



# Mental Health Reform

## Summary

The Greens are calling for a new Minister for Mental Health and additional funding of at least \$350million per year for mental health over the next four years to fund:

- \$100m per year incentives at the primary care level to target those in need, the vulnerable and long-term clientele working within the community and NGO sector;
- \$150m per year for early intervention mental health programs including Headspace and early psychosis prevention services;
- \$100m per year for alternatives to emergency department treatment such as multi-disciplinary community-based sub-acute services that supports 'stepped' (two-staged) prevention and recovery care.

To date the Government's response to growing demands on mental health services has been woefully inadequate. The National Health and Hospitals Network package has been widely criticised by mental health experts. While it promises \$13m for training mental health nurses, it does not specify how much of the \$1.62bn over 4 years for sub-acute services will be allocated to mental health investment. The current funding promises should be considered in the context of the \$200m cut from mental health services in the 2008-09 Budget.

The Greens believe that years of under funding by successive federal governments have resulted in a mental health system which is not working. We are calling for the appointment of a new Minister of Mental Health to take responsibility for rapidly implementing the changes necessary to meet the needs of people with mental illness.

## Background

Mental illness has become a significant health issue in our community and it must be considered a fundamental component of the national health reform plan. The current model of mental health care doesn't work – it is hospital-centric and drastically under-funded. The Greens believe that a range of different approaches are required to keep people well and out of hospital, and to successfully manage their illness at home.

Over 20% of Australians will experience some form of mental disorder in any given year. More than two million people will suffer from mild mental illness – mild depression, anxiety – and approximately 500,000 will have a more severe illness resulting in taking time off work (typically severe depression and mood disorders)<sup>1</sup>.

<sup>1</sup> David Crosbie, CEO, Mental Health Council of Australia



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Around 500,000 Australians go to hospital emergency departments across the country every year with suicidal tendencies<sup>2</sup>. The Australian Institute of Health and Welfare (Hospital Statistics 2007–08) showed that mental illness required nearly two million occupied bed days in Australian public hospitals in 2007–08<sup>3</sup>.

Keeping people with mental illness out of hospital and creating alternatives to acute inpatient mental health care could prevent 77,000 hospital admissions for mental illness or 880,000 bed days from the system.<sup>4</sup> It is estimated that around \$380 million per year is tied up providing acute hospital care to patients better cared for in other settings<sup>5</sup>.

Under-investment in mental health in Australia is significant and historical. The 2006 Senate Select Committee recommended that Australia should be spending between 9–12% of its total government expenditure on mental health by 2012<sup>6</sup>. Australia currently spends around 6% of the total health budget of \$103 billion. National mental health expenditures as a percentage of total health spend in other countries range from 12.1% (UK), 10% (Germany), 7.5% (USA) and 5% (Italy).

To bring mental health funding in Australia in line with other comparable countries would require an increase of total funding for the mental health budget of \$5 billion over the next 3 years.

## The Greens proposals

To better meet the needs of people with mental illness Australia needs a robust, community-based system of care with hospital in-reach only as necessary. We need mobile crisis intervention, 24-hour staffed community residential and respite houses, mobile community treatment teams, and a range of psychological, family and vocational interventions. Without this type of fundamental reform to mental health services there is no alternative to hospitals – where the cost of care is at its highest not at the community where it's most needed.

2 Silence on mental health draws ire', Ian Hickie, Sydney Morning Herald, March 17th, 2010

3 Australian Institute of Health and Welfare (Hospital Statistics 2007–08) pp.207

4 ibid

5 Sebastian Rosenberg, 'Why focus only on diabetes, when the mental health sector faces similar issues? Croakey, April 5th, 2010

6 Senate Select Committee on Mental Health [http://www.aph.gov.au/Senate/committee/mental-health\\_ctte/](http://www.aph.gov.au/Senate/committee/mental-health_ctte/)



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The Greens plan for mental health care reform locates community mental health programs within primary health organisations. Dedicated teams of mental health workers would perform specialist functions of care, including liaising with hospitals to ensure that patients discharged into the community are guaranteed a comprehensive care plan that includes consultation with a family member or friend, an assessment of housing needs and other ongoing support needs.

The capacity for people with a mental illness to live successfully in the community would be the key measure against which mental health services are developed.

Specific mental health proposals:

- A dedicated independent National Mental Health Commission<sup>7</sup> to oversee the development of appropriate mental health services and transparent accountability at arms length from government such as exists in New Zealand and Canada.
- A national network of one-stop shop community mental health centres accessible by public transport and centrally located.
- Existing Medicare mental health schedule fees would be supplemented by incentive payments (\$100 million<sup>8</sup>) for GPs, consulting psychiatrists and psychologists working together to provide additional access and services for the most needy, vulnerable and long-term clientele working within community and NGO sector.
- 24 hour on-duty and on-call mobile crisis teams working as part of primary health care organisations
- Additional training for GPs and nurses to triage mental health appropriately.
- A mental health professional on 24hr call within every emergency department.
- Every hospital-based mental health service should be linked with a multi-disciplinary community-based sub-acute service that supports 'stepped' prevention and recovery care. (\$100 million would pay for 60 community-based services with 8-12 beds per centre)<sup>9</sup>
- Early intervention mental health programs including: Communities of Youth services, early psychosis prevention and intervention services, Lifeline suicide hospital discharge and treatment plan and a new Lifeline freecall number (see below).

7 Professor Alan Rosen, 'Open letter to the PM', Croakey April 6th, 2010

8 David Crosbie, CEO, Mental Health Council of Australia

9 David Crosbie, CEO, Mental Health Council of Australia

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## Detail and costing for examples of early intervention mental health programs

### *1) Communities of Youth, Mental Health (\$30m pa) proposed by National Health and Hospitals Reform Commission (NHHRC)*

- Communities of Youth services will improve the care of young people (12–25 yrs) with mental health problems by using a multidisciplinary youth–friendly approach integrating General Practitioners with psychiatrists, psychologists, mental health nurses, and other allied health professionals. The project aims to improve outcomes by addressing the full range of youth patient’s needs and increasing the capacity of service available.
- This will be a major expansion of multi–disciplinary community–based sub acute services that are effectively linked in with hospital–based mental health services. These sub–acute services can help manage the care of people living in the community before they become acutely unwell (step–up care) and provide an alternative to support recovery and better functioning after an acute hospital admission (step–down care). For example, Headspace:
- A one–stop shop services, offering youth–friendly community–based health services that are specifically designed for young people and their families.
- At a cost of approximately \$1 million a year to deliver programs, Professor McGorry, Australian of the Year argues that Australia will eventually need 200 – 300 of these services, he suggests that 30 new services should be rolled out in the next stage of development<sup>10</sup>.

### *2) Early psychosis prevention and intervention services*

- NHHRC recommended the national rollout of the Early Psychosis Prevention and Intervention Centre model
- Case managers and clinical experts working closely with young people to help them adjust to their diagnosis, receive early treatment and continue to live at home.
- The evidence is that this approach results in fewer unplanned hospital visits and helps improve functioning and social outcomes for affected young people.

10 McGorry, P Mental health needs early care: health system The Australian 6 February 2010

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## *3) Lifeline suicide hospital discharge and treatment plan and a new Lifeline freecall number*

- Hospital discharge must include a workable discharge plan – a person at risk of suicide should be able to return home with adequate support in place.
- This will reduce the burden on community health systems and reduce multiple readmissions.
- In the hospital setting, there is no non-medical way of getting people through the crises and no capacity to follow up.
- There needs to be provision for acute non-medical intervention and follow up support for a suicidal person.
- There is strong research evidence highlighting the critical need for appropriate post-discharge follow-up and the potential benefits that accrue when this follow-up is provided.
- Introduce specific care and support services to accompany an appropriate discharge and treatment plan for suicidal persons
- Provide a free call emergency line for Lifeline with an estimated cost of \$17.5 million pa.