular vulnerability or disadvantage. This includes people with a disability, mental illness and/or those at risk of homelessness. Legal services can be overwhelming for these groups so these programs are essential to minimise any further harm and detrimental impact on mental health.
- Children and young people in out-of-home-care (OOHC) are generally placed in the system due to violence, neglect or abuse in their family environment. They are at greater risk of experiencing a range of mental health issues, including post-traumatic stress disorder, depression and anxiety.¹⁶ Uniting supports the Home Stretch Campaign that calls on governments to extend support for young people in Out-of-Home-Care (OOHC) until the age of 21. We're pleased that in 2018 both Tasmania and Victoria committed to providing this support. We have seen the need for this change for some time. This improved access to care and early intervention will make a big difference to the lives of these young people, reducing their vulnerability to homelessness, mental health issues, unemployment early parenthood and prison.¹⁷

Government-Funded Employment Support

- Uniting's service providers have found the two Personal Helpers and Mentors service (PHaMs) programs, E-PhaMs and G-PHaMs, very helpful for some clients but it has been limited in providing longer-term assistance and is not suitable for everyone. The goal-focused nature of these programs has made it difficult to use for clients who are just seeking basic assistance so we suggest a review of this scheme to better support people with a mental health condition.

Coordination & Integration

- Uniting believes there is a need to improve the integration and continuity of services offered by clinical and community mental health services. A good

¹⁵ <https://www.eclc.org.au/what-we-do/partnerships-and-projects/enhanced-entry-project/>

¹⁶ Australian Institute of Family Studies. (2014). Effects of child abuse and neglect for children and adolescents. Available from: <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>.

¹⁷ Deloitte Access Economics. Raising our children: Guiding young Victorians in care into Adulthood. Socioeconomic Cost Benefit Analysis. 2016. Available from:

<https://www2.deloitte.com/content/dam/Deloitte/au/Documents/Economics/deloitte-au-guiding-young-victorians-in-care-into-adulthood-anglicare-220816.pdf>

example of this is the joint case planning model developed by the Eastern Metropolitan Mental Health Service Coordination Alliance (EMHSCA) for people with mental health and co-occurring problems, and their carers, across the Eastern Metropolitan Region of Melbourne.¹⁸ This approach has significantly improved communication between providers and clients but is now at risk of being dismantled due to the reduction of community mental health services as part of the transition to the NDIS.

- More coordinated work between mental health services and AOD services is also needed. Often there is handballing between the two services about what the primary need is and who should be providing support. Uniting clients repeatedly report that they were dropped by AOD services as they missed an appointment. The mental health status of these clients often means they lead chaotic and disorganised lives and find it challenging to keep appointments so specialist staff are needed who can work across both issues and do so in a flexible way.

Funding Arrangements

- Despite strong evidence that investment in mental health has wide-reaching positive impacts across the community, mental health services face chronic under-funding and unsustainable funding arrangements.¹⁹ This is particularly the case in rural and remote communities where community organisations are funded to provide services across regions often hundreds of kilometres wide with no extra funding to cover the difficulty and additional expense of delivery in these locations.
- Funding provided under current agreements is often short-term, episodic and focused on outputs. This neglects the need for longer term treatment for many mental health conditions and impairs the ability of services to deliver evidence-based best practice, perpetuating the harm experienced by vulnerable and at-risk clients.

Monitoring & Reporting Outcomes

- Currently most programs are measured based on targets or Key Performance Indicators (KPIs), meaning that the focus is inevitably on the number of individuals who access the programs/services instead of the impact the service is having on both individuals and communities.
- Combined with the lack of long-term funding, it is extremely difficult for providers to demonstrate program impact and measure return on investment.
- Movement towards impact measurement frameworks would ensure that programs are achieving their desired impact, demonstrating a measurable reduction in mental health risk factors, and that investment in mental health services has a measurable social return.
- Implementing an impact measurement framework would also enhance the ability to track programs that are underperforming in terms of outcomes/impacts and ensure better allocation of resources, investment in areas that are underperforming, and the capacity to draw on strong evidence

¹⁸ <https://www.easternhealth.org.au/services/mental-health-services/eastern-mental-health-service-coordination-alliance>

¹⁹ Mental Health Victoria. Saving lives. Saving money. The case for better investment in Victorian mental health. Melbourne: Mental Health Victoria, 2018. Available from: <https://www.mhvic.org.au/policy-publications/mhv-publications>

for best practice program design that could be replicated and disseminated across the sector.

- The evidence for using impact measurement models and social return on investment (SROI) frameworks is well established in the UK and has been emerging in Australia over the past few years.²⁰ Australia is yet to develop the higher-level frameworks that would underpin best practice for developing impact measurement and SROI as common practice so the results of these programs within Australia vary significantly.

²⁰ Social Ventures Australia. Social return on investment: lessons learned in Australia. 2012. Available from: <https://socialventures.com.au/assets/SROI-Lessons-learned-in-Australia.pdf>