Community Mental Health Australia 2021-22 Federal Pre-Budget Submission

Community Mental Health Australia (CMHA) is a coalition of the eight peak mental health and community mental health organisations from each State and Territory. CMHA was established to provide leadership and direction to promote the importance and benefits of community mental health and recovery services across Australia.

CMHA advocates to improve all mental health and allied social services across Australia, with a strong focus on the value and contribution that not-for-profit, non-government community mental health services and people with lived experience bring to ensuring the economic and social inclusion, and the mental and emotional health and wellbeing of all.

CMHA provides a unified voice for over 700 community-based, non-government organisations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, our various coalition members.

CMHA Coalition members

Mental Health Coalition of South Australia	View State
Mental Health Community Coalition of the ACT	View State
Mental Health Coordinating Council NSW	View State
Mental Health Council of Tasmania	View State
Northern Territory Mental Health Coalition	View State
Mental Health Victoria	View State
Queensland Alliance for Mental Health	View State
Western Australian Association for Mental Health	View State

Background to Proposal

At this time, across Australia several major reports have been, or will soon be, released that provide recommendation on the full spectrum of mental health promotion, prevention and interventions for improving mental health and suicide prevention.

Community Mental Health Australia is a contributor to many of the national and jurisdictional forums in which these discussions and their recommendations have been and are being generated. In developing our positions on key recommendations we are informed by a very wide range of stakeholders.

Mental health itself and mental health interventions range across the whole spectrum outlined in the standard Stepped Care model; from whole of population wellbeing to crisis services needed for people with severe, complex and persistent mental ill-health and all steps in between.

While most stakeholders focus on particular key areas of mental health and mental health interventions (e.g., families, schools, workplaces, hospitals, local communities, online, early and/or crisis intervention

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services, etc.), to be properly empirically founded, all these areas must be understood as components within a complex social ecology[1] with multiple interconnections and feedback loops.

It is from this broad social ecological frame of reference that CMHA has developed its views as to where the key leverage and nudge points are located that will give maximum system wide benefit and positive output relative to intervention effort and social investment made.

Of these the key nudge point we wish to promote in this Submission is that of expanding the much needed investment in Psychosocial Support Services for people with significant mental health and associated social and personal challenges who are not eligible for the NDIS. This group, their broad numbers and the services gap that needs addressing are discussed in some detail in Chapter 17 of the recently released *Productivity Commission Inquiry into Mental Health Report*.

The evidence for the efficacy of psychosocial support services, particularly in combination with other mental health intervention services for people with significant mental health issues is considerable[2]. In the social ecology framework, it is understood that people with significant mental health issues affect and are affected by those around them. They may themselves be parents, grandparents, partners, family members, neighbours, employees, volunteers and/or general community members. Thus, psychosocial interventions for this group also have major beneficial and positive knock-on effects for many others (in addition to any direct carers they may have).

In addition to the above the flow-on employment and economic stimulus effects of the immediate implementation of such programs in local communities across Australia is considerable. The community-based sector is highly flexible and response and well position to recruit, train and support a care workforce suitable for this work. This includes a strong focus on employing people with the "lived experience" of mental health challenges as part of the Peer Workforce or as general employees.

Productivity Commission (PC) Inquiry into Mental Health Report

As is outlined in the PC Report, government investment in psychosocial support service outside the NDIS for people with significant mental health and associated social and personal challenges has declined considerably over the past 5 years. As it says …

> *Estimates from the National Mental Health Service Planning Framework (NMHSPF) are that about **690,000** people with mental illness would benefit from some type of psychosocial support in 2019-20. Among them are **290,000** people with severe and persistent mental illness who are most in need of psychosocial support. (Page 827)*
>
> *There is a massive gap in Australia's provision of psychosocial supports … (Outside the NDIS) about **75,000** people receive psychosocial support directly from other Australian, State and Territory Government-funded programs (Page 42)*
>
> *The transition to the NDIS, while providing for some, appears to have left a significant gap in service provision for many others. When the NDIS roll out is completed, about **64,000** people with the highest psychosocial needs would access individualised supports through the NDIS (Page 827)*

[1] Andrea Reupert (2017) A socio-ecological framework for mental health and well-being; Advances in Mental Health, 15:2, 105-107, DOI: 10.1080/18387357.2017.1342902

[2] Jerry Tew (2011) Social Factors and Recovery from Mental Health Difficulties: A Review of the Evidence; British Journal of Social Work 42(3):443-460; DOI: 10.1093/bjsw/bcr076

Current Primary Health network (PHN) commissioned Psychosocial Support Services

The estimated funding for PHN commissioned psychosocial support services is approximately $100m for services for the year 2020/21. This is scheduled to diminish considerably as the NPSM funding comes to an end on June 30, 2021 and the NPS Transition Program tapers down considerably from June 30, 2021. The details of the funding for these three programs can be found here:

- National Psychosocial Support measure ($80M over 4 years)
  https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-n-national-psychosocial-support-measure
- Continuity of Support ($109.8 million from 1 July 2019 for 3 years)
  https://www.pc.gov.au/__data/assets/pdf_file/0011/240320/sub155-mental-health-attachment.pdf
- National Psychosocial Support Transition ($28.4 million from 1 July 2020 to 30 June 2021)
  https://www1.health.gov.au/internet/main/publishing.nsf/Content/national-psychosocial-support-transition

State and Territory Services

The much-needed minimum data set on how many people with mental illness receive psychosocial support services (and their funding levels, program models and types, outcomes, workforce numbers, locations etc.) from jurisdictions across Australia is missing from our national mental health planning data sets and planning framework.

This in itself is a major issue that CMHA has raided and keeps raising at every appropriate forum (such as through the Mental Health Information Strategy Standing Committee).

The issue has been well covered in previous reports such as *Taking Our Place Report* (https://cmha.org.au/wp-content/uploads/2017/05/cmha-taking-our-place.pdf) and the *Mental Health Establishments (NGO-E) Data Collection and Broader Community Managed Organisations Reporting Requirements* (https://www.mhcc.org.au/wp-content/uploads/2020/02/NGOE-CMO-ERA-Stage-2-2019-FINAL.pdf)

CMHA Proposal

Numbers to be assisted:

As set out above, the PC Report estimates that the sum total of people receiving psychosocial supports from PHN and State and Territory commissioned services is 75,000 (Page 844) and that when full, the NDIS will be able to support 64,000 people. Therefore, the PC Report estimates that somewhere between **551,000** (i.e., 690,000 – 75,000 – 64,000) people with significant mental illness to **151,000** (i.e., 290,000 – 75,000 – 64,000) with severe and persistent mental illness are missing and would benefit from psychosocial support.

In its proposed Actions the PC Report recommends that:

> *STARTING NOW: "The demand for psychosocial support services by people with mental illness in a region should be estimated as a component of integrated regional planning."*
>
> *STARTING LATER: "State and Territory Governments, with support from the Australian Government, should, over time, increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall"*

Community Mental Health Australia strongly proposes that this timetable be compressed. We urge the Federal Government to allocate additional Federal funding for psychosocial services the May 2021 Federal Budget for immediate expenditure and that provision for funding for at least the next 5 years for ongoing psychosocial services also be budgeted.

While we understand that there is a need for more precise estimates at a local level (e.g. PHN regions) of the numbers of people who are in the above groups and would benefit from psychosocial supports, the reality is that currently there is a clear and present significant unmet need. The more exact estimate

of these number can continue while at the same time initial additional and much needed psychosocial services are rolled out. We must start now and not “kick this can down the road” for the reason that we do not have exact estimates of need.

At the least the lower number of 151,000 of those with severe and persistent mental illness can be presumed as in need of immediate support and psychosocial triage. While services for this most high needs group are being rolled out over the next few years a more exact estimate of the number and localisation of the larger group of people with significant mental health issues who could benefit from psychosocial supports can be determined.

It is also essential that all such psychosocial programs and estimates of psychosocial service gap needs are accompanied by well-resourced proactive community outreach programs to discover and connect with people, families, and communities. The reason for this is the significant body of evidence demonstrating the lack of “help-seeking behaviour” amongst this group. Without such a proactive process both service reach and service gap estimation are well short of the reality. In this regard CMHA’s own ACDC project (Assisting Communities through Direct Connection) will provide data and guidance on such proactive outreach (see www.acdc.org.au).

Additional Funding Needed

The PC Report estimates that:

> *Expanding the provision of psychosocial support to about 154 000 people who may currently miss out on services could cost approximately $610 million in 2019-20 dollars* (Page 682)
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> *The total costs were estimated using (1) the estimated number of people with unmet needs based on NMHSPF (2) approximate number of people currently receiving services, and (3) assumptions about proportion of people and their severity of need using data from former Australian Government-funded psychosocial supports, PHaMs and D2DL, and the cost per client for these programs (from $2400 to $7000 per person, in 2018-19 dollars). PIR was excluded to avoid double counting as the additional cost of requiring coordination support is accounted for in chapter 10 estimates (appendixes I, K).*

This is at best a ball-park estimate and CMHA supports it as a working figure to commence the immediate initial rollout proposed above.

Over time a more rigorous and scientific estimate of the funds needed should be based upon an analysis of (A) what psychosocial interventions are necessary and sufficient to achieve the outcomes required (for the significant majority of participants) and (B) what is the cost of those interventions.

What these outcomes is itself a key issue. To cater for the interests of multiple stakeholders it is suggested here that as a minimum they consist of significant measurable improvements in:

1. Individual wellbeing, self-efficacy and capacity (and physical health)
2. Social and economic participation
3. Decreased need for hospital based crisis services.
4. Service satisfaction measures for individuals and carers

Summary of Pre-Budget Submission

Community Mental Health Australia requests that an additional $610m per annum in Federal funding be immediately made available to provide psychosocial support services for 151,000 people across Australia with severe and persistent mental illness.