

16 December 2016

Australian Government Department of Health
National.Mental.Health.Plan@health.gov.au

Re: VICSERV Submission – Fifth National Mental Health Plan

Psychiatric Disability Services Victoria (VICSERV) would like to thank the Australian Government for the opportunity to provide a response to the *Fifth National Mental Health Plan* (the Plan) discussion paper.

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria.

We welcomed the opportunity to contribute to draft of the Plan by participating in the consultation session held in Melbourne on 23 November, 2016.

We are pleased to provide additional input through written feedback based on our engagement with VICSERV members and, as a foundation member of Community Mental Health Australia (CMHA), we have also liaised with our interstate colleagues to take into account national issues and impacts across all jurisdictions.

Our submission provides comments on each of the Priority Areas, and includes recommendations in each of those areas. We also provide general comments detailing the key areas where we think the Plan could be updated to better reflect the needs of the mental health sector now and into the future.

We look forward to the outcomes of the national consultation process and further development of this National mental health plan

Sincerely



Debra Parnell
Interim Chief Executive Officer



Psychiatric Disability Services
of Victoria (VICSERV)

Level 2, 22 Horne Street,
Elsternwick Victoria 3185 Australia

T 03 9519 7000 F 03 9519 7022
www.vicserv.org.au



DRAFT VICSERV SUBMISSION National Mental Health Plan

Introduction

Psychiatric Disability Services Victoria (VICSERV) would like to thank the Australian Government for the opportunity to provide a response to the Fifth National Mental Health Plan (the Plan) discussion paper.

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria.

We welcomed the opportunity to participate in the national consultation process, attending the consultation session held in Melbourne on 23 November 2016, and we are pleased to provide additional input through written feedback. Our feedback takes into account the concerns identified by our member organisations.

As a foundation member of Community Mental Health Australia (CMHA) we have also liaised with our interstate colleagues to take into account national issues and impacts across all jurisdictions.

Our submission provides comments on each of the Priority Areas, and includes recommendations in each of those areas. We also provide general comments detailing the key areas where we think the Plan could be updated to better reflect the needs of the mental health sector now and into the future.

General Comments

As the peak body for community managed mental health organisations in Victoria, we are particularly concerned about the limited focus on the role of community-based psychosocial and community mental health services. VICSERV supports the role of PHNs and Local Hospital Networks (LHNs) in aligning efforts at a regional level, however, the Plan needs to include consideration of the role of the community-managed mental health service sector, including how they align with the services of PHNs and LHNs, and how that will in turn align with delivery of the National Disability Insurance Scheme (NDIS).

To this end, VICSERV endorses the comments and recommendations outlined in the submission from CMHA. In particular, that the Plan must address the gap that will be created for people living with a mental illness who are not eligible for the NDIS. The Plan does not include any information or discussion about the NDIS, which will continue to have a major impact on the way mental health is funded into the future. The Plan therefore needs to acknowledge that the NDIS service offering will not replace the psychosocial supports that the current system provides and provide direction on how the gaps will be addressed.

Another significant area that needs more recognition in the Plan is how the current reforms in the mental health sector will impact on this sector's workforce – VICSERV sees this as a significant oversight that should be addressed either in Priority Area 5 or in its own new Priority Area created specifically to address what is shaping to be a considerable issue.

With the significant changes occurring in the sector currently, governments and decision makers need to be cognisant of the challenges that may impact on the workforce's capacity to deliver those supports and services.

To ensure that people with mental illness are supported on their journey to recovery, the services and systems that are in place for people with mental illness need to be identified - both inside and outside of the Health portfolio - and clarification provided on how they work together. The required high quality mental health support and services should then be available where people seek those supports and services.

VICSERV supports the core set of values that underpin the Plan but are concerned that there is insufficient detail provided in the Plan about how the actions will deliver on those values.

The Plan seeks to deliver actions that uphold human rights and dignity and acknowledges that consumers and carers have vital contributions and should be partners in planning and decision making. VICSERV is concerned that those values are not adequately reflected in the Plan. For example, the role of consumers and carers needs to be articulated in the Plan, in consultation with consumers, carers and the wider community, if the values underpinning the Plan are to have any meaning.

In addition, the Plan suggests that it is guided by the specific needs of Aboriginal and Torres Strait Islander people; lesbian, gay, bisexual, transgender and/or intersex people; and people from culturally and linguistically diverse backgrounds, acknowledging that these should be considered when implementing the actions identified in the Fifth Plan.

However, there is little mention of exactly how these considerations will be incorporated. VICSERV has provided some recommendations for how the Plan could be more specific including providing detail around culturally appropriate assessment and treatment; and promoting recruitment that is culturally responsive.

Further, to ensure action and accountability, the Plan needs to include an implementation plan, with timelines and targets that are reported on regularly. Again, VICSERV endorses the comments and recommendations of CMHA, that a Plan to address mental health over the next five years is meaningless without timelines and targets. Governments must be held to account for their delivery of services, as the community managed mental health sector and all mental health services are.

Summary of recommendations

- **Priority Area 1 – Integrated Regional Service Delivery:**
 - The roles and responsibilities of governments, and the role of the community-managed mental health service sector needs to be articulated in the plan, including how they align with the roles of services in conjunction with PHNs and LHNs.

- **Priority Area 2 – Coordinated Treatment and Supports for People with Severe and Complex Mental Illness:**
 - The Plan should acknowledge that the NDIS service offering does not replace the psychosocial supports that the current system provides.

 - Provide direction on how the gaps will be addressed.

- **Priority Area 3 – Suicide Prevention:**
 - To ensure action and accountability, the Plan should include a timeline and a set of targets on which the new intergovernmental advisory group will be required to report on regularly.

- **Priority Area 4 – Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention**
 - Aboriginal and Torres Strait Islander people should be leading suicide prevention and mental health approaches, and the Aboriginal Community Controlled Health Organisations should be leading the implementation of any approaches.

 - The Plan should include a timeline and set of targets for achieving a national approach to suicide prevention for Aboriginal and Torres Strait Islander people.

- **Priority Area 5 – Physical Health of People Living with Mental Illness Issues:**
 - The Plan should consider and identify actions to address how changes to the mental health sector will impact on its workforce – this should be considered here or a new Priority Area created specifically for workforce.

- **Priority Area 6**
 - The Plan should assign targets, timelines and detail against each action to ensure delivery and accountability.

- **Priority Area 7 – Safety and Quality in Mental Health Care:**
 - The Plan should define standards and measurement to drive safety and quality improvements for the overall benefit of consumers and carers.

- **Monitoring and Reporting on Reform Progress**
 - The Plan must identify an organisation independent to the development of the Plan to monitor and audit its implementation.

 - The Plan must discuss and provide a target and timeframe for the development of thorough and complete data for the community managed mental health sector and outcomes measures

Priority Area 1 – Integrated Regional Service Delivery

VICSERV supports the role of PHNs and LHNs in aligning efforts at a regional level and support integration at the regional level.

The Fifth Plan highlights the importance of community-managed organisations, and other service providers and groups, acknowledging that they will be the foundation upon which the Plan can achieve its objectives. However, despite this assertion in the discussion paper, there is a clear lack of focus on the role of community mental health organisations in the plan.

Further, it is highlighted that Governments will work with PHNs and LHNs to implement integrated planning and service delivery at the regional level, however there is no clear guidance of how the Plan intends to achieve this. The stepped care model is also highlighted in the Plan with no direction on how this will work in the new environment.

In addition, the need for a trauma-informed approach to care, which is an important principle of recovery-oriented practice, is not discussed in a meaningful way within the Plan. Trauma-informed care is based on the premise that many behaviours or responses expressed by people with mental illness are directly related to an experience, or experiences, of trauma.

For the best recovery outcomes, the causes of a person's 'symptoms' or responses must be understood.

The Royal Commission into Institutional Responses to Child Sexual Assault, and the Victorian Royal Commission into Family Violence, highlight the importance of service responses that are sensitive to this. A practice approach that recognises this fact should be incorporated into the Plan.

Recommendations:

- *The roles and responsibilities between state and territory governments and the Commonwealth Government, and the role of the community-managed mental health service sector needs to be articulated in the plan, including how they align with the services of PHNs and LHNs.*
- *A trauma informed approach to care should be incorporated into the Plan*

Priority Area 2 – Coordinated treatment and supports for people with severe and complex mental illness

At a very high level, the Plan acknowledges the complexities of mental illness, recognising that the clinical and community supports a person may need are not the same and that they will vary over time. To this end, VICSERV agrees with the objectives of the Plan: to integrate the service system so that it is seamless and easy to navigate, based around a person's needs, provides the right care in the right place at the right time.

However, we are concerned that culturally appropriate assessment and treatment is not considered within the Plan and we believe this needs to be addressed. ABS reports that by 2050, one third of the Australian population will be overseas born¹. The prevalence of mental illness in communities of recent migrants is understood to be significantly higher than the general population, facing significant challenges through language barriers and social isolation. An estimated 65% of people needing mental health care go untreated, increasing suffering while also contributing to disability rates and increasing the economic cost. Asian communities in Australia access mental health services less than half as often as the general population².

The NDIS represents an opportunity for people with severe and ongoing psychosocial disability to exercise greater choice and control to address their disability support needs, and VICSERV supports this progress. However the NDIS will not fully replicate the psychosocial rehabilitation that the current system provides, and we continue to hold concerns about the gap that will become an increasing reality between those who are eligible for the NDIS.

The Plan recognises the need to ensure that service gaps, issues and barriers are identified and can be managed in a timely and coordinated manner, however the Plan needs to identify what those gaps actually are and provide direction on how those gaps will be addressed.

Recommendations:

The Plan should:

- *Acknowledge that the NDIS service offering does not replace the psychosocial rehabilitation that the current system provides;*
- *Include consideration of culturally appropriate assessment and treatment;*

¹ Procter, Nicholas, et al. (2014). *Mental health of people of immigrant and refugee backgrounds*. Mental Health: 197.

² Australian Bureau of Statistics (2016). *Overseas born Aussies highest in over a century*, media release, 30 March 2016, ABS, Canberra, viewed 14 December 2016, <
<http://www.abs.gov.au/ausstats/abs@.nsf/lookup/3412.0Media%20Release12014-15>>

- *Identify the service gaps, issues and barriers for people with severe and complex mental illness and provide direction on how the gaps will be addressed.*

Priority Area 3 – Suicide Prevention

VICSERV welcomes the establishment of a new intergovernmental advisory group to set the direction for future efforts at a whole-of-government level. However, the Plan should more clearly specify the expectations of the group and the methods of measurement that will be used to assess the group's success. A timeline and set of targets by which the group can report regularly will ensure action and accountability.

VICSERV also supports the focus on strengthening data collections relating to suicide and suicide attempts to strengthen the evidence base and improve quality of care. Although data collection methods at the local level are inconsistent, tools for data extraction, manipulation, and analysis are rapidly evolving. There may be an opportunity for governments to take advantage of the advancements in technology to support a more efficient and effective method of reporting nationally consistent data.

Recommendation:

- *To ensure action and accountability, the Plan should include a timeline and a set of targets on which the new intergovernmental advisory group will be required to report regularly.*

Priority Area 4 – Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention

Like Priority Area 3, a timeline and set of targets needs to be developed by which the intergovernmental advisory group can report regularly.

Further, Aboriginal and Torres Strait Islander communities should be leading the direction of this priority.

VICSERV endorses the recommendations outlined in the Community Mental Health Australia submission that the Aboriginal Community Controlled Health Organisations should be leading the implementation of any approaches.

Recommendations:

- *Aboriginal and Torres Strait Islander people should be leading suicide prevention and mental health approaches, and the Aboriginal Community Controlled Health Organisations should be leading the implementation of any approaches.*
- *The Plan should include a timeline and set of targets for achieving a national approach to suicide prevention for Aboriginal and Torres Strait Islander people.*

Priority Area 5 – Physical health of people living with mental health issues

The actions under this priority area lack an implementation plan with clear roles and responsibilities.

There also needs to be consideration of how changes to the mental health sector will impact on its workforce. Workforce issues could be considered under Priority Area 5, or a new Priority Area created specifically for this issue.

To ensure that people with mental illness are supported on their journey to recovery, the services and systems that are in place for people with mental illness need to be identified -

inside and outside of the Health portfolio - and clarification provided on how they work together. The required high quality mental health support and services should then be available where people seek those supports and services.

To ensure the quality of services and supports being provided, the Plan needs to identify the challenges that may impact on the workforce's capacity to deliver those supports and services. Those challenges may include:

- Mental health literacy
- Required levels of training and education (including at post graduate and undergraduate levels and ensuring a trauma informed approach is taken)
- Ageing workforce
- Recruitment to rural and remote areas
- Recruitment that is culturally responsive

There is also an opportunity to build on the skills and knowledge of the community mental health sector, as community organisations know the make-up of their community and understand the needs expressed by the consumers in their community.

Recommendation:

- *The Plan should consider and identify actions to address how changes to the mental health sector will impact on its workforce – this issue could be considered under the Priority Area or a new Priority Area created specifically for workforce.*

Priority Area 6 – Stigma and discrimination

While VICSERV supports the intentions of the Fifth Plan to reduce stigma and discrimination, however there is limited detail on how the actions will be achieved.

Recommendation:

- *Targets, timelines and detail should be assigned against each action to ensure action and accountability.*

Priority Area 7 – Safety and quality in mental health care

VICSERV supports the priority of the National Mental Health Plans to enhance the collection and use of data to drive safety and quality improvements for the overall benefit of consumers and carers.

We support the drive to develop a national mental health safety and quality framework to guide delivery of the full range of health and support services required by people living with mental health issues but emphasise the importance of standards and measurement and that these need to be clearly thought out and then defined in the Plan.

Recommendation:

- *The Plan should define standards and measurement to drive safety and quality improvements for the overall benefit of consumers and carers.*

Monitoring and Reporting on Reform Progress

The Plan suggests that the Government and COAG will monitor implementation and progress of the actions outlined in the Plan.

VICSERV would like to stress the importance of using an organisation independent to the development of the Plan to monitor and audit its implementation. This will ensure transparency and accountability surrounds the actions in the Plan.

With regards to monitoring and performance measures, community managed mental health is an area where there is incomplete and poor data, and the sector has continually called for the development of thorough and complete data. Disappointingly the Plan does not address this, and the community managed mental health sector continues to be left out of these discussions.

The Plan has little focus on the work of the community managed mental health sector as a whole. There is a need to improve the collection and reporting of activity and outcomes of this sector.

Recommendations:

- *The Plan must identify an organisation independent to the development of the Plan to monitor and audit its implementation.*
- *The Plan must discuss and provide a target and timeframe for the development of thorough and complete data for the community managed mental health sector and outcomes measures*