Mental Health Funding Priorities

Responding to COVID-19

and

Building Longer-term Reform

September 2020

THE UNIVERSITY OF SYDNEY
Brain and Mind Centre

Australian National University

Recommendation

1. That the Federal government fund the priorities and incentives identified at Table 1 in this submission, totalling $3.76bn over four years, to address the immediate impacts of COVID-19 on Australia's mental health and contribute to the longer-term task of ongoing national mental health reform.

Background

The mental health sector appreciates that community and government understanding about the need to act in relation to mental health has never been higher. The Federal government has recently made several welcome investments in mental health. However, over many decades, fundamental problems affecting mental health care have not been adequately addressed. Government investments have often been piecemeal.

This paper is the result of over 12 months of collaborative work and consensus across a broad community of clinicians, service providers, researchers, peers, consumers and carers. An initial forum was held in August 2019, jointly hosted by the University of Sydney and the Australian National University which identified some key priorities.

During the pandemic there was a series of webinars (for example: The Global Impact of COVID-19 on Mental Health Webinar Series at ANU, #FlipTheClinic and #FlattentheMentalHealthCurve at Sydney Uni) that explored the unfolding impact of COVID-19 on Australia's mental health. In addition, systems modelling and simulation was deployed to understand both the scale of the mental health challenges ahead and what combination of programs, services and initiatives represents the most effective mitigation strategy.

Two important papers were produced:

1. Road to Recovery - https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/youthe/road-to-recovery-v2.pdf

This paper demonstrated a new and powerful capability to model, predict and plan Australia's future mental health needs. The model is being regularly updated as new Reserve Bank of Australia and Treasury outlooks for unemployment are revised. The latest results of these revisions can be provided on request. Model outputs include calculating the impact to the economy of the projected downturn in our national Mental Wealth. The projected cumulative cost of lost productivity associated with psychological distress, hospitalisations, and suicide over the period March 2020 - March 2025 is estimated to be $114 billion, which includes $11.3 billion in lost productivity among the youth population. In addition, over the next 5 years, the cumulative cost of mental health services is projected to be $51.6 billion, which is $874 million above what it would have been had the pandemic not occurred.

2. Rethinking Mental Health in Australia – https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/youthe/rethinking-the-mental-health-of-australia.pdf

This paper set out some key principles which should guide longer term mental health reform:

a) Sophisticated health, data, telecommunications, digital and corporate infrastructure to support regionally based systems of mental health care. Regions represent those social, cultural, geographic and economic communities in which people live their lives. The composite of those regions captures the collective 'mental wealth' of Australia;

b) Counting (by service and by region) the number of people who recover from mental ill-health because of receiving optimised care, the time to recovery, the experience of care and the cost of that care to the individual and the community. This incorporates the key concepts of highly personalised and measurement-based care being delivered in real time;

c) Recovery from mental ill-health is not simply a reduction in the number of symptoms and/or their intensity. Rather it is a personal journey that focuses on enabling self-agency, articulating and supporting the maximal social and economic participation of the individual and their nominated family and carers;

d) Funding models that support the provision of appropriate and evidence-informed multidisciplinary and properly integrated team-based care for those with complex conditions including multi-morbidity and reward directly those activities that promote functional recovery. This is about organising an intelligent response to 'cumulative complexity'. As complexity increases, team-based care must be the norm. The workforce should be built upon a generalist base and be parsimoniously balanced with specialism appropriate to the needs of people, families and location. A key idea here is the person-centred healthcare home; and

e) Effective, affordable, accessible, acceptable, evidence-based and accountable early intervention services for both the mental and physical health problems that are experienced by those with mental ill-health at any stage of life. From a lifespan perspective, the needs of children, young people and older persons are the most neglected historically.

Considering these principles, the paper then set out six key domains for action:

1. Mental Wealth
2. Personalised Care
3. Staging of Care
4. Digital Solutions
5. Regional leadership with National Support
6. Continuing to Build the Evidence about What Works

Drawing participants from the earlier 2019 forum, in September 2020 the University of Sydney and the ANU convened a further national (virtual) workshop, engaging a wide cross-section of mental health sector leaders (a list of participants is at Attachment 1). The group considered the following key question:

> *Against the principles and domains already identified, where should the Federal government place its funding priorities in order to meet both the immediate demands arising from COVID-19 while at the same time contributing to longer term national mental health reform?*

Findings

Mental health is complex. The solutions we seek transcend health to incorporate other key elements of mental wealth including employment, education, housing, community services etc. This complexity spans the responsibility of different levels of government, but a holistic response also needs the active engagement of both non-government and private sectors.

We acknowledge that this submission comes at a critical juncture, with both state and federal commissions of inquiry into mental health as well as the health and economic pressures imposed by COVID-19. There are myriad initiatives across Australia with visions, roadmaps and strategies. The consumer experience of care varies considerably depending on where you live, but it is too often poor.

In formulating this advice, we have attempted to avoid 'picking winners', being individual programs or services. This is because the evidence to justify such decisions can be thin and modelling has demonstrated significant differences in how some evidence-based interventions perform in different regions.

Mechanisms and Priorities to Suit the Times

Our advice reflects the experience of the sector, that when the national government provide the right incentives, working with state and territory partners, local change is possible. This was the mechanism which drove real reform in the first years of the national mental health strategy. This proposal includes a strong focus on the establishment of 'innovation pools', where new Federal funding is offered to the regions, through the states and territories, with an incentive for contribution by all parties. These partnerships include incentives for states and territories to not only maintain their current levels of effort in mental health, but increase it in the priority areas specified here, and engage in effective, regional co-commissioning with the Federal government. While the Productivity Commission's recommendations are not yet known, there is a strong likelihood they will rely on local governance structures that will depend on this kind of cooperation.

Given the ongoing split of responsibilities for mental health across levels of government, effective change will depend on the establishment of new shared stewardship in the regions, involving both state and federal agencies, as well as NGOs, the private sector and other organisations (e.g. lived experience). There are a small number of functioning templates, such as pooled funding arrangements, for how this can emerge in some areas of Australia.

There is widespread sector support for system development funding to drive innovation and gap-filling at regional levels. There is clear support for tailored regional leadership and planning, backed by suitable national infrastructure. Again, this is consistent with the direction already flagged in the draft Productivity Commission report, to combat existing funding silos and instead help regions more flexibly develop solutions to local problems and provide better care.

The recommendations provided here also draw on systems modelling which reveals the positive impact such measures can have on the mental health outcomes of individuals and the broader mental wealth of the Australian community. Our capacity to meet the challenge of mental illness depends on ongoing investment in our workforce, clarification of roles, and ensuring it has the skills and capacity to deliver quality care.

Table 1 – Recommendations by Domain

Rec. No.	Item	Description	Federal Investment (over 4 years)
Domain 1 – Mental Wealth			
1	National Aftercare Service	Modelling demonstrates the vital impact of post suicide attempt 'aftercare' services that are well-integrated or housed within with other acute care services (e.g. HOPE system in Victoria). This recommendation would see the establishment of national best practice approaches to aftercare.	$800m
Domain 2 – Personalised Care			
2	Psychosocial Services Innovation Pool	This funding is designed to fill a long overdue gap in Australia's mental health service landscape, using a national, competitive funding pool to establish and evaluate new psychosocial support services, enabling these organisations to properly partner with clinical services in addressing community mental health needs, particularly for those clients in the 'missing middle'. This would build on the National Psychosocial Support Measure, for clients not qualifying for, or not wanting to engage with the NDIS. States and territories providing an additional 25% of their own new funding would qualify for access to this innovation pool.	$1200m
Domain 3 - Staging of Care			
3	Multidisciplinary Teams Innovation Pools x 3	We have modelled the deficit in specialist, professional, community mental health services. This recommendation addresses this shortfall through a set of three national, competitive funding pools to establish and evaluate local multidisciplinary mental health teams for adults ($600m), youth ($400m) and children ($200m). Building on the Federal investment already announced for Victoria, we recommended the establishment of nationally distributed complex care centres to provide properly integrated support for GPs and other primary care services. These teams would include both clinical and psychosocial elements of care and, where practicable, be conjoined with State sector ambulatory services. We seek to avoid the creation of another silo or layer of service delivery. Peer workers should be a significant part of the evolving, multidisciplinary workforce mix. The teams would be a vital new part of a staged model of care, including in relation to suicide prevention. States and territories providing an additional 25% of their own new funding would qualify for access to this innovation pool.	$1200m

Rec. No.	Item	Description	Federal Investment (over 4 years)
Domain 4 – Digital Solutions			
4	Regional Digital Service Integration	Australia's approach to digital mental health has grown organically. There are myriad services, often poorly integrated with each other, or with existing mental health services. The sector strongly supports the development of regionally-based systems of multidisciplinary collaboration across services and settings, for the better delivery of coordinated care and integration of digital mental services with other services and face to face care. There are examples of this integration already provided in some Australian regions. This funding aims to end the piecemeal approach to digital service delivery in mental health through better regional integration.	$400m
Domain 5 – Regional Leadership with National Support			
5	National Planning Capacity, Regionally Applied	Establishment of new decision-support systems that significantly expand the capability and usability of what is currently available under the National Mental Health Service Planning Framework, drawing on state and federal data, as well as internationally accepted systems of classification and measurement. This proposal would see the delivery of place-based, co-designed decision-support tools for relevant regions within 6 months. The building blocks of this work, across areas of mapping, modelling and financing, already exist but do not yet drive regional decision-making in mental health. This is new infrastructure to support local decision-making in mental health that enables tangible 'on the ground' progress to be made against Priority Area 1: *Achieving integrated regional planning and service delivery* - in the Fifth Mental Health and Suicide Prevention Plan.	$100m

Domain 6 – Continuing to Build the Evidence Base about What Works			
6	Mental Wealth Public Observatory	There is a need for a specific independent authority to work with partner agencies (states and territories, AIHW etc) to collate and present the data necessary to provide publicly available analysis, tools and guidance, to spur effective systemic quality improvement through regional benchmarking etc. There are useful precedents here, such as Public Health England, the European Observatory for Health System and Policies and the Scottish Public Health Observatory. An observatory like this would create opportunities for innovation, supports the National Innovation and Science agenda and builds local knowledge and capacity within communities to self-manage.	$60m
Total			**$3760m**

Outcomes and Measures

One of the key issues facing Australia's response to mental illness is our lack of useful outcome data. This proposal will not solve this in one go. However, our modelling, combined with some other data, permits quicker and better assessment about the impact of this spending, including in relation to key markers such as:

- The number of suicides
- The number of suicide attempts
- The number of admissions for self-harm
- Unemployment
- The number of people accessing psychosocial support
- The number of people accessing multidisciplinary mental health teams for complex care support

The establishment of a dedicated mental health observatory will augment outcome establishment and measurement further. A new national infrastructure to support regional benchmarking is critical in driving systemic quality improvement in mental health.

Conclusion

Given the incentives on offer, in addition to new Federal funding, with state and territory spending we would expect the total expenditure associated with this proposal to be around $5bn of new funding over the next four years. This proposal has recommended the key areas requiring attention, reflecting the need to both respond effectively to COVID-19 now, as well as set a framework to drive ongoing mental health reform. Subsequent years should see this investment sustained and grow.

We recognise this may seem a significant investment. But it remains less than 3.5% of the cost to the Australian economy of lost productivity associated with poor mental health and wellbeing and hence represents a smart investment. The need for sustained investment in mental health at scale was recognised in 2006.

> Reform of mental health services cannot be achieved through a quick fix – it will require a sustained contribution of this magnitude from both the Commonwealth and the States and Territories to ensure long-term fundamental improvements in services for the mentally ill. Together, our investment in mental health will support reform of the system, and ensure that it remains sustainable into the future.
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> *Better Mental Health Services for Australia, CoAG National Action Plan*
> *Press Release, Prime Minister John Howard*
> *5 April 2006*

This government can set itself apart from former governments who lacked the tools to understand the scale and nature of investments required to deliver real impact. Our sophisticated systems modelling provides a new ongoing capacity for the sector and community to more clearly understand the impact mental illness has on individuals, communities and the economy. The challenges and stresses of COVID-19 are real and great. The mental health system's capacity before the pandemic was stretched. The economic costs of inaction are colossal. Lives are at risk.

It is time for bold action.

Attachment 1

List of Mental Health Sector Participants (that participated in the 7th September 2020 meeting)

No	Name	Organisation
1	Dr Angelo Virgona	Royal Australian and New Zealand College of Psychiatrists
2	A/Professor Annette Schmiede	BUPA Health Foundation
3	Dr Caroline Johnson	University of Melbourne
4	Carmel Tebbutt	Mental Health Coordinating Council
5	Catherine Lourey	Mental Health Commission of NSW
6	Dr Christine Yun Ju Song	The University of Sydney
7	Corinne Henderson	Mental Health Coordinating Council
8	Dr Daniel Rock	West Australian Primary Health Alliance
9	David McGrath	Ramsay Health Care
10	Professor Frances Kay-Lambkin	Newcastle University
11	Grace Lee	The University of Sydney
12	Professor Ian Hickie	The University of Sydney
13	Ingrid Ozols	mh@work
14	Irene Gallagher	BEING - Mental Health Consumers NSW
15	A/Prof Jo-An Atkinson	The University of Sydney
16	Adj Professor John Mendoza	Central Adelaide Local Health Network
17	Jonathan Harms	Mental Health Carers NSW Inc
18	Julie Sturgess	North Coast Primary Health Network
19	Louise Beehag	The University of Sydney
20	Professor Luis Salvador-Carulla	The Australian National University
21	Professor Marc Stears	The University of Sydney
22	Matthew Hamilton	Orygen
23	Dr Michael Moore	Central Eastern Sydney Primary Health Network
24	Adj Professor Rebecca Bell	Medibank Private
25	Dr Sandra Diminic	The University of Queensland
26	Sarah Murray	Adelaide Primary Health Network
27	Dr Simon Judkins	Australian College for Emergency Medicine
28	Dr Sebastian Rosenberg	The Australian National University; The University of Sydney
29	Dr Steven Leicester	headspace
30	Tim Heffernan	Mental Health Commission of NSW