MENTAL ILLNESS FELLOWSHIP of Australia Inc

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MIFA Submission to the Queensland Mental Health Select Committee: Inquiry into the opportunities to improve mental health outcomes for Queenslanders

February 2022

About MIFA

MIFA is a federation of seven long-standing member organisations, established in 1986. Our members deliver specialist services for individuals living with severe mental ill-health and their carers, friends and families, out of nearly 60 'front doors' in metropolitan and regional areas, to over 20,000 people each year. Our membership has a strong focus on building community, valuing peer support and lived experience, and supporting recovery. We have substantial experience delivering specialist, place-based, community-building programs to those experiencing mental illness, and 60% of our workforce has a lived experience as a consumer or carer.

Our vision is that Australians have the best possible mental health and quality of life. We know from experience that recovery of a better quality of life is possible for everyone affected by mental illness. We work with individuals and families in their journey to recover mental health, physical health, social connectedness and equal opportunity in all aspects of life. MIFA's core strength lies in amplifying the voice of people affected by severe mental illness, their families and friends. We advocate for positive changes in all areas of social and public policy that impact on the quality of life of people with lived experience of mental illness. We create collaborative projects and communities of practice that support our MIFA member organisations.

MIFA has two Member organisations that operate in Queensland – Bridges Health & Community Care and select**ability**.

MIFA's other member organisations operating across Australia are Mental Health Foundation ACT, Mental Illness Fellowship Australia (NT), Mental Illness Fellowship of WA, One Door Mental Health and Skylight Mental Health.

Introduction

MIFA thanks the Queensland Mental Health Select Committee for the opportunity to provide a submission to this inquiry. MIFA's current priority for improving mental health outcomes is advocating for a national solution to address the gap in psychosocial supports for people living with severe and complex mental illness who are not eligible for supports under the NDIS. This gap means that more than 150,000 Australians are missing out on vital psychosocial supports each year, leading to poorer outcomes, deteriorating mental health, disadvantage and hardship. We are seeking an immediate national response to this. We are asking the Federal Government and all State and Territory Governments to work together through the National Mental Health and Suicide Prevention Agreement to address this gap as a matter of urgency.

MIFA acknowledges that, as a national organisation with a focus on advocacy to support national reforms, we are not able to comment with authority on the unique situation in Queensland. However, our advocacy on the gap in psychosocial supports is directly relevant to Queensland. Through this work, we aim to ensure that some of the most vulnerable Queenslanders with severe and complex mental health conditions can achieve better outcomes and improve quality of life by utilising quality psychosocial supports in their communities. Many Queenslanders with severe and complex mental health conditions are not eligible for the NDIS and they are missing out on supports right now because there are not enough services available in the community.

We are urging the Queensland Government and Governments in all other jurisdictions to contribute to the transformation of psychosocial support delivery in this country. In this submission, **we propose a solution to the gap in psychosocial supports through the creation of a National Psychosocial Support Program to provide psychosocial supports to everyone who needs them.**

The focus must not be on where the money comes from – funding allocations can be determined through the National Mental Health and Suicide Prevention Agreement process and allocated according to local need through an improved National Mental Health Services Planning Framework. The focus must be on achieving better outcomes for consumers and enhanced quality of life. The sector must be supported to provide quality, recovery-oriented and person-led services in the community that meet the needs of people with severe and complex mental illness. We must enable consistent and timely access to psychosocial supports to reduce the cumulative negative impact of receiving either inadequate supports or no supports at all.

The National Psychosocial Support Program is a sensible and responsible investment for all Governments. The program is critical to ensuring the long-term sustainability of the NDIS and to providing cost savings across multiple sectors, including health, social services, income support, justice, police and homelessness.

Through the development of the National Mental Health and Suicide Prevention Agreement, all Governments must act now to invest in this new National Psychosocial Support Program so that every Australian with severe and complex mental illness can be supported to build capacity, focus on their recovery journey and achieve brighter futures. We are seeking the Queensland Government's support in championing this new program within National Cabinet to ensure that *all* Queenslanders with psychosocial support needs outside of the NDIS can receive the supports they need in their community to live better lives now.

A National Psychosocial Support Program

We must work together to improve both access to and delivery of psychosocial supports in Australia. It is in our national interest to ensure that every Australian can access the psychosocial supports they need in the community for their mental health recovery. All Governments must ensure that all people who have psychosocial needs arising from severe and complex mental illness receive adequate psychosocial support to enable better outcomes and brighter futures.

This submission recommends the establishment of a National Psychosocial Support Program delivered by community-managed organisations to address the gap in psychosocial support services for people with severe and complex mental health conditions. It sets out a four-year implementation and investment plan required to establish this measure.

The submission draws on the analysis and recommendations contained in the Productivity Commission Inquiry into Mental Health[i]. The submission sets out the actions to be taken by Governments over the next four years to achieve the recommendations of the Productivity Commission Inquiry to address the gap in psychosocial support. We are asking the Queensland Government to signal its commitment to play its role in establishing a National Psychosocial Support Program that will support all Queenslanders with psychosocial support needs.

What we are asking for

The following actions must be taken to ensure brighter futures for people living with severe and complex mental illness:

1. All Governments, including the Queensland Government, acknowledge and implement the recommendations of the Productivity Commission to address the unmet need in psychosocial supports, which estimates that a minimum of 154,000 people are missing out on vital psychosocial supports in the community.

2. The National Mental Health and Suicide Prevention Agreement commits to an ongoing National Psychosocial Support Program to support all Australians with psychosocial support

needs outside of the NDIS to be rolled out over the next four years, with agreed funding arrangements for the Commonwealth, States and Territories for the four-year roll out and beyond, with agreed monitoring and reporting arrangements.

- The Productivity Commission estimates that expanding the provision of psychosocial supports to the 154,000 Australians who are currently missing out on services could cost approximately $610M per year.
- This national psychosocial support program must provide psychosocial supports in the community to support every Australian with severe and persistent mental illness outside of the NDIS.
- The national program must provide a balance of national consistency with local and regional responsiveness, providing a structure for decisions about future investment priorities and funding allocations.
- The national psychosocial support program can provide access to individual and group-based psychosocial support programs that are based on person-led and recovery-oriented practice. With flexible, low-barrier entry criteria and flexibility in the type, range and length of supports offered, this program can provide a complementary and alternative pathway to the NDIS for individuals to support the long-term sustainability of the NDIS.
- The national psychosocial support program may be more appropriate for some people with severe and complex mental health conditions whose only current option is obtaining services under the NDIS.
- The national psychosocial support program can be created as a complementary program that sits alongside the NDIS. Over time, the national psychosocial support program can take the pressure off the NDIS by offering an alternative support program, with a more flexible, low-barrier entry and cost-effective approach, for people with severe and complex mental illness to receive psychosocial supports in the community.

As part of this solution, MIFA has recommended to the Federal Government that the following components of the National Psychosocial Support Program be addressed in the 2022 Federal Budget:

1. Transition the current Federal psychosocial programs and funding commitments into a new National Psychosocial Support Program, as the first tranche. These programs include Continuity of Support, the National Psychosocial Support Measure and transitional funding. The funding required is $100M per annum of existing commitments.
2. Immediately establish five-year contract arrangements for all psychosocial support programs, including the first tranche.

3. Prior to the 2022 Budget, and as soon as possible, roll out the first tranche by confirming all contract approvals for existing psychosocial support programs to avoid the impending funding cliff of June 2022. For future funding cycles, ensure that all contract approvals are confirmed at least six months prior to the end of the previous funding cycle.
4. Commit sufficient funds to commence the planning and implementation of additional psychosocial support places, while the longer-term roles and responsibilities are being considered. Subject to the outcomes of the Mental Health National Cabinet Reform Committee, committed Federal funds can be adjusted in the future to reflect any new Federal and State/Territory funding arrangements. The funding required is $610M per annum once fully operational.
5. As an interim measure, establish the regional governance, planning and commissioning arrangements to ensure local and regional responsiveness, until any new arrangements are decided.
6. Enhance the National Mental Health Services Planning Framework to ensure a balance of national consistency and local/regional responsiveness, and to provide structure for decisions about future investment priorities and allocations.

It's time to address the unfinished business of institutional reform and implement a National Psychosocial Support Program outside of the NDIS for all Australians living with severe and complex mental illness. Every Queenslander with psychosocial support needs has the right to access the supports and services they need in their community through a new national program.

Unfinished business

Governments made the decision to close institutions for people with severe and complex mental health conditions over 40 years ago. Despite the promise of institutional reform, there is unfinished business. Of the 300,000 Australians with the most severe mental health conditions, the NDIS was expected to cater for 65,000 people, and Commonwealth, State and Territory programs cater for another 75,000 people. This leaves over half of the people with the most severe and complex mental health conditions – more than 150,000 Australians – with no psychosocial supports in the community to support mental health recovery.[ii]

Psychosocial supports are an incredibly important yet overlooked and misunderstood component of the mental health ecosystem in Australia. Psychosocial supports help people with mental illness to recover and live well in the community. Psychosocial support services complement and support clinical interventions and, when applied early, can reduce the risk of enduring illness and disability.[iii] Currently, there is an overreliance on crisis services, emergency

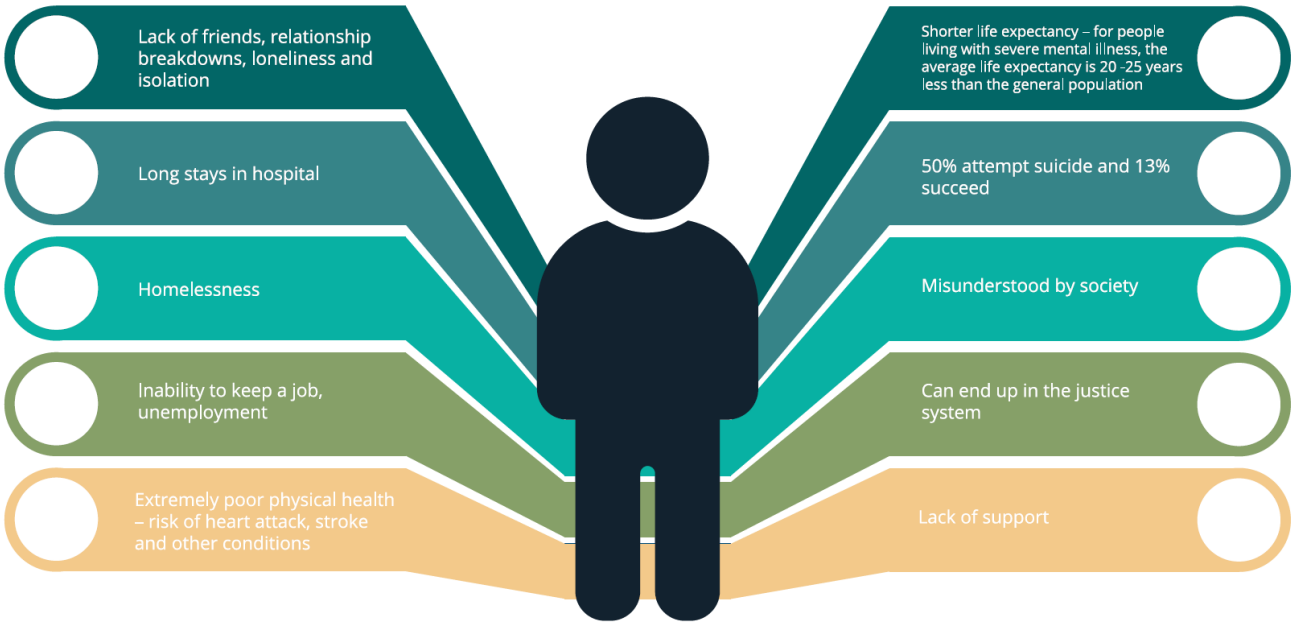
departments and admission to acute or inpatient facilities. Not enough psychosocial supports are available in the community to support the level of need and there is a lack of variety and choice for consumers, with poor service integration.[iv] More community psychosocial supports are required, in addition to hospital and clinical supports, to support better outcomes and improved mental health for all Australians with severe and complex mental illness.

Since the pandemic, people living with severe and complex mental health conditions are experiencing increased levels of distress, deteriorating mental health, and increasing levels of functional impairment.[v] This is placing pressure on other health and social systems. It is now more important than ever to minimise the need to have people in hospitals, especially with the ongoing uncertainty of living with pandemics. The system must support mental health recovery in the community both early in a person's experience of mental illness and consistently to support ongoing mental health recovery.

People with severe mental illness experience poorer life outcomes

People living with severe mental health conditions and related complexities experience poorer life outcomes. Their mental ill health can have a severe impact on the ability to function in daily life. People experience a significant impairment in their ability to care for themselves, to look after their physical health needs, to complete housework, to maintain safe and stable housing, to maintain employment, and to socialise and maintain close relationships, resulting in feelings of loneliness, social isolation and despair.[vi] These experiences negatively impact on quality of life and on the ability of people to maintain good mental health and wellbeing across the lifespan.

The impacts of living with severe and complex mental health conditions[vii]



The importance of psychosocial supports

Psychosocial support facilitates recovery in the community for people experiencing mental ill health. It helps people manage daily activities, rebuild and maintain connections, build social skills, and participate in education and employment. Psychosocial supports help people to build capacity to address or overcome the issues that lead to poorer outcomes, and to build a better future and achieve their goals in life.

What we mean by psychosocial supports[viii]

Psychosocial supports are various non-clinical options and services that respond to mental distress in a community setting. They help people to address the social, relational and environmental factors in their lives that have a significant impact on their life and their mental health and wellbeing. This can include trauma, financial insecurity and poverty, unemployment, housing instability and homelessness, relationships, alcohol and other drug issues, disrupted education, community connection and culture. Psychosocial support services may offer one-on-one and/or group support activities to help people to build skills to manage their mental illness, develop social skills and friendships, build relationships with family, build capacity in managing day-to-day activities, manage money, find and look after a home, address drug and alcohol use issues, and increase educational, vocational and training skills. Psychosocial supports ensure people can participate in the community, receive personalised support to achieve their goals, and focus on their recovery journey.

Psychosocial supports are generally provided by non-government or community-managed organisations and community groups. Psychosocial supports encompass a range of activities, including psychosocial rehabilitation support, self-help and peer support, accommodation support and outreach, employment and education support, leisure and recreation activities, family and carer support, helplines, recovery colleges, and information, advocacy and promotion.

Psychosocial supports are for people who need more specialist mental health supports than can generally be provided by a GP, or a more holistic or recovery-oriented approach than can be provided by most psychology services under a mental health GP plan. People who access psychosocial supports may also access other treatment services, such as private or public psychology and mental health services.

Psychosocial supports help people to live well and recover in their community

Psychosocial supports play a vital role in enabling those living with severe and complex mental health conditions to live well, recover in their communities and experience better quality of life.[ix] They help people to build independence and regain practical living skills during periods where they are not acutely unwell.[x] They also support people to counter stigma and discrimination, promote self-determination, increase control over daily life and promote recovery.[xi]

Examples of life domains where psychosocial supports play a vital role

Psychosocial supports can help people to manage their physical health and mental health needs together by seeing the person as a whole. Psychosocial support services can work alongside people to help them prioritise and support mental health and physical health at the same time. Nearly 80% of people with severe and complex mental health conditions die prematurely of chronic physical health conditions that could be effectively managed and often prevented.[xii] People with severe and complex mental illness are six times more likely to die of cardiovascular disease, five times more likely to smoke and die of a smoking-related illness and four times more likely to die from respiratory disease.[xiii] People with severe and complex mental illness die up to 23 years earlier than the rest of Australians.[xiv]

Psychosocial supports help people to overcome the effects of stigma and discrimination.[xv] People living with severe and complex mental health conditions experience high levels of stigma and discrimination in many important areas of life, including in relationships, at work, on social media and within healthcare services.[xvi] The experiences of negative treatment are accompanied by high rates of withdrawal from opportunities, such as avoiding social situations, not applying for employment opportunities, and not getting help for their physical and mental health conditions when they need it. Stigma and discrimination cause many people living with severe and complex mental health conditions to miss out on the important life opportunities, activities and social connections that are known to contribute to recovery, so support is needed to build resilience and overcome this.[xvii]

Participation in employment is an important milestone in the recovery process for many people living with severe and complex mental health conditions,[xviii] but the employment rates amongst this group are unacceptably low.[xix] Experiences of stigma and discrimination in accessing and participating in employment are common for people with severe and complex mental illness. In the Our Turn to Speak Survey, 78.1% of all participants reported experiencing stigma and discrimination in employment in the past 12 months.[xx] Psychosocial supports can help people to overcome the barriers to employment that they experience and build resilience and capacity to thrive in the workplace. This is further enhanced when people are welcomed into mentally healthy workplaces – those that are equipped to offer a sensitive and nurturing environment to support individuals' wellbeing and recovery – and people are supported to bring their whole selves to work.[xxi]

Hayley's Story

In 2008 I dropped out of high school due to severe mental health issues. I was 9 when I first started thinking about suicide, 10 when I first started hearing voices, 11 when I experienced my first psychotic episode and 14 when I first attempted to take my life.

After leaving school my mental health continued to decline. I remained housebound with constant thoughts of suicide and agoraphobia. Due to the support of my family, I was able to maintain safe and stable housing, but was not receiving any sort of psychosocial support.

My carer (my Mum) sought services for me, but there were limited options due to living 50km away from the nearest city and not being in a critical enough position for crisis intervention. Eventually I was put on a waiting list for Personal Helpers And Mentors (PHAMS) and after some time began receiving support.

A PHAMS worker visited my home once a week and they supported me to leave my house and enter the community. I cannot understate how massive this accomplishment was for me! Prior to this, I had not left my home for 18 months. The PHAMS worker helped me engage in recreational activities and assisted me to build my confidence through conversation and using a strengths-based approach. With the support of the PHAMS worker I began considering goals for the future.

Whilst in the community with the PHAMS worker, I saw a flyer for an adult's learning centre in my local area and took a photo of the timetable. We called the centre and I enrolled in an Auslan class.

Unfortunately, my PHAMS funding soon ran out and I did not receive any psychosocial support for several months. Fortunately, I had built up enough confidence to continue attending the class every Monday, but I was not making much progress in other areas.

After six months of receiving no PHAMS support we reapplied. I received funding for a longer period. This would prove to be a life changing period of my life. My new PHAMS worker helped me to create a Wellness Recovery Action Plan (WRAP). They asked me, "What does recovery look like for you?" This was a question I had never been asked. I had never considered my recovery, nor did I know that I was allowed to define it for myself. In answer I said, "I'd be working. That's how I would know I'm in recovery, because right now getting a job seems impossible."

Alongside creating my WRAP, I participated in social groups with other PHAMS participants. We went to the movies, ten pin bowling, learnt about healthy eating, completed psycho-education courses led by peer workers and we even attended a pamper day where we had hand and foot massages. During these groups I began dreaming about working in mental health one day.

Thanks to these supports my social connections expanded, my outlook on life improved and my overall sense of wellbeing and confidence dramatically increased. I felt ready to take on bigger challenges.

I began singing at my local church, helping in the youth group and I started attending a young adults Bible study where I made friends. I started seeing an art therapist who used talking therapy and art in tandem to assist me in building confidence, addressing trauma and understanding myself.

Through this entire time, I was still attending the Auslan class at my local adult learning centre. During an appointment with my Disability Employment Service provider, I mentioned I would consider pursuing Auslan at TAFE. He helped me to research, enrol in and catch the train to TAFE. Over two years I completed a Diploma in Auslan.

My PHAMS support continued until 2011. During this time, I had my story featured in the PHAMS organisation's Annual Report, I sung at the yearly participant Christmas party and I went on a retreat with staff and participants. We agreed I was ready to be exited from the program.

Where am I now? In 2015, I accepted a position as a Mental Health Community Worker. I have been involved in facilitating peer-led psycho-education groups for people living with mental illness and I have witnessed people's lives change just like mine did.

I travel across Western Australia delivering Suicide and Mental Health training for businesses, schools and community members. Over the past year, I have developed Recovery-Oriented Practice training for Western Australia's mental health workforce. I encourage staff to ask participants, "What does recovery look like for you?"

Psychosocial supports are important for families and carers too

There are significant impacts on families and carers when people do not have access to the psychosocial supports in the community they need. The pandemic has exacerbated these impacts. In 2020, 60% of carers lost supports for the person they cared for, 47% of carers lost supports for themselves, 44% of carers increased time spent on unpaid care, 81% of carers reported that their own mental health deteriorated, 37% of carers lost some or all of their regular income, and 10% of carers lost their job.[xxii]

Unpaid or informal carers constitute a hidden workforce in Australia, saving governments over $13.2 billion (2015 dollars) per year.[xxiii] In 2015, there were over 240,000 mental health carers supporting loved ones around Australia. When supports are not available in the community, families and carers step up to provide practical and emotional support for loved ones living with severe mental illness. We must also provide an integrated response for mental health carers, that incorporates psychosocial supports and other supports, to enable them to carry out their important and valuable role.

Supporting all Queenslanders with severe and complex mental illness

As a start, the Queensland Government must make a commitment to support *all* Queenslanders with severe and complex mental illness. The Productivity Commission estimates that about 690,000 Australians with a mental illness are likely to benefit from access to psychosocial support services. Of those, about 300,000 people experience persistent, severe and complex mental health conditions, and *require* psychosocial support. However, many of these people do not receive any support or the level of support falls short of what is needed.

The Productivity Commission estimates more than 150,000 Australians that require psychosocial support are missing out each year, leading to poorer outcomes across multiple life domains. This negatively impacts on other health and social service sectors, including hospitals, police, justice, income support and homelessness services. A failure to support people with severe and complex mental health conditions in the community both early in illness and consistently throughout the lifespan results in more costly supports across multiple systems in the long-term. People experience breakdowns and crises across the social determinants of health, and without appropriate and personalised support, this increases the likelihood of lifelong disability and dependence on the NDIS.

NDIS Sustainability

Following the release of the NDIA's latest Sustainability Report, we are aware that the demand for the NDIS is expected to grow. The latest projections indicate that approximately 88,000 Australians who experience primary psychosocial disability are expected to enter the Scheme by 2030.[xxiv] We have received additional advice from the NDIA that this is expected to increase to 92,000 people over the next decade. We understand that these figures, which indicate that the NDIS may need to cater for an additional 28,000 people with primary psychosocial disability, are creating concerns on many fronts about the long-term sustainability of the Scheme. The Federal Government is concerned about 'cost blowouts' as participant numbers are set to increase. Participants and their families are concerned about reductions in individual packages and cost cutting initiatives from the NDIA that can impact quality of life and participant outcomes.

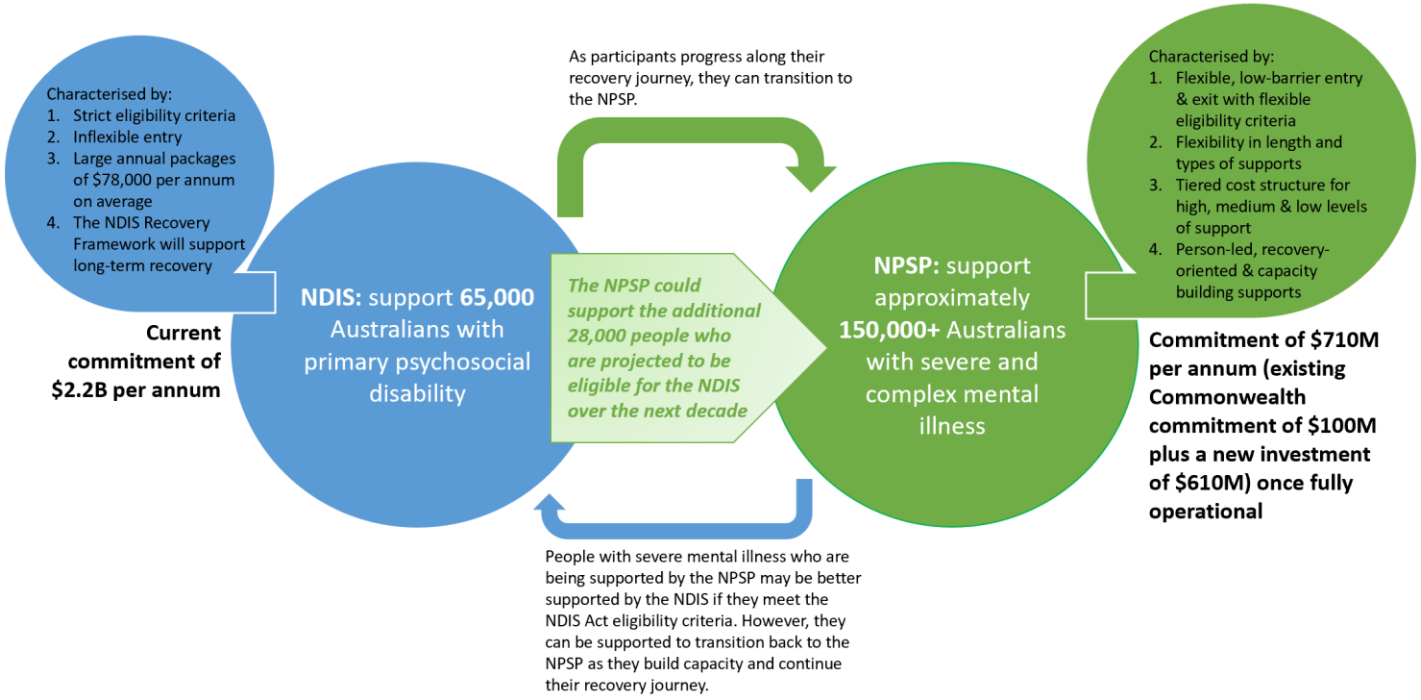
There are many questions about how the Scheme will support an additional 28,000 people with primary psychosocial disability under the current funding model by the end of the decade. Acknowledging that the average annualised committed support budget for a person with primary psychosocial disability is $78,000 per year, this represents a considerable additional investment for the Federal Government that has not been included in the forward estimates.

The National Psychosocial Support Program as a complementary pathway

In this submission, MIFA proposes that the National Psychosocial Support Program we are advocating for be created as a complementary program that sits alongside the NDIS. This will

enable Governments to implement an affordable and sustainable strategy to support all Australians with severe and complex mental illness both within and outside of the NDIS. Over time, the National Psychosocial Support Program can take the pressure off the NDIS by offering an alternative support program, with a more flexible, low-barrier entry and cost-effective approach, for people with severe and complex mental illness to receive psychosocial supports in the community.

The NDIS and the National Psychosocial Support Program (NPSP) as complementary programs



Commonwealth and State and Territory programs are currently supporting 75,000 Australians with severe and complex mental illness per year.[xxv] The NDIS has been created to support 65,000 Australians with primary psychosocial disability. This leaves over 150,000 Australians with severe mental illness with no supports from either the Commonwealth or the States and Territories. This gap must be addressed through the creation of the National Psychosocial Support Program. The National Psychosocial Support Program and the NDIS can work together as complementary programs to provide a sustainable national solution to support mental health recovery and better outcomes for all people with severe and complex mental illness.

The National Psychosocial Support Program may be more appropriate for some people with severe and complex mental health conditions whose only current option is obtaining services under the NDIS. With flexible, low-barrier entry criteria and flexibility in the type, range and length of supports offered, this program can provide an alternative pathway to the NDIS to support lifelong mental health recovery in the community. The National Psychosocial Support

Program could support the additional 28,000 people (as part of the 150,000 people who are missing out on support) who are expected to be eligible for the NDIS over the next decade.

A National Psychosocial Support Program

MIFA advocates for the need to implement and fund a National Psychosocial Support Program (NPSP), delivered by community-managed mental health organisations, to support every Australian with severe and complex mental illness outside of the NDIS. The NPSP would include individual and group-based psychosocial support programs that are based on a person-led and recovery-oriented approach. Such programs are best provided by services that have visibility, mental health-specific expertise, and pre-existing community connections.

These services need to have the following characteristics:

- based on a preventative, person-led, recovery-oriented, trauma-informed and culturally inclusive approach
- flexible, low-barrier entry criteria
- flexibility in type, range and length of supports offered, with options for low, medium and high levels of support at different times
- timely and crisis-responsive, with early intervention as a priority
- assertive outreach and assertive engagement approaches that reach out to people who are not connecting in for support when they need it
- inclusive of family, carers, and dependents
- whole of life needs assessment and case management, including the ability to navigate and support access to a range of supports across systems, with multiagency care coordination
- integrated services that support cross-sector collaboration and integration with physical health, mental health and social determinants programs.

MIFA has recommended a four-year investment and implementation plan to the Federal Government to scale up the national program to meet the level of demand for psychosocial supports in the community and to support sector and workforce development.

The actions that are needed in 2022

The Productivity Commission recommends that State and Territory Governments take on the sole responsibility for the commissioning of psychosocial supports outside of the NDIS. This issue is currently being addressed by the Mental Health National Cabinet Reform Committee, with the finalisation of the National Mental Health and Suicide Prevention Agreement ('the Agreement') expected in March 2022. It is not possible to predict the outcome of these discussions, or to contemplate the timeframe for any transition to sole State/Territory responsibility if this is decided.

It is unacceptable to delay the investment in additional psychosocial supports until these decisions are finalised and implemented, which could take many years. MIFA has urged the Federal Government to announce an immediate commitment to establish additional psychosocial supports within a National Psychosocial Support Program to support *all* Australians with psychosocial support needs, while the longer-term roles and responsibilities are being considered. The recommended implementation and investment plan that arises from the finalised Agreement can be transitioned to a new structure during the implementation of the recommended four-year plan proposed by MIFA. **MIFA is seeking support from the Queensland Government to advocate for this approach within National Cabinet.**

Planning for a National Psychosocial Support Program

The recommendations of the Productivity Commission Inquiry aim to create a coherent system of regional funding for psychosocial supports designed in partnership with, and that work for, people with mental health conditions. The Productivity Commission recommends that regional demand for psychosocial supports for people with mental illness be estimated, with a view to expanding services to meet any shortfall.

Regional planning ensures that the diverse needs of communities can be adequately addressed and that additional psychosocial support places can be created. Rural and remote communities, First Nations communities and CALD communities have different needs. By effectively engaging consumers, families, carers, service providers, community leaders and other relevant stakeholders, regional planning is effective in co-designing the right mix of services for each community. Once the level of need has been estimated, funding for psychosocial supports should be matched to the level of need across Queensland.

As recommended by the Productivity Commission, a range of existing or enhanced regional planning and governance arrangements are in place currently. Until further reform is implemented in this domain, these existing arrangements should be utilised in the short term.

The National Mental Health Services Planning Framework should be updated and improved to ensure a balance of national consistency and local/regional responsiveness, and to provide structure for future investment priorities and allocations.

Delivery of a National Psychosocial Support Program

Delivery within a person-led model

Implementing person-led system design and support services across the mental health system is essential. All Governments should prioritise this within the ongoing development of a National Psychosocial Support Program model, which is co-designed with consumer and carer

representatives. The outcomes of the NOUS Review into psychosocial support services should be considered by the group in designing the National Psychosocial Support Program model.

Delivery through recovery-oriented services

Recovery-oriented mental health services — embracing the concept of the personal recovery of an individual within their family, carer, community and cultural context, rather than a narrow focus on clinical recovery — has been endorsed by Australian Health Ministers.

Recovery from mental illness necessarily involves recovery not just of the individual alone, but recovery within their family and community context. For all people with mental illness, social inclusion — the capacity to live contributing lives and participate as fully as possible in the community — is a necessary, but too often neglected, part of a recovery plan. Psychosocial supports are a key facilitator of recovery, can help alleviate some risks of illness relapse and support people as they develop skills to self-manage the effects of variations in their mental health.

Utilising a peer workforce

Peer workers are well placed to support people with mental illness during their recovery and peer support is highly valued by people with mental illness. The National Psychosocial Support Program should be implemented in line with the development of the peer workforce reforms recommended by the Productivity Commission and other mental health workforce measures.

Care coordination

Persisting gaps in information about what services are available and how to access them can lead to a deterioration in mental health and, potentially, unnecessary hospitalisation. The National Psychosocial Support Program should adopt the Productivity Commission's recommendations for care coordinators who would work directly with consumers, their families and carers, clinicians and providers, to establish the types of services needed and provide access to those services.

We thank the Queensland Government for the opportunity to provide a submission to the Mental Health Select Committee's current inquiry. We look forward to providing further advice on the benefits of developing and implementing a National Psychosocial Support Program, as a complementary program to the NDIS, to ensure that all Queenslanders with severe and complex mental illness can access the support they need and have brighter futures.

Contact

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Disclaimer

This submission represents the position of MIFA. The views of MIFA members may vary.

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[i] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
[ii] *Ibid* at pp. 827 and 844.
[iii] McGorry PD, Killackey E and Yung A, 2008. Early intervention in psychosis: concepts, evidence and future directions. *World Psychiatry* 7, pp. 148–156.
[iv] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
[v] Barber, S., Reed, L., Syam, N., and Jones, N. 2020. Severe mental illness and risks from COVID-19. *The Centre for Evidence-Based Medicine*. Available at Severe mental illness and risks from COVID-19 - The Centre for Evidence-Based Medicine (cebm.net).
[vi] Morgan, V. A. et al, 2011. *People living with psychotic illness 2010. Report on the second Australian national survey.* Australian Government, Department of Health and Ageing.
[vii] This information has been extracted from Morgan, V.A., Waterreus, A., Jablensky, A., Mackinnon, A., McGrath, J., Carr, V., Bush, R., Castle, D., Cohen, M., Harvey, C., Galletly, C., Stain, H., Neil, A., McGorry, P., Hocking, B., Shah, S. and Saw, S., 2011.*People living with psychotic illness 2010. Report on the second Australian national survey.* Australian Government Department of Health and Ageing: Canberra.
[viii] Adapted from Western Australian Association for Mental Health, 2021. *Community Supports*.
[ix] Productivity Commission, 2020. *Mental Health*, Report no. 95, Canberra.
[x] *Ibid.*
[xi] *Ibid.*
[xii] Morgan, M., Peters, D., Hopwood, M., Castle, D., Moy, C., Fehily, C., Sharma, A., Rocks, T., Mc Namara K., Cobb, L., Duggan, M., Dunbar, J. A., and Calder, R. V., 2021. *Better physical health care and longer lives for people living with serious mental illness*. Mitchell Institute, Victoria University, Melbourne.
[xiii] *Ibid.*
[xiv] *Ibid.*
[xv] Productivity Commission, 2020. *Mental Health*, Report no. 95, Canberra.
[xvi] Groot, C., Rehm, I., Andrews, C., Hobern, B., Morgan, R., Green, H., Sweeney, L., and Blanchard, M., 2020. *Report on Findings from the Our Turn to Speak Survey: Understanding the impact of stigma and discrimination on people living with complex mental health issues*. Anne Deveson Research Centre, SANE Australia. Melbourne.
[xvii] *Ibid.*
[xviii] Saavedra, J., Lopez, M., Gonzales, S., and Cubero, R., 2016. Does employment Promote Recovery? Meanings from Work Experience in People Diagnosed with Serious Mental Illness. *Culture, Medicine and Psychiatry.* 40(3), pp. 507-532.
[xix] Groot, C., Rehm, I., Andrews, C., Hobern, B., Morgan, R., Green, H., Sweeney, L., and Blanchard, M., 2020. *Report on Findings from the Our Turn to Speak Survey: Understanding the impact of stigma and discrimination on people living with complex mental health issues*. Anne Deveson Research Centre, SANE Australia. Melbourne.

[xx] Groot, C., Rehm, I., Andrews, C., Hobern, B., Morgan, R., Green, H., Sweeney, L., and Blanchard, M., 2020. *Report on Findings from the Our Turn to Speak Survey: Understanding the impact of stigma and discrimination on people living with complex mental health issues*. Anne Deveson Research Centre, SANE Australia. Melbourne, p. 90.
[xxi] *Ibid.*
[xxii] Muir, G., Beasley, A., Shackleton, F., Davis, E., Armstrong, K., Hayes, L., 2020. *Caring during Coronavirus: Results of the COVID-19 Carer Survey*, Caring Fairly, Melbourne.
[xxiii] Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J & Whiteford H., 2016. *The economic value of informal mental health caring in Australia: technical report*. The University of Queensland, Brisbane.
[xxiv] National Disability Insurance Agency, 2021. *National Disability Insurance Scheme: Annual Financial Sustainability Report 2020-21, Canberra.* Available at Annual Financial Sustainability Reports | NDIS.
[xxv] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.