Productivity Commission Report on Mental Health

https://consultations.health.gov.au/mental-health-services/productivity-commission-report-on-mental-health/

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Overview

The Australian Government welcomes the Productivity Commission (PC) Inquiry Report on Mental Health. It provides 21 recommendations with 103 associated actions spanning five key themes:

- prevention and early help for people;
- improve people's experiences with mental healthcare;
- improve people's experiences with services beyond the health system;
- equip workplaces to be mentally healthy; and
- instil incentives and accountability for improved outcomes.

The PC's recommendations are outlined in the attached document. For further information and context to the recommendations, the PC Report is available on the PC website at pc.gov.au.

The Inquiry represents one of the most comprehensive and significant reviews of the mental health system based on extensive consultation with the public and key stakeholders. The actions recommended by the PC span a range of policy areas including health, education, employment, social services, justice, work health and safety, and Indigenous Australians.

The Government is carefully considering the PC's recommendations and is consulting with the Australian public and key stakeholders to seek feedback on the recommendations.

Why We Are Consulting

The Government is seeking your views on the final recommendations in the PC Report, particularly with respect to priorities and implementation issues. Previous submissions made to the PC as part of the Inquiry should not be re-submitted.

ONLINE SURVEY

Critical recommendations

The recommendations of the PC Inquiry Report on Mental Health propose to set Australia on a path for sustainable, generational reform of its mental health system. While some recommendations can be addressed in the shorter-term, a large number will require implementation over longer time periods.

QUESTION 1

Of the recommendations made, which do you see as critical for the Government to address in the short term and why? Please enter your response in the text box (max. 500 words)

The Australasian College for Emergency Medicine (ACEM) welcomes the Productivity Commission's (PC's) recognition of emergency departments (EDs) as an integral part of Australia's mental health system. EDs are often considered the 'canary in the coalmine' in identifying failures in the mental health system and play a vital role in addressing the needs of people who have nowhere else to go. The College calls for immediate action from the Government to implement the following reforms aligned to the PC's recommendations:

- **Recommendation 9 – Take action to prevent suicide**

ACEM supports the PC's recommendation that effective aftercare should be provided to anyone who presents to a hospital, GP or community mental health service following a suicide attempt. People with suicidal ideation are more likely to present to EDs multiple times and as not all will end with an inpatient admission, there is a critical need for discharged patients to receive timely aftercare including to provide advice on available services and check on referrals. To ensure equitable access and standards of delivery, ACEM recommends that all jurisdictions implement this as a centralised service extended to all mental health patients who present to the ED, particularly where people present with a primary addiction problem and suicide risk is often under-identified.

- **Recommendation 12 – Address the healthcare gaps: community mental healthcare**

Due to the twin pressures of increasing demand and failure to provide adequate care in the community, EDs have become the major and often default entry point for people seeking mental healthcare. Often by the time people present to an ED, their potentially preventable or manageable condition is very serious, and they are in crisis. Addressing gaps in acute-mental healthcare in the community, not just low-level supports and prevention services, will provide better opportunities for early intervention and provision of care in a more appropriate environment. To ensure effectiveness in reducing unnecessary ED presentations, ACEM recommends that government-funded mental health services, particularly acute crisis services, are required to operate outside business hours as a condition of receiving funding.

- **Recommendation 13 – Improve the experience of mental healthcare for people in crisis**

ACEM has long advocated for governments to invest in alternative models of emergency mental healthcare. We strongly support the PC's recommendation to prioritise the development of alternative services, including peer- and clinician- led after-hours services and mobile crisis services. The benefits of these models are clear in improving patient experience and ensuring that appropriate care is delivered.

There is also an urgent need to increase the number of inpatient mental health beds and non-hospital alternatives (e.g. step up/step down services and hospital in the home). This will ensure people have timely access to inpatient care and reduce long and harmful ED waits currently widespread throughout Australia. While we recognise that bed numbers can't be increased overnight, shortfalls must be estimated immediately at a State, Territory and regional level and the Australian Government must set minimum targets per head of population to ensure States and Territory Governments are held to account and commitments made for tangible change.

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QUESTION 2

Of the recommendations made, which do you see as critical for the Government to address in the longer term and why?
Please enter your response in the text box (max. 500 words)

The Australian Government has a number of levers at its disposal to drive and sustain system reform. ACEM calls on the Government to address the following critical long-term recommendations:

- **Recommendation 22 – Best practice governance to guide a whole-of-government approach**

Australia has an ineffective governance system for mental health and previous strategies and plans have made limited impact. People with mental health concerns frequently have comorbid medical conditions, including addiction issues and chronic physical illness, so require integrated care. ACEM therefore supports the development of a new whole-of-government National Mental Health Strategy aligning the efforts of health and non-health sectors. We also support assigning the National Mental Health Commission (NMHC) as a statutory authority.

- **Recommendation 23 – Funding arrangements to support efficient and equitable service provision**

Primary Health Networks (PHNs) are the Australian Government's main commissioning mechanism for community based mental health services and are required to work with Local Health Networks (LHNs) to develop joint regional mental health and suicide prevention plans. We endorse the PC's advice for the Government to strengthen this cooperation and reform the allocation of funding to PHNs. This is a valuable mechanism to coordinate actions needed to prevent avoidable mental health ED presentations.

ACEM also endorses establishing a Mental Health Innovation Fund to trial new system organisation and payment models. Innovative funding arrangements are needed to support comprehensive, coordinated and sustained mental health care.

- **Recommendation 24 – Drive continuous improvement and promote accountability**

There is currently a lack of accountability and reporting of ED mental health presentations, leading to inadequate action to address preventable ED presentations. ACEM supports the PC's calls for a robust information collection and evidence base, and for all governments to develop a strategy to improve data usability and address information gaps.

The National Mental Health and Suicide Prevention Plan must include targets for EDs, inpatient mental health units and community mental health services. Being more explicit about the responsibility for PHNs to report against these targets will enable transparent oversight in the delivery of mental healthcare.

All initiatives established with the goal of reducing ED presentations must be monitored and evaluated to assess their impact. Data linkage involving ED and PHN data will help support these measurements and promote efficient and effective use of funding.

- **Recommendation 16 – Increase the efficacy of Australia's mental health workforce**

ACEM supports reforms to strengthen the mental health workforce and invest in future workforce development. We endorse the PC's advice to upskill non-mental health professionals and develop a national plan to increase the number of psychiatrists, particularly outside major cities and in sub-specialities with significant shortages. As EDs are often the first point of call for people in crisis, investment in the ED mental health workforce must also be prioritised.

The PC's Inquiry Report described peer workers' impact on both consumer outcomes and health system costs. ACEM agrees that peer workers are a valuable and under-utilised part of the mental health workforce and that using these roles more effectively is key to developing a person-centred mental health system.

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Implementation issues

QUESTION 3

Of the critical recommendations identified in the previous questions, are there any significant implementation issues or costs you believe would need to be considered and addressed?
Please provide your response in the text box (max. 500 words)

There is no doubt that mental health funding should be increased to better reflect the burden of disease and to acknowledge parity of mental illness with physical illness. The cost of implementing a more effective response has been estimated by leading mental health advocates as over $1 billion per year from the Australian Government, with similar investments from the states and territories. Providing ad-hoc, one-off funding for narrowly focused interventions or programs will have limited returns and be unsustainable without hard system reform to fix the current fragmented, chaotic and disorganised system.

It is clear from the PC's Inquiry that there are too few mental health services to meet community need, with EDs continuing to be the only access point for many people to the mental health system, particularly when someone is experiencing a crisis. The current mental health system planning, coordination and accountability mechanisms are failing. While there is much that emergency physicians and other ED staff can do to improve the experience for people seeking help in a mental health crisis, they cannot do it alone and a wide range of implementation issues must be considered and addressed.

As acknowledged in the PC Inquiry Report, there is significant underfunding across many mental health services, particularly community mental health, services for Aboriginal and Torres Strait Islander people and services in regional and remote areas. Hospital-type services – whether they occur in a hospital or not – are essential to provide a pathway for people in mental health crisis to be admitted directly from an ED, or as a service that removes the need for people to present to EDs in the first place. A one-size-fits-all approach to implementation isn't possible and will depend on the current services in each jurisdiction which may include increasing inpatient beds, hospital in the home services, short-stay units or specialised step-down services.

Australia needs to implement a new vision for integrated mental health services, with care available in the community and in hospitals. EDs should have an acknowledged and defined role to play within a reformed mental health system. For this to be effective, EDs must be resourced and supported to work in collaboration with specialist in-patient and community-based services as required. It is vital that these changes are accompanied by strong partnership, governance and rigorous accountability measures focused on patient outcomes. Strong policy leadership is necessary to achieve this. As the mental health system is inextricably connected with a range of other formal systems including criminal justice, housing, income support, and education and training, any reforms implemented must also consider these complexities.

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QUESTION 4

What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers?
Please provide your response in the text box (max. 500 words)

Before deciding on the specific PC Inquiry recommendations to be implemented, the Australian Government must first address the structural weaknesses in the mental health system including insufficient funding, perversities in funding systems and priorities, financial

and geographical barriers, services which are often not fit for purpose or not available at times of crisis, lack of staff with mental health expertise and a lack of emphasis on monitoring the outcomes of investments in mental health services. Time, as well as financial and human resources will be critical to support the planning and implementation process, in addition to the resourcing for individual recommendations.

A significant theme in the PC's Inquiry Report was the difficulty of successfully implementing the proposed recommendations without first addressing unresolved federal and state responsibilities and the lack of focus on service coordination at the regional/statewide level. It is ACEM's view that requiring PHNs and LHNs to form area mental health steering bodies to align, coordinate and monitor care pathways for all people requiring continuing mental health services will be an immensely valuable mechanism to overcome this implementation barrier. ED Directors must be at the table for local health planning and be actively involved in the design and implementation of joint regional planning for integrated mental health and suicide prevention services. Improving efforts to collect and share timely data at the local level between health services, community mental health services, LHNs, and PHNs will aid this local planning, promote better practice and provide knowledge about pressure points and gaps in the system.

The mental health system is inextricably connected with a range of other formal systems including criminal justice, housing, income support, and education and training as well as with multiple informal networks including families, communities, faith groups and non-government organisations. The enormous complexity of this web of relationships presents challenges to service coordination and ACEM members overwhelmingly identify the impact of entrenched systemic problems contributing to clinical management of mental health and substance abuse comorbidities. These include a lack of specialist services including detoxification, rehabilitation and employment-related programs, out-of-hours services, support groups and resources for families. Homelessness is a large contributing factor and there is evidence that services which integrate responses to mental health and substance abuse and address accompanying, complex social needs may achieve better outcomes.

An effective mental health system includes and involves patients and carers by reaching out to personal and community social support networks, as well as a wide range of civil society organisations and institutions. Moreover, the mental health system is bound by a raft of legislation which confers powers on agencies to act in protection of the best interests and safety of individuals as required, to make provision for assessed needs, and ensure freedom from discrimination and stigma and maintain human rights. Hence, this system rests on a foundation of organisational and workforce values, attitudes, and practice capabilities, including those of cultural safety. To function effectively, policy and funding need to be aligned to work with and manage these complexities.

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QUESTION 5

Are there clear steps you believe need to be taken to ensure the recommendations are successfully implemented?

Please provide your response in the text box (max. 500 words)

The Australian Government has an important leadership role to build and sustain a functioning, integrated mental health system across the whole spectrum of care. The forthcoming National Mental Health and Suicide Prevention Plan provides the Government with an opportunity to set goals and timelines for this new and transformative vision for mental healthcare in Australia. Prior to implementing the Plan, the Government should engage consumers and the mental healthcare sector to conduct detailed mapping of available services and patient journeys that identify transition points between services, and identification of gaps. The Plan must include a fully funded implementation strategy, with goals benchmarked against measures that have a direct impact on outcomes for people in mental health crisis e.g. fewer presentations to EDs, shorter waits for care, more pathways out of EDs and services funded that have a measurable reduction on people presenting to EDs in mental health crisis. Governments need to commit to accountability for delivery of these goals.

Existing funding arrangements, particularly the current fee for service approach, don't support best practice care for people living with mental health conditions. Services are rewarded for providing a service with an immediate benefit and not for anticipating and preventing avoidable future need. At present, there is little reward for providing tailored individualised care or for innovative, cost-effective patient-focused services. Innovative funding arrangements that support comprehensive, coordinated and sustained mental healthcare should be developed, initially targeted at people identified as at risk for frequent ED presentations.

In order to mitigate harms, there is an urgent need to ensure that trauma-informed care, and the skills to implement these practices, are embedded by the specialist and non-specialist services which respond to acute mental health crises. This requires a significant investment in strengthening the cultural competencies of the broad health workforce as a minimum. It also requires a fundamental review of the suitability and risks of the ED environment for all patients experiencing a mental health crisis and the establishment of culturally safe, non-discriminatory options for onward referral and treatment.

Workforce shortages may be addressed through the development of a workforce development and retention strategy, including the development of a peer worker accreditation program and introduction of attractive ED employment options and incentives that recognise the comparatively higher private income available in other roles, the complexity of work and unsociable hours in EDs. Investment in mental health workforce development is essential, including staff capabilities, skill mix and role diversification, to deliver the goals of an effective, best practice, comprehensive mental health system.

Immediate commitment to the development of creative and innovative partnerships between the ED, the wider health sector and consumers is desperately needed. This will provide opportunities to direct people to more appropriate mental health services, whilst ensuring that EDs succeed in the assessment, treatment, and follow-up of people who most need emergency mental health care.

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Critical gaps

QUESTION 6

Do you believe there are any critical gaps or areas of concern in what is recommended by the PC?
Please provide your response in the text box (max. 500 words)

ACEM believes that the PC's recommendations could have done more to address the way in which the crisis in mental health manifests in EDs. Unless more specific attention and action is paid to this issue, EDs and the increasing numbers of mental health patients who present to EDs every year will not get the resourcing and support that are so sorely needed.

Governments must do more to hold themselves accountable and genuinely commit to improving outcomes. The Australian Government must work with states and territories to set clear targets and mandate regular reporting against these. ACEM recommends:

- PHNs should have an explicit goal of preventing avoidable mental health emergency presentations in their catchment areas and form area mental health service steering bodies with LHNs to align, coordinate and monitor care pathways for people requiring continuing mental health services
- Area mental health service steering bodies should be held accountable to both Commonwealth and jurisdictional governments:
    - LHNs to monitor and report on excessive (>12 and 24 hours) ED stays, restrictive practices and walk-outs. This must include mandatory notification and review of all ED stays over 12-hours and be embedded in KPIs of public hospital CEOs. All ED stays ≥24-hour LOS should be reported to the relevant Health Minister, along with CEO interventions and incident review.
    - PHNs to monitor and report on primary care provision both pre-and-post acute mental health presentation or hospital admission
- The Australian Government should establish a robust mechanism for monitoring system performance

ACEM also notes the PC's recommendations have overlooked the need to reduce the use of restrictive practices (including sedation or physical restraint) in the ED. Insufficient levels of in-patient beds and excessively long waits for definitive care and disposition can aggravate patient distress, necessitating the use of restrictive practices where EDs are not staffed or resourced to clinically supervise patients over prolonged periods of time.

Adequate resourcing and clear reporting requirements are needed to help reduce the use restrictive practices. Audits of restrictive practices in the ED are needed to assess the impact on patient outcomes and the relationship to the availability and accessibility of acute or community-based services. Similarly, funding should support ED capacity to provide

appropriate clinical care and reduce the incidence of long waits (which are far more common for mental health patients), reducing reliance on restrictive practices. Alternative models of emergency and crisis care have similarly demonstrated a reduction in the number of security calls, use of restrictive practices, and patient length of stay.

Lastly, ACEM notes gaps in specific actions to address factors that impact upon the availability and accessibility of mental health services in rural and remote areas. In addition, Aboriginal and Torres Strait Islander peoples face cultural barriers and a lack of culturally appropriate mental health services. The National Mental Health and Suicide Prevention Plan must therefore be accompanied by a fully funded rural mental health strategy that addresses the severe inequities in access to safe, culturally appropriate and evidence-based mental healthcare.

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