



Productivity Commission Final Report Response to Department of Health's Consultation Questions

1. *Of the recommendations made, which do you see as critical for the Government to address in the short term and why?*

Achieving reform of the scale outlined by the Productivity Commission requires striking the balance between investing in 'quick win' recommendations that deliver immediate value for the community, and in the structural components of a well-functioning sustainable mental health and suicide prevention system. Some will require incremental development over the long term, but are necessary for sustainable change and should not be delayed. In getting the balance right, Government must ensure that the priorities, preferences and experiences of consumers and carers are embedded across all recommendations, and for the voice of lived experience to be at the centre of a reformed system.

With this in mind, there are several immediate implementation priorities that will be critical for Government to address now:

- 1. Implementation priority 1 – whole of government approach (recommendation 22) that includes clear roles and responsibilities (action 23.3)** – because a bipartisan, whole of government approach is critical to guide investment for people who need it most, particularly the development of a new whole-of-government National Mental Health Strategy and National Mental Health and Suicide Prevention Agreement. Australia needs one roadmap that unites efforts, can be used to guide and track progress, and provides clear roles and responsibilities within governments and across them. The outcomes that matter the most to consumers and carers (**recommendation 24**) must be embedded in the instruments supporting the whole of government approach.
- 2. Implementation priority 2 – children's mental health (recommendation 5)** – due to the importance of preventing conditions for long term gains and impacts, and the ability to leverage existing capacity and capability, like Beyond Blue's 'Be You' initiative. We welcome the proposal for universal screening of children and parents, and more education programs in family and children health services. However, as described in the National Children's Mental health and Wellbeing Strategy, much more comprehensive reform is required to create a well-resourced and integrated system so that children and families identified through screening are supported swiftly and with multidisciplinary input.
- 3. Implementation priority 3 – suicide prevention (recommendation 9)** – due to the capability already available in Australia and the ability to reach one of the highest risk groups of people. Considerable investment has been dedicated to developing programs and services that can support people before and after suicidal crisis. Evidence-based models such as The Way Back Support Service – which will operate in 33 locations by March 2021 – can be leveraged in partnership with states and territories to make universal aftercare possible. The National Safe Spaces study provides a ready-made blueprint for a tiered network of spaces that takes the pressure off the emergency departments and provides safe alternatives for people experiencing suicidality. These programs can deliver impact at scale and be tailored to local populations.

4. Implementation priority 4 – national digital mental health platform (recommendations 10, 11, and 15) – as there is existing capability within the sector to deliver the transformation required, it will immediately improve access to care and service navigation, and will help fill the low intensity gap. The sector is already leading and innovating in the area of digital mental health support, for example, Beyond Blue, Lifeline and ReachOut coming together during the COVID-19 pandemic to augment the Coronavirus Mental Wellbeing Support Service. Leveraging established expertise and capability of sector organisations will deliver immediate improvements in access to effective support options and lay the foundations of the national digital mental health ecosystem. Any approach to building an entirely new platform must be agile. It could focus initially on interoperability of existing well known platforms and build out from there.

2. Of the recommendations made, which do you see as critical for the Government to address in the longer term and why?

The below actions are identified as longer term investment priorities, because they require sustained investment and concerted attention over time in order for the benefits to be fully realised:

1. **Investment priority 1 – Build out the structural components** – because increasing investment in the structural components will be critical for continuing to evolve the mental health and suicide prevention system according to community needs and emerging evidence. This will, and must, be an iterative process of incubating systems and structures, and building them out over time, as the system develops in response to evolving community needs. These structural reforms must be started now, but will only be successful with dedicated and consistent investment over the longer term:
 - **Recommendation 23** – creating the instruments that will guide government’s investment strategy over time, particularly as new evidence based programs emerge. They will need to address the current service fragmentation not just between federal and state/territory services but also their delivery mechanisms through the NDIS, PHNs and LHNs.
 - **Recommendation 24** – ensuring that the outcomes that matter most to consumers and carers are embedded into the whole of government approach and are monitored and adapted in response to changing community needs. The national monitoring system should be linked to the National Mental Health and Suicide Prevention Agreement so that investment is guided by these outcomes.
 - **Recommendation 16** – building a new interdisciplinary workforce with the capacity to work differently and deliver a system where the consumer is at the centre. Drawing on work already being led by the National Mental Health Commission, professionalising the peer workforce will be a vital link in ensuring the system of supports is person- not clinician-led.

2. **Investment priority 2 – Position lived experience at the forefront of change** – because, as the Productivity Commission acknowledges, consumer impact is the factor by which all other elements of reform are judged – if the system doesn’t work for the people who need the system most, it doesn’t work. A person-centred approach requires a cultural shift and will require concerted, long term attention to be properly fulfilled. Government should fund the formalisation of national peak bodies for consumers and for carers, to ensure there is continuity in the lived experience voice as the reform agenda is implemented over time. There should be clear mechanisms for embedding the lived experience voice within the instruments under **recommendation 23**.

3. **Investment priority 3 – stop people falling through the cracks:** Government should fill service gaps and improve quality of care for everyone to ensure the system contains an in-built safety net, including by:
 - creating universal access to psychosocial support (**recommendation 17**),
 - addressing service linkages, care coordination and system navigation (**recommendations 14 and 15**)
 - improving community mental health options, such as reviewing Medicare Benefits Schedule rebatable services and access to low intensity supports (**recommendation 12**)
 - reducing stigma and social exclusion, with a particular emphasis on improving community attitudes towards those with low prevalence mental health conditions and

reducing self-stigma for those with higher prevalence mental health conditions.
(**recommendation 8**).

4. **Investment priority 4 – address the social determinants of mental health** – because generational transformation in the mental health of Australians is only possible if we address the social determinants of mental health. Government should create dedicated long term funding streams to support the actions identified under **recommendations 19, 20 and 21**.

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?*

Taking an iterative approach to the structural components of the system:

1. For the system to meet the needs of the people who need it most, it must be sustainable and responsive to emerging community needs. Government should not attempt to build everything at once, nor create new bureaucratic machinery that slows the pace of innovation.
2. Rather, it should address the longer term components of the Productivity Commission's vision in an iterative way that enables a 'try, test and learn' approach, prioritising the incubation of services that can be proven, expanded and scaled.
3. The National Mental Health and Suicide Prevention Agreement is an opportunity to get this approach right. The Agreement should be approached as a 'living document' that first establishes clearly defined roles and responsibilities for governments and an agreed funding architecture, that can then be built out over time as the service system evolves. It should not opt for a highly prescriptive set of arrangements that fail to achieve consensus and risk delaying the pace of reform.

Partnering with the sector for transformational system redesign:

1. Some parts of the system will require wholesale re-design. This must be done in partnership with consumers and carers, and sector organisations who have the capability and experience to deliver parts of the reform agenda. Securing agreement on the high-level governance and funding architecture quickly will create the conditions for this to occur.
2. For example, the mental health system needs a digital transformation in order to deliver the services the community needs. This will take time, investment and resources, and a commitment to iterative design.
3. As mentioned in question 1, Beyond Blue, Lifeline and ReachOut have capability and experience to lay the foundations of the digital mental health platform, which could inform the Government's broader digital transformation efforts.

A new flexible and adaptive approach to funding that ensures:

1. Services reach people where they are, rather than expecting people to go to services.
2. Service availability matches demand, including that it is equitable and reaches people in rural and remote locations.
3. That services and commissioning bodies are adequately funded.
4. That there are mechanisms to ensure cultural safety and appropriateness in service delivery, such as ensuring that Aboriginal Community Controlled Health Organisations are not simply tasked with delivering and designing services, but empowered with long term funding to be strong advocates and leaders for their communities.
5. Allowing time and funding for co-design with consumers and to embed lived experience representatives in governance arrangements at every level, including the foundational instruments mentioned above.

4. What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers?

- 1. Enabler 1 – leverage existing capabilities and partnerships:** harnessing successful and proven offerings, rather than building new initiatives from scratch, will maximise the value of investment and prevent additional system fragmentation. Government should work with the sector through strategic partnerships and take an iterative approach, by incubating services based on what already works, proving and extending, then scaling rapidly.
 - 2. Enabler 2 - intergovernmental cooperation:** The whole of government approach envisaged in **recommendations 23 and 24** must be enabled through long-term (rather than seed or pilot) funding commitments and the adoption of shared outcomes across Commonwealth and State/Territory governments.
 - 3. Enabler 3 – system architecture:** there are actions that, if implemented right, are themselves enablers of the rest of the reform agenda, such as:
 - Having a genuine mechanism for placing consumers and carers at the centre of design, delivery and evaluation will – in the spirit of “nothing about us, without us” – ensure that a system designed *for* the people who need it, is also designed *by* them.
 - Having a system that is informed by meaningful data, insights and outcomes will allow for innovation and adaptation based on emerging community needs. How data and the linkages between datasets are used will be critical for ensuring that actions are effective and can inform future policy development and reform. The Government’s mental health response to COVID-19, including the funding and delivery of the Coronavirus Mental Wellbeing Support Service has demonstrated that there are good opportunities for regularly sharing data and insights to inform service innovation, monitoring and evaluation. This can and should be led by the sector and the community, with the support of Government.
 - As addressed in question 2, the new multidisciplinary mental health workforce itself, particularly the development of a professional peer workforce.
-
- 1. Barrier 1 – persisting with traditional implementation approaches:** To achieve the transformational change envisaged by the Productivity Commission, Government needs to move beyond a ‘waterfall’ implementation methodology to an agile framework that embraces iterative design and a ‘try, test and learn’ approach. Initiatives can be incubated then proven in stages, rather than being delayed by over-investment in design phases that are not informed by consumer feedback. This will require a different mindset and instruments for funding.
 - 2. Barrier 2 – maintaining existing funding strategies:** the ‘let a thousand flowers bloom’ approach of short term pilots and piecemeal investment is no longer fit for purpose. The National Mental Health and Suicide Prevention Agreement should contain funding for outcomes rather than activities, and embed long term priorities that support service continuity, incentivise sector innovation, appropriately ringfences new investment, and ensures funding is allocated where it’s most effective.
 - 3. Barrier 3 – sector cooperation:** the scale of proposed reform will not be sustainable if organisations continue to be funded in siloes. The sector needs Government’s support to work better together. This requires the sector to come together through incentivised partnerships, shared platforms and insights, and open learning and innovation. Government should incentivise the sector to collaborate more effectively, by leveraging existing capabilities and harnessing partnerships that have proven success in responding to community needs.

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

- 1. A single plan to guide and track progress:** This would logically be the new National Mental Health Strategy, underpinned by associated instruments such as the National Mental Health and Suicide Prevention Agreement. To be effective, sufficient time and investment must be dedicated to ensuring consumers and carers are at the centre of design and monitoring, so that the whole of government approach is guided by lived experience and adaptive to emerging community needs. As mentioned in Question 3, these instruments should be approached as a 'living documents' that can then be built out over time as the service system evolves. They should prioritise the broad architecture of reform, rather than highly prescriptive, contentious arrangements that risk delaying the pace of implementation.
- 2. Formalising the National Mental Health Commission in statute:** The new monitoring and oversight function role for the NMHC should be formalised in legislation, not just through the National Mental Health and Suicide Prevention Agreement. The NMHC should be enacted as an independent statutory authority with permanent funding, clear objectives and regulatory powers. Enshrining its role in statute will help refine and clarify the scope of the Commission's responsibilities, and empower the Commission to acquit its functions over the long term. It will also provide the regulatory stability and accountability that will sustain the new whole of government approach.
- 3. Re-designing the Medicare Benefits Schedule ('MBS'):** Beyond Blue affirms the Productivity Commission's recommendation to review the MBS for psychological services. The Better Access initiative has significantly increased utilisation of psychological services and treatment over its 15 years of implementation. However, numerous studies and national data have shown, it is also expensive, outcomes blind, undermined by issues of equity and distribution of access (e.g., the majority of private practitioners work in major cities and treat people who can pay out of pocket costs), and is provider- rather than person-led. Government should transform the MBS into a mechanism for stepped care involving multi-disciplinary workforces, that integrates with a digital platform, has robust, mandatory outcomes reporting, and is capable of allocating funding to where it's most needed.
- 4. Develop a best practice approach to reviewing the evidence and providing knowledge translation of innovations that work:** Government should develop best practice approach to research and innovation, by first commissioning a review of the current evidence in the mental health sector and providing guidance how to continually identify new innovations, test their effectiveness and scale up what works. There is great possibility and capability for innovation in the sector, but at present the evidence base for what works in mental health is still emerging, is piecemeal rather than comparative, and needs knowledge translation. It will be important to assess why actions already on agreed government agendas, such as the Fifth Plan for Mental Health and Suicide Prevention, are either working or are failing to have impact, in order to leverage successes and avoid repeating mistakes. Only by continually reviewing, translating and embedding understandings of what works (and does not work) can we improve the system in line with emerging community needs, and be genuinely responsive to consumers and carers.

6. Do you believe there are any critical gaps or areas of concern in what is recommended by the PC?

- 1. A comprehensive system for children's mental health:** Support for children 0-12 years should incorporate universal screening within a broader system of care. As described in the National Children's Mental Health and Wellbeing Strategy, for children under 12, there is no real 'system' of affordable, integrated care, delivered on the basis of need. Specialist children's mental health services are under-resourced to meet demand, meaning children miss out or have to wait until they age into youth services. Significant integrated reform across community, education and service settings is needed to enable identification of children in need of support and to ensure appropriate services are readily available.
- 2. A greater focus on prevention:** Beyond the recommendations relating to stigma reduction and early help for new parents and children, much of the reform agenda targets existing mental health conditions and the crisis end of care. A holistic mental health system needs to reach back further into wellbeing, to prevent early distress from becoming a mental health condition. Government should apply a prevention lens to all key areas of reform, including to workplace, suicide prevention, low intensity digital supports, and education.
- 3. Digital exclusion:** While simultaneously creating more digital mental health solutions, Government must address how they can be made available to everyone. People more likely to be digitally excluded are also more likely to experience poor mental health. An estimated 2.5 million Australians, approximately 10 per cent of the population, are digitally excluded, meaning they cannot access, afford, or possess the ability to connect and use online technologies effectively (Australian Digital Inclusion Index, 2020). Australians with low levels of income, education, and employment are significantly more digitally excluded.
- 4. Uptake of low intensity digital supports:** For a stepped care model of mental health to be successful in Australia, Government should do more to ensure consumers and clinicians are willing and able to use low intensity digital interventions. Clinical integration is a clear impediment to the development of a stepped care framework and uptake of low intensity treatment generally. Some doctors lack awareness of low intensity services, or are slow to recognise their utility, so do not refer patients to the most appropriate service for their needs. Government should conduct research to understand the barriers to community and clinical acceptance of low intensity digital treatment, and deploy consumer and clinician awareness campaigns focussed on the national digital mental health platform. Addressing digital exclusion must be part of the solution.
- 5. Creating mentally healthy workplaces:** Strengthening workplace regulation to reduce psychological injury, as outlined by the Productivity Commission, is commendable. However, the enormous costs of absenteeism and presenteeism due to mental ill health (estimated as between \$13 to \$17 billion annually) cannot be solved purely through a risk reduction approach or legal compliance. Government should continue to support the National Workplace Initiative, under the leadership of the Mentally Healthy Workplace Alliance, and in particular invest in implementation support for employers. As part of this initiative, workplaces need to be assisted and incentivised to employ best practice approaches that support inclusion and positive mental health and take into account business size and capacity, with a focus on small business.