

# Pre-Budget Submission 2020-21 – Addendum

Since Mental Health Australia submitted its 2020-21 Pre-Budget Submission, Australia has experienced an extreme bushfire season that has devastated communities and traumatised many people. Immediately following this our population and health systems were confronted with the COVID-19 pandemic and the associated economic, social and mental health impacts which are emerging as more challenging than anything we have dealt with as a nation since World War II.

Mental Health Australia has contributed to the Royal Commission into National Natural Disaster Arrangements and to the Senate inquiry reviewing lessons to be learned from the 2019-20 bushfire season, and eagerly awaits their recommendations. The mental health sector is also awaiting the release of the final report of the Productivity Commission's inquiry into mental health that will provide a framework to drive and inform future investment.

The COVID-19 pandemic remains an ongoing national and international threat posing significant loss of life and ongoing morbidity, loss of employment, severe negative economic impact and reduced social connectedness and mental wellbeing. The significant investment made by the Australian Government in health and financial support during this pandemic has been well received. In particular, the focus on addressing the mental health impacts of the pandemic by the Australian Government is world leading. However as the original hopes of moving out of restrictions affecting employment, study, travel and social interaction in the near future are revised to longer term, there needs to be consideration of new and extended funding investments. These investments, as with all government funded initiatives, should be subject to routine evaluation and impact monitoring with a focus on delivering outcomes for the Australian population, including mental health consumer and carers.

As such, Mental Health Australia is submitting an Addendum to its original Pre-Budget Submission (provided in February 2020), focusing on Government investment in the mental health of the Australian community in the context of the pandemic.

## Proposed Budget Initiatives

### Financial support

The economic uncertainty and necessary social restrictions associated with the COVID-19 pandemic are significantly impacting the mental health of Australians. Widespread increases in psychological distress, anxiety and depression have been observed by mental health helplines, emergency departments in hospitals, and other services.

In addition to bolstering mental health services (across the spectrum of care), employment-related interventions can reduce and prevent severe mental health impacts of the pandemic.

Recent modelling indicates that of the interventions considered in the model, employment programs “are the single most effective strategy for mitigating the adverse mental health impacts of the COVID-19 crisis”.<sup>i</sup> The importance of employment for positive mental health outcomes is well understood — providing financial security, meaningful occupation and social connection which are all foundational for mental wellbeing.

JobKeeper has been beneficial in maintaining individuals' access to these benefits of employment during the uncertainty of the pandemic.



The modelling also warns against ceasing of employment support programs too early in Australia's economic recovery.<sup>ii</sup> Mental Health Australia urges the Australian Government to consider further extensions to JobKeeper for impacted workers and businesses beyond the current 28 March 2021 deadline.

As changes are made to the JobKeeper and JobSeeker payment rates, Mental Health Australia reiterates the call made in our Pre-Budget Submission for the Australian Government to establish a mechanism to ensure income support payments are set at a rate determined by independent advice, and reviewed regularly, to meet a reasonable cost of living.<sup>iii</sup>

#### **Action**

As an effective economic and mental health intervention, JobKeeper should be reviewed and continued to mitigate the worst economic and mental health impacts of the COVID-19 pandemic.

## **Housing solutions for people experiencing homelessness**

Appropriate housing is foundational for positive mental health. Already an issue prior to the COVID-19 pandemic, housing security is more tenuous than ever for many people, including those who have never faced housing insecurity before.

The recently released Trajectories research confirms the strong relationship between housing security and mental health. This research also shows how fundamentally important housing is to maintaining employment and social connectedness.<sup>iv</sup> Yet, Australian Institute of Health and Welfare data shows that social housing, as a proportion of all housing stock in Australia, has continued to decline over the past decade.<sup>v</sup>

The COVID-19 pandemic has disproportionately impacted the most vulnerable people in our communities. At the start of the pandemic the ABC reported some 7,000 people experiencing homelessness were provided housing in hotels, motels and empty student accommodation around the country.

The Victorian Government extended their program that will now see some 2,000 rough sleepers have somewhere safe to stay, right through until April 2021.<sup>vi</sup>

Similar programs being run in other states are reporting that service providers on the ground are seeing much improved results in relation to outreach, and the longer term goal of finding permanent housing for their clients.

Ironically, at a time when communities are more isolated than ever due to lockdowns and physical distancing requirements, these fast, simple and cost effective housing measures appear to be helping some of our most isolated Australians to re-connect with the communities in which they live.

These policies and quick decisions will also help stem the potential for increased numbers of people becoming homeless as a result of the pandemic.

#### **Action**

The Australian Government should co-invest with state and territory jurisdictions in social housing, and housing support, for people with mental health issues to address homelessness and to create jobs.

## **Continuation of expanded telehealth**

Access to mental health services has traditionally been limited by workforce availability, geographical constraints and other variables including variation in gap payments. The provision of Medicare Benefits Schedule (MBS) rebates for a greater range of telehealth services has been well received by health professionals, people with lived experience, and the wider community during the pandemic, and has accelerated the uptake of telehealth exponentially.



In relation to mental health support, telehealth services have provided a lifeline for many people, some of whom have experienced the need for mental health services for the first time as a result of the pandemic (for many on top of drought, bushfire and/or flood trauma). Older people have also been particularly affected by the pandemic, and benefited from access to services through telehealth while face to face service provision is not possible or considered high risk. Older people living in residential aged care have not had the same level of access to telehealth services. Overall, telehealth options increase accessibility and responsiveness of the health system and should continue, as well as be expanded to residential aged care facilities during and following the COVID-19 pandemic.

In order to continuously improve telehealth quality and efficacy, we also need to understand the reasons consumers choose to use it, whether telehealth is working well for both the provider and the recipient of services, how access to technology and connectivity issues affect people's use of telehealth, and what feedback data from those who receive and deliver services exists that could inform improvements. There are concerns regarding who should be funded to deliver telehealth services, how to manage gaps in payments, the limited ability to extend consultations where necessary, and the need for potential differences in pricing for rural/remote and low socioeconomic areas. Telehealth also needs to be located within a model of care, with clear standards applied in relation to service delivery, and a system of accountability to ensure safety and quality standards are met.

### **Action**

Telehealth services for people experiencing mental health issues should continue to be funded and should be expanded to include residential aged care facilities during and after the COVID-19 pandemic. These services should be located within a model of care as determined by the relevant mental health professions, according to clear standards, low cost and include a system of accountability for safety and quality

## **Support for mental health carers**

Mental Health Australia is a member of the Caring Fairly Alliance that recently conducted a survey to assess the impact of the pandemic on carers' work and income, expenses, health and wellbeing and access to services and supports.<sup>vii</sup>

Overall the findings demonstrate the considerable impact COVID-19 has had on unpaid carers across multiple dimensions, where:

- 60% of carers reported losing some or all of the support services for the person they care for
- 81% of carers said their mental health had deteriorated
- 88% had experienced increased stress in their role as a carer
- 37% of carers reported losing some or all of their regular income.

Similar results were found in a survey conducted by Mental Health Carers Australia (MHCA). The survey, which examined the impacts of COVID-19 on families and carers of NDIS participants with psychosocial disability, found that the pandemic had a significant impact on this cohort of carers:<sup>viii</sup>

- 61% of respondents stated they felt the COVID-19 lockdown had impacted the NDIS support they normally received to a great or a very great extent
- nearly 50% reported their caring role increased significantly or more than they could cope with
- day-to-day expenses had increased for six out of 10 carers, most of whom were retired or working part-time.

In addition to showing the considerable impacts of COVID-19 on carers, the Caring Fairly survey results indicate the Australian Government's approach during the pandemic did not provide enough support to carers.

Carers must be a higher priority in future Government policies and responses to ensure the significant impact felt by carers during COVID-19 is not replicated.

### **Action**

The Australian Government should ensure mental health carers' issues are elevated to the level they deserve through a national strategy for mental health carers. This would help to ensure a coordinated approach which centres carers' needs in policy decisions.



## System Governance

### Issue

The COVID-19 pandemic has seen a major overhaul of the mechanism for jurisdictional engagement with the establishment of the National Cabinet. This has shown to be very effective in enabling shared decisions to be made quickly to meet the cross-jurisdictional threats arising from the pandemic.

In its original Pre-Budget Submission, Mental Health Australia proposed a new National Mental Health Agreement that would provide clarity on responsibilities and accountabilities, and has been identified as a priority in the Productivity Commission Inquiry into Mental Health Draft Report.<sup>ix</sup>

The previous COAG committee structure is currently under review, providing an opportunity to build a new supporting infrastructure that reflects this cooperative federalism and is able to respond more effectively than previously. This structure is likely to be the key leadership mechanism between state and federal governments to inform the delivery of mental health services during and after the COVID-19 pandemic. It will create a platform for any government action triggered by the Productivity Commission's final report.

The Mental Health Principal Standing Committee was limited in its membership primarily to jurisdictional representation and consumer and carer representation. This is an opportunity improve its capacity by expanding its membership to better understand and address system and service provision issues that operate across primary care and non-government organisations.

At present there are a plethora of reviews and inquiries underway with unclear governance and leadership. Stronger governance structures are an opportunity to ensure a sector voice in these discussions that covers the whole of the mental health sector.

### Action

As the national peak body of the mental health sector, Mental Health Australia is included as a member on any future committee structure overseeing the design, delivery and accountability of mental health programs in Australia.

---

<sup>i</sup> Atkinson, J., Skinner, A., Lawson, K., Song, Y. & Hickie, I. (2020). *Road to Recovery: Restoring Australia's Mental Wealth*. Brain and Mind Centre, retrieved 11 August 2020 from [https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery\\_brain-and-mind-centre.pdf](https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery_brain-and-mind-centre.pdf)

<sup>ii</sup> Atkinson et al. (2020) *Road to Recovery*

<sup>iii</sup> Mental Health Australia (2020). Pre-budget submission 2020-21. Canberra: MHA. Retrieved 20 August 2020 from <https://mhaustralia.org/submission/pre-budget-submission-2020-21>

<sup>iv</sup> Brackertz, N. & Borrowman, L. (2020). Trajectories: the interplay between housing and mental health pathways. Melbourne: Australian Housing and Urban Research Institute Limited and Mind Australia. Retrieved 20 August 2020 from [www.ahuri.edu.au/\\_data/assets/pdf\\_file/0024/58254/Quantitative-Report-Trajectories-the-interplay-between-housing-and-mental-health-pathways.pdf](http://www.ahuri.edu.au/_data/assets/pdf_file/0024/58254/Quantitative-Report-Trajectories-the-interplay-between-housing-and-mental-health-pathways.pdf)

<sup>v</sup> Australian Institute of Health and Welfare (2020). Housing assistance in Australia 2020 (cat. no. HOU 320). Canberra: Australian Government. Retrieved 20 August 2020 from <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2020/contents/summary>

<sup>vi</sup> Knight, B. (2020) 'Coronavirus hotel housing for Victoria's homeless gets extension amid calls to make it permanent.' ABC News, 28 July 2020. Retrieved 20 August 2020 from <https://www.abc.net.au/news/2020-07-28/coronavirus-hotel-plan-for-homeless-to-be-extended-in-victoria/12498750>

<sup>vii</sup> Muir, G., Beasley, A., Shackleton, F., Davis, E., Armstrong, K. & Hayes, L. (2020). Caring during Coronavirus: Results of the COVID-19 Carer Survey. Melbourne: Caring Fairly. Retrieved 20 August 2020 from <http://www.caringfairly.org.au/resources/COVID-19-carer-survey-results>

<sup>viii</sup> Mental Health Carers Australia (2020). Survey on impacts of COVID-19 on families and carers of NIDS participants with psychosocial disability. Canberra: MHCA. Retrieved 20 August 2020 from <https://www.mentalhealthcarersaustralia.org.au/wp-content/uploads/2020/07/NDIS-survey-results-findings-Final.pdf>

<sup>ix</sup> Productivity Commission (2019). Mental health: Draft report. Canberra: Australian Government. Retrieved 20 August 2020 from <https://www.pc.gov.au/inquiries/completed/mental-health/draft>

