

Mental Health Draft Report,
Overview and Recommendations
To the
Productivity Commission

January 2020

Written by delegates from the Peer Participation in Mental Health Services (PPIMS) Network collected at PPIMS combined meeting held on 12 November 2019

[See original submission from PPIMS](#)

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PPIMS Response to the Productivity Commission's Mental Health Draft Report

1. Peer Participation in Mental Health Services (PPIMS)

The Peer Participation in Mental Health Services (PPIMS) Network was formed in 2016 to be a voice for consumers and carers with lived experience in the Brisbane North region. PPIMS has a clear commitment to, and leadership in, consumer and carer engagement at every level and advances the importance of the lived experience voice in informing mental health policy and the development of services.

PPIMS membership consists of people with a lived experience (PLE) who are community members, peer workers, general mental health workers, volunteers, trainers, educators, students and academics, and committee representatives. PPIMS therefore, brings together a diverse range of people with a lived experience who otherwise would not have the opportunity to work together and support each other to participate in mental health systems and reforms.

PPIMS meetings are held monthly in two locations, at the Primary Health Network's (PHN) Lutwyche and North Lakes offices, to cater for members who live across a large region extending from inner Brisbane areas to Moreton Bay and beyond.

In summary, the PPIMS network improves PLE engagement and participation by:

- Supporting PLE who want to actively participate in the mental health system reform process and/or are accessing mental health services;
- Providing opportunities to have regular updates and input around services, policy, and program and system developments;
- Providing opportunities to have regular updates on current and emerging issues and identify strategies to improve engagement, participation, training and employment opportunities;
- Providing advice on emerging issues faced by consumers and carers in the mental health sector;
- Encouraging participation in co-design opportunities that arise through the PHN or other government and/or non-government services; and
- Providing a safe space for PLE to voice their opinions and feel supported and understood.

Since its inception, PPIMS has been a strong support to PLE in the Brisbane North region by developing strong links to the community and community organisations, working with Government and non-government organisations, collaborating in research state-wide and nationally. In recognising the importance of the collective knowledge and experience of PLE, the Brisbane North PHN has empowered the PPIMS network to be a strong and independent collective voice.

2. Overview

On 31 October 2019, the Productivity Commission released its *Mental Health Draft Report, Overview and Recommendations* (Report). This interim Report is the product of a lengthy consultation period with consumers, carers, service providers, community organisations, Government etc.

Reform to provide a more effective and efficient mental health system is long overdue. Whilst, there is an economic dollar at the heart of effectiveness and efficiency, the Productivity Commission has aptly captured the sentiment of many consumers and carers with this Report. Greater participation, consultation, and coordinated supports for consumers in the pursuit of mental health wellbeing. At its core, the Report follows the mantra now so widely sprouted by consumers and carers of *“nothing about us without us”*.

The Report is ambitious as much as it is practical and sings out the commonsense tunes that those of us with a lived experience, consumer or carer, have long been singing. More consultation and greater interaction with the healthcare system, greater flexibility in the workplace and in education, assistance to those who at a young age present with early signs of mental health challenges, looking for new ways of pooling resources for commissioning of mental health services.

PPIMS involvement with the Productivity Commission commenced in April 2019, when the PPIMS network members met with the Presiding Productivity Commissioner, Dr. Stephen King. Dr. King as a guest speaker at the PPIMS combined meeting, explained to the PPIMS network the importance of the Commission’s inquiry into mental health services and invited submissions from the network. PPIMS subsequently submitted a collective response to the Inquiry.

It is in response to the interim Report and its recommendations, that PPIMS now provides further feedback. In particular, PPIMS submission centres on two aspects of the Recommendations:

Recommendation 1: The reform of the funding and commissioning of services and supports; and

Recommendation 2: The introduction of personal care days for mental health

3. Methodology for collecting information

On 12 November 2019, PPIMS held its quarterly combined meeting which was attended by 18 members. The focus of the first session of the meeting was placed on Recommendations 1 & 2.

PPIMS network members, were placed into 4 groups and each group was provided with two questions [see Attachment 1] for which they were asked to respond to via brainstorming responses onto butcher’s paper. Once completed, a spokesperson for each group was asked to report back to the collective.

Subsequent to the meeting, Danie Williams-Brennan, Project Officer, Lived Experience Engagement Networks, Primary Health Network (PHN), collated the information into a word document and from there, has drawn upon the content to form the basis of this submission.

4. Recommendation 1:

Reforming the funding and commissioning of services and supports

The Commission in the Report proposes “two options for structural reform in funding:

1. the Renovate model, which is similar to the current arrangements and would see more responsibility for funding allocation sit with the Primary Health Networks
2. the Rebuild model (the Commission’s preferred option), under which State and Territory Governments establish Regional Commissioning Authorities that take on the mental health responsibilities of Primary Health Networks, commission mental healthcare from Local Hospital Networks, and commission psychosocial and carer supports outside of the National Disability Insurance Scheme”. [page 927]

Summary

Concern was raised that the establishment of Regional Commissioning Authorities (RCA), could create another level of bureaucracy and may result in much needed funds being used for the establishment of the RCAs rather than for consumers and carers.

It was further recognised that consumers may be disadvantaged as the newly created RCAs would need time to build relationships with service providers and that this would result in a slow unnecessary process considering PHNs already have established buy-ins.

It was however, recognised that centralised funding and fixed understandings of funding sources would be beneficial rather than a piecemeal approach which operates at present.

In relation to the Rebuild Model, for the most part PPIMS network members were not in favour of creating RCAs and introducing a new commissioning system. A common concern expressed centred on the RCAs creating another layer of bureaucracy.

PPIMS network members were of the view that funds would be needed to establish the RCAs in terms of accommodation of offices, employment and training of staff and promotional material (hardcopy and web-based). Not only would this be costly (questioning where would the funds come from), but it could potentially be a long drawn out process leaving all concerned confused throughout the transition process.

It was also recognised, that PHNs currently have buy-in relationships in the commissioning of services and that as GPs are traditionally the primary contact point concerning mental health, PHNs have played an important role forming necessary relationships. Without clear evidence as to why those relationships are not working well, PPIMS members were reluctant to adopt a new system involving RCAs.

It was voiced by some that instead of creating yet another body that those funds would be better spent strengthening the current PHN commissioning activities and relying on their expertise. Looking towards reviewing current commissioning activities of PHNs was preferred by most to creating RCAs.

Moreover, as it was likely that PHNs would be contracted by the RCA's for some commissioning activities, "If it's not broke why change it" was relayed by a number of PPIMS network members in response to this change.

It should be noted however, that one group did relay that although they were in favour of PHNs maintaining their commissioning role, they were not in favour of maintaining the current siloed approach as breaking down such silos was something worth pursuing. They also expressed that having consistency in approach by PHNs was equally important.

Similarly, it was expressed by this group that *"current siloed funding streams wasn't effective and if a RCA model could improve continuity of care and improved wellness outcomes, then it should be considered"*.

5. Recommendation 2:

The introduction of personal care days for mental health

Would designating a number of days of existing personal leave as personal care enable employees to take time off without medical evidence to attend to their personal care and wellbeing and thereby improve workplace mental health and absenteeism due to mental ill-health?

Summary

The PPIMS network members expressed varied opinions on the value of introducing personal care days.

All expressed concern that the stigma attached to taking personal care days could be detrimental to a person's career whilst it was equally acknowledged that having access to some system that allowed for days off due to mental health challenges was desirable.

PPIMS Network members were sceptical that employers would be willing to adopt such changes and that people would not be stigmatised for accessing such leave. It was

expressed that separating employees into different groups of those with mental health challenges and those without could inadvertently increase stigma amongst employees rather than breaking down walls.

Instead of approaching stigma reduction around mental health issues through disclosure and acceptance in a work environment, one group saw more value in breaking down stigma by educating the community.

Another group questioned why there needed to be a difference between physical vs mental ill health and that it should come under the same banner as often they are interrelated. It was also pointed out that when a medical certificate is written, a doctor does not need to do more than include wording to the effect that the person is medically unfit for work. This reinforced the view that disclosure for days off due to mental ill-health was not necessarily required.

The benefits of having access to such leave centred on the reduction of burnout by employees. If extra or special leave could be accessed by all employees for mental health challenges it could create a more supportive and consequently, more productive work environment as employees would be in a more stable mental health state.

It was raised by one group, that at present a lot of employers allow for their employees to take up to 3 days off work without a medical certificate. This was reported as being the case in terms of Queensland State Government Employees. In such circumstances, it was questioned whether it would be better to encourage employers to adopt such practices rather than requiring a person to disclose their mental health challenge to access the new leave.

6. Conclusion

Whilst this submission relates only to the two Recommendations listed, the group expressed a positive response to the fact that such important issues were being addressed, carefully thought out and consulted on.

Notwithstanding that in general, the PPIMS network members were not in favour of the preferred Rebuild Model, they did see value in the pooling of resources and getting rid of siloed practices.

Similarly, when discussing personal care days for mental health all expressed the view that everyone should be able to access time off work if mental health challenges prevail. The only contentious point was how to implement such practices?

The PPIMS network looks forward to the release of the final report in May 2020.

APPENDIX 1

ACTIVITY 1

QUESTION 1:

Changing from PHN to Regional Commissioning Authorities

Currently, split sources of funding from State, Territory and Federal Governments. PHN's receive Federal funding for commissioning of mental health services.

Recommends making a few changes to current funding whilst acknowledging that the Public Hospital and community mental health services should remain the responsibility of the State Government. Split level funding between Federal and State and Territory Governments. Called the "Renovate Model".

PC prefers the "Rebuild Model", where it is recommended that Regional Commissioning Authorities be created as a one stop shop for mental health services. Money will be pooled into the hands of the State and Territory Governments who will distribute it to the RCAs.

PHNs lose funding and commissioning role but likely to be contracted to perform some of the duties they are currently undertaking by the RCA. Both organisations would work closely together.

1. Do we need to change from PHN involvement to creating a new body called the Regional Commissioning Authority?
2. What are pros and cons of the new model?
3. Should state or Federal Government have the pooled resources?

QUESTION 2:

Information request 19.2 – Personal care days for mental health

Would designating a number of days of existing personal leave as personal care enable employees to take time off without medical evidence to attend to their personal care and wellbeing and thereby improve workplace mental health and absenteeism due to mental ill-health?

If so, what would be needed to make this provision effective?