



1. Introduction

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide feedback to the Commonwealth Government regarding the recently-released *Ten Year Roadmap for Mental Health Reform* (the Roadmap).

1.1. Contact details

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1.2. The Victorian Healthcare Association

The VHA is the major peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

1.3. Prefacing comments

The VHA applauds the Department of Health and Ageing's (DoHA) commitment to set a long-term vision for mental health reform in Australia. Mental healthcare in Australia has long required a clearly articulated and coordinated plan that provides a broad focus and achievable goals and objectives.

The shift in focus to a community based, consumer involved treatment and management system is a positive step, and one that the VHA supports. There are, however, some queries that remain around how these reforms will be implemented. While the Roadmap's aim to *change the way governments, non-government organisations, providers and the private sector do business with each other and the community* is recognition of the importance of a collaborative approach to health care and reform, the Roadmap does not reference any existing collaborations between agencies or organisations that can be used as examples in the establishment of its reforms.

The VHA is concerned that the current draft lacks the necessary detail to provide any real changes to mental health in Australia. The public consultation and feedback mechanism provided by DoHA does not encourage submissions of sufficient detail, as the use of an online survey tool effectively shepherds respondents into providing non-specific responses. Public consultation is critical in shaping a nation-wide reform with a scope as broad as the Roadmap's, and in this case, the tools and methods provided do not allow for sufficient breadth of response and input.



For the Roadmap to achieve its overarching aims, it requires far more detail in regards to targets and priorities. Without setting clear and achievable goals, it will remain a rough guide and will not have the desired positive effects on mental health in Australia.

2. The VHA Response

2.1 Vision of the Roadmap

The VHA supports the holistic nature of the vision. Achieving mental health is far more complex than merely treating illness. Social, environmental and economic factors all play an extensive role in determining how individuals experience health and illness. The Roadmap's vision is inclusive of these factors, and the VHA applauds this.

The VHA suggests that the Roadmap could go further in envisioning an environment where mental health reform is integrated and incorporated into National Health Reform. This involves progressing reform to a point where all health-related policies and programs are linked and operate as a connected and related system.

2.2 Principles promoted by the Roadmap

The VHA supports the breadth of the principles proposed by the Roadmap. Recognition of the role of education and employment on the recovery process, the role of mental health and wellbeing in achieving the Closing the Gap objectives, and the importance of reducing inequity for Australians living in rural and regional areas is also applauded. It is important that all future policy directions relating to mental health reform are supported by a clear and robust evidence base, and the use of evidence in defining and supporting each guiding principle is recognised and commended.

2.3 Key Directions

The VHA supports the breadth of the proposed directions as national priorities for mental health reform. An ambitious system reform must be undertaken to positively change all elements that influence mental health outcomes; from social stigma, mental health literacy, and individual empowerment, to improvements to social welfare and system integration. The proposed directions incorporate these elements and provide an excellent basic framework to populate with detailed plans to progress mental health reform.

The accompanying actions and evidence goals, however, are too vague in their content and detail. If the Roadmap is unable to provide clear targets, indicators and accountability frameworks to accompany the proposed actions, it is probable that many of the changes proposed in the reform will be relatively ineffective.





2.4 Notable omissions

The VHA advocates for the specific inclusion of people experiencing family violence as a population group at risk. Drug and alcohol abuse must also be recognised as a risk factor for mental illness.

The Roadmap will benefit from greater detailed action in the following areas:

1. Carers: while the burden of caring is recognised, the need for carers and family members to receive support in their own right is not clearly articulated.

The VHA recommends:

- a. Introducing a framework that provides greater support for family and non-related carers. Increasing access for carers to receive counselling support in their own right will assist in the management of stress and reduce the risk of developing a stress-related mental illness.
 - b. Expanding family approaches to care so that the service model promotes carers as being at the heart of service provision and support. It is necessary to move beyond the patient-centred approach and recognise that the patient operates within a social system; services need to take a family-centred approach to care. This approach balances concerns about privacy issues whilst recognising the vital caring role and the need for carers to be involved in care planning.
2. Diverse communities: Whilst the Roadmap discusses the need to improve services for refugees and Indigenous people, it does not recognise the special needs of other cultural and linguistically diverse communities. The Roadmap needs to recognise the increased risk of mental illness, and consider mental health literacy in these communities as well as access to services and to specific treatment options. Examples of specific communities who are exposed to often unique risk factors include people with disabilities and people in the gay, lesbian, bisexual, transgender and intersex community.
 3. Co-morbidities: The Roadmap does not detail how the poor general health status of the mentally ill or the prevalence of co-morbid conditions such as drug and alcohol dependence will be addressed.

2.5 Clinical and preventive indicators

Whilst the VHA supports the Roadmap's intended reform agenda it is essential that the proposed changes to the mental health system must be accompanied by robust guidelines to service provision. The present funding indicators for mental health services are skewed towards reactive and treatment-based activities. While the need for an efficient and connected treatment system is not being questioned, it is crucial that any changes to activities are supported by formal changes or additions to the indicators that govern the provision of mental healthcare.

The Roadmap promotes the importance of non-medical and non-treatment interventions in the mental health system. Increasing the community awareness of mental illness, promoting family and patient-centred care, and utilising community based support are essential partners



to traditional treatment interventions. However, a formal indicator framework must exist that supports and guides these activities.

The VHA recommends the development of a national set of indicators to reflect the role and importance of prevention activities and community based programs for mental health. Without the formal structures to guide and develop broad upstream interventions, mental health providers will continue to focus on providing services that match their funding and indicator guidelines.

2.6 Funding mechanisms

Appropriate and flexible funding mechanisms are required to guide and inform the provision of mental health services. When the funding mechanisms for mental health care are centred on activity-based funding for treatment services, publically funded mental health providers will not have the budgetary scope to provide the breadth of services advocated for by the Roadmap.

The VHA advocates for the provision of flexible funding arrangements to support innovation and locally appropriate programs. Activity-based funding, while appropriate in some contexts, offers little scope for prevention and non-treatment programs. Much of the positive developments proposed by the Roadmap are centred around the increased focus on consumer engagement, mid- and up-stream interventions and social re-engagement of patients. These activities are more difficult to quantify and fund on an activity basis, so flexible funding mechanisms must clearly support such practices.

2.7 National Mental Health Commission

The VHA supports the creation and role of the National Mental Health Commission (NMHC). In particular the focus on ensuring that a cross-sectoral perspective is taken to mental health reform is applauded. The Roadmap states that the NMHC's first official role will be to present the National Report Card on Mental Health and Suicide, the VHA supports this work, however points out that few details are available about how this report card will be structured, in particular which indicators and research methods will be utilised in writing the report.

2.8 Integration with National Health Reform

Implementing the changes proposed by the Roadmap will require cohesive and coordinated action across government departments, mental health providers, community groups and other groups with an interest in the improvement of the mental health system. Care and treatment must be coordinated and linked to the greater health system as a whole, because as the Roadmap correctly observes, mental health and illness is often closely related to physical and social health and wellbeing. It is important that while the mental health system is reformed with measures specific to its needs, all reforms must be integrated within the existing systems and other proposed health reforms.

The Roadmap recognises the need for better connections with early childhood services, educational services, welfare and community supports and justice services. The Roadmap needs to go further and recognise the need for specific mental health oriented services in



these areas as well as in police and other emergency services. The Roadmap needs to commit to expanding the number and range of community-based support services and supported housing options.

Whilst de-institutionalisation has assisted with integration in some respects, there is still a need for hospital emergency departments and wards to have appropriate staff, facilities and support systems in place to manage mentally ill patients in a respectful and effective manner.

The National Health Reform has identified the establishment of Medicare Locals and Local Hospital Networks as a solution to the lack of coordination and connection across the health system. Medicare Locals aim to facilitate more effective planning and service coordination across local areas. The VHA recommends that any proposed mental health reforms relating to the health system as a whole must be at the very least integrated with existing and proposed coordinating agencies, such as Medicare Locals. Doing so will further build the connected and integrated health system that the Commonwealth and State Governments are striving to create.

If positive mental health is to be embraced by the Australian public, and mental health reform integrated into the broader health system, the Roadmap must present examples of integration and cross-sector involvement in its plans. It is not sufficient to refer to these goals in word alone; greater detail must be provided and DoHA should use this opportunity of reform to ensure that all areas of health are integrated and linked together.

2.9 Planning

Any programs and initiatives that aim to increase the mental health and wellbeing of populations must be developed in line with the broader health and mental health policies. Doing so will ensure that population health plans are linked together and are not duplicating other measures in the same area.

The VHA commends the Roadmap's recognition of the role and importance of sectors outside of health and mental health in the management and treatment of mental illness. The VHA's Population Health Approaches to Planning work details the importance of introducing cross-sectoral collaboration when planning population health measures. It promotes the importance of instituting a 'health in all policies' approach to planning, where the health of the population is recognised and planned for in the policies of related sectors, such as housing, welfare, education, disability and ageing.

3. Conclusion

The broad aims of the Roadmap are to be commended, as a functioning long-term plan for mental health in Australia is long overdue. Despite previous attempts of reforming mental health, total system reform has yet to be achieved. The Roadmap presents an excellent opportunity to produce a long standing upgrade to the mental health system in Australia, and one that should not be misused or missed due to rushed implementation or inadequate planning.





Victorian Healthcare Association

SUBMISSION

Ten Year Roadmap for Mental Health Reform

1 February 2011

The main priority of health reform should be the complete integration of health services into a single, unified and connected system. Elements of this connected system are being developed as part of the National Health Reform, and mental health reform should take full advantage of these opportunities and ensure that its proposed changes are integrated into the broader health reform context.

The recommendations provided by the Roadmap are impressive in their breadth; spanning measures to empower the patient and individual, to changes to service provision and the establishment of the National Mental Health Commission. However without specific and clear funding, accountability and indicator guidelines to inform future activities, especially those relating to prevention, holistic treatment and management, there is a danger that the proposed measures will lack direction and longevity.

Please contact me on (03) 9094 7777 to clarify any information in this submission.

A handwritten signature in black ink, appearing to read 'Trevor Carr', with a long horizontal flourish extending to the right.

Trevor Carr

Chief Executive Officer

