NATIONAL RURAL HEALTH ALLIANCE INC.

Mr Michael Pervan
Chair
Mental Health Drug and Alcohol Principal Committee
C/- Australian Government - Department of Health
GPO Box 9848
CANBERRA ACT 2601

Dear Mr Pervan

Submission – Fifth National Mental Health Plan - Draft for Consultation

Thank you for the opportunity to provide comments on the consultation draft of the *Fifth National Mental Health Plan* ('the Plan').

The Alliance is disappointed and mystified about the directions and actions proposed in the Plan. It appears to largely ignore the substantial progress made in recent years in mental health and suicide prevention – directions which the mental health sector has largely aligned with and where the sector is very keen to work with governments to achieve long-term and lasting change in the best interests of individuals, families, communities and the Australian population.

These directions have been identified in a range of reviews, strategies and reports and have broad, non-partisan support. This includes the very comprehensive review by the National Mental Health Commission (NMHC), *Contributing Lives, Thriving Communities*, which set a comprehensive vision for mental health and wellbeing, and which was largely supported in the Australian Government response of 26 November last year. It also includes state and territory plans, including those developed by State-based mental health commissions, the work of Mental Health Australia (which aligned with the NMHC directions and was broadly supported across the sector) and directions espoused by consumer and carer groups, NGO organisations, and professional colleges and organisations (eg. Mental health nurses, psychiatrists, general practice, psychologists and other allied health professions).

In addition, there has been significant work done by Indigenous organisations such as the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) and the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) group – all of which aligned with the directions supported at national, state and local levels.

The draft Fifth Plan appears to pay only lip service to all the work and agreement achieved over recent years and virtually begins from scratch, as if that work had not been done. In doing so, it presents a rather outdated vision for mental health in Australia and certainly does not paint a picture of how Australia will achieve the NMHC's vision of how people will

(02) 6285 4660 (02) 6285 4670 nrha@ruralhealth.org.au www.ruralhealth.org.au PO Box 280 DEAKIN WEST ACT 2600

live fully participating and contributing lives in socially and economically thriving communities.

Since the release of the Australian Government response to the NMHC review, the Prime Minister has regularly spoken about the mental wealth of Australia. On 11 August this year, the Prime Minister stated:

> "We have to recognise mental illness is a huge cost in every respect, whether you measure it in dollars or whether you measure it in human happiness. And all of us have a vested interest in the mental health of all Australians. It is part of the mental wealth of our nation - a critical concept. "

The Alliance considers that the Plan, as currently drafted, will make little progress in unlocking the mental wealth of the nation. Rather it is very mental illness focussed, rather than being focussed on holistic, person centred care; prevention, early intervention and recovery; stepped care matched to need; and use of emerging technology to transform the mental health sector.

These were all principles which underpinned the NMHC Review and the Australian Government response, yet they have not been included or given prominence in the draft Plan: the draft shows no clear connection to Contributing Lives, Thriving Communities nor the Government's response. It is unclear why this has occurred.

Likewise, the Plan lacks specific mechanisms for consumer and carer co-design, and does not address the broader factors which enable a contributing life.

Those factors – such as social connection, stable housing, employment, education and social services, and having something meaningful to do – are likely to have far more impact on the mental health and wellbeing than mainstream health services (while recognising that mainstream health services are fundamental to wellbeing, early intervention and recovery).

In short, the Plan in its current state does not provide a coherent, credible guide to nationally coordinated action on mental health and wellbeing in the years ahead. In its current state, it will not achieve the support and alignment of the broad mental health sector and instead is likely to lead to disillusionment and fracturing of effort – issues which the NMHC advised were barriers to the effective functioning of current mental health and suicide prevention systems.

The following brief comments are made about specific aspects of the draft Plan and I would be happy to elaborate should that be helpful.

1. The Alliance recommends a greater focus on promotion, prevention and early intervention. Focussing efforts in these areas should be in addition to higher end interventions and care provided in acute settings and should include expansion of the community mental health sector – both government and non-government service providers. Further, the Plan gives very little reference to 'recovery' and this

is a key consideration in empowering people and particularly for capturing the perspectives of carers and consumers.

2. The Plan does not give due consideration to, nor articulate, the broader environmental impact on mental health including employment, education and housing. The management and ongoing health care of an individual experiencing mental illness, with a particular focus on their functional capacity (as compared simply to their diagnosis) should be undertaken with these issues in mind.

3. The Plan does not recognise the targeted responses required to address mental illness in hard to reach populations. People living in rural and remote Australia have prevalence of mental illness about equal to that in major cities. However their access to services is much poorer – particularly to allied health providers – and they tend to present later for services, meaning that they are likely to be more advanced in their illness, and often with complex comorbidities. In addition, their health outcomes, measured by burden of disease, are much poorer and suicide rates are much higher. A model for delivering mental health services in major cities will not operate successfully in rural and remote Australia. Further thought needs to be given to targeting services appropriately to meet local needs. This principle is the same for other 'hard to reach' populations including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse populations and people from the LGBTIQ sector. Living in rural and remote Australia simply compounds mental illness for these populations.

4. The Plan does not discuss the workforce requirements to ensure that the proposed aims and actions can be met. This is particularly problematic when considering rural and remote Australia given there is inequitable access to mental health services with very few allied health providers and few, if any, psychiatrists in many areas. As the NMHC pointed out very clearly, there is a maldistribution and shortage of a rapidly aging mental health nurse workforce and this needs to be addressed as a matter of priority. As well, support for the roles of carers, peer workers and Aboriginal Mental Health Workers need to be addressed.

5. Very disturbingly, the language of the Plan is very focussed on what Governments 'will do' rather than around a collaborative approach with consumers and carers playing a key role. While the Alliance had understood there was broad acceptance of the principle of "nothing about us without us", this has disappeared from the draft Plan. Rather it comes across as the very heavy hands of government doing everything about consumers and carers without them. This language and approach needs to be changed.

6. While the Alliance recognises that the Plan is intended to capture Governments' role in delivering mental health services, unfortunately it only recognises the Government's contribution to the exclusion of health professionals, service providers, NGOs, and most importantly consumers and carers. With a goal of holistic, person centred care which improves health outcomes, it is vital that the mental health sector, including government, work together to support people throughout their recovery journey.

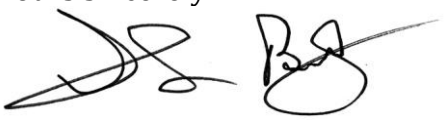
7. The Plan would be more meaningful and relevant if it included specific actions for implementation and clarified roles and responsibilities on how those actions will be carried out. This includes recognising the roles and responsibilities of NGOs and private providers, and importantly of consumers and carers.

8. Of vital importance is the inclusion of goals and targets to ensure accountability and measure change. This needs to include a clear process for the monitoring, review and evaluation of the actions contained within the Plan. The Alliance considers that the National Mental Health Commission, as an independent agency, is best placed to fulfil this role, which was assigned to the NMHC by the Federal Minister at the time of the release of the Australian Government response.

On the basis that a substantial amount of work needs to be done to be able to finalise a plan that achieves broad support across the mental health and suicide prevention system, the Alliance would urge governments to delay the proposed endorsement by Health Ministers until such time as broad consensus can be achieved. To rush decisions on a plan that cannot achieve the espoused objectives from work conducted over recent years risks seriously alienating the sector.

Should you wish to discuss the National Rural Health Alliance's submission further, I can be contacted on david@ruralhealth.org.au or on (02) 6285 4660.

Yours sincerely



David Butt
Chief Executive Officer
National Rural Health Alliance
19 December 2016