



INVESTING IN OUR MENTAL HEALTH SYSTEM

A happier and healthier Australia

Our plan to fund better mental health care for all

The Australian Greens have a vision for high quality mental health services that are easily available to all Australians. Everyone should have access to the treatment, care, support and recovery that they need. By investing \$1.4 billion in mental health over the next four years, we can better support the mental health and wellbeing of all Australians.

The Australian Greens believe in an Australia where wellbeing is prioritised, quality mental health services are easily available and everyone has access to the treatment and support that they need when they need it.

Unfortunately there has been chronic under-investment in the mental health sector by successive governments, which has resulted in the system failing to meet the needs of thousands of Australians.

As a result, mental health accounts for 13% of Australia's disease burden, yet receives less than 9% of all federal health funding.¹ Over 80% of this mental health funding is allocated to supporting those at the high needs end of the spectrum.²

More needs to be done to ensure that mental health prevention and primary care is accessible for the wider population. Consumers and carers need to be supported to play a major role in policy and program development. We need to support programs that contribute to wellbeing, to early identification of the signs of mental illness, to stepped intervention and treatment, to peer support and to recovery that meets the needs of people who have low to medium levels of mental illness. This way we can provide support and care before their health worsens and becomes critical.

The Greens are committed to an investment in the mental health of millions of Australians, which would not only meet their immediate needs but would reduce their need for high intensity services into the future.

> A RENEWED FOCUS ON PRIMARY CARE

The major recommendation from the National Mental Health Commission Review in 2014 was to increase spending on primary mental health care by \$1 billion over the next four

years.³ Both the Government⁴ and the Australian Labor Party⁵ have stated that this funding should come from within current mental health funding levels. The Australian Greens believe that we shouldn't rob Peter to pay Paul. Instead of depriving hospitals and health services of the money they need to provide for patients with severe mental illness, the Greens would instead fund this \$1 billion increase through the increased revenue of a fairer tax system that puts people first.

Our \$1 billion primary care mental health package would include:

An additional \$400 million for the Primary Health Networks' (PHNs) flexible mental health funding pool:

Commonwealth mental health funding is transitioning to a flexible fund for mental health service commissioning, to be administered by the Primary Health Networks. This model, only announced in November 2015, is still in the very initial stages.

Because the Primary Health Networks have been given a short window of time to meet the targets and expectations placed on them, we must ensure that PHNs get the funding they need to do their job properly and deliver high quality, evidence based programs.

Evidence-based programs for holistic health responses, early identification, stepped intervention and treatment, peer support and recovery will necessarily form a part of the service system that Primary Health Networks will be working to establish under the Greens approach.

People with mental health issues also are more likely to experience chronic health conditions. The Greens approach to funding guidelines for commissioning mental health services through Primary Health Networks will emphasise the need for

³ *ibid.*

⁴ Department of Health 2015, *A new blueprint for mental health services* <https://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-lev151126.htm>

⁵ Australian Labor Party 2015, *Better support for people with mental illness and action to prevent suicide*. <http://www.alp.org.au/mentalhealth>

¹ Australian Institute of Health and Welfare 2014 *Australia's health 2014*, Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

² NMHC (National Mental Health Commission) 2014, *The national review of mental health programmes and services*, Sydney: NMHC

linkage between mental health services, health promotion, general primary health care and chronic disease management. The Greens have a related initiative to improve the response to chronic disease in Australia.

Wherever possible, local health planning should take account of the wider social issues impacting mental health and well-being such as employment, drug and alcohol use, all forms of discrimination, housing and poverty. The Greens believe that Primary Health Networks must play a role in advocating for, and facilitating linkages between providers in the social services sector at a local level, in program development and policy.

\$280 million extra funding for the Mental Health Nurse Incentive Program:

The Mental Health Nurse Incentive Program (MHNIP) has incredibly positive outcomes for both the clinics that employ mental health nurses and the patients who are supported by them.⁶ However, the program has been continually underfunded. Extra funding would mean that the full benefit of mental health nurses to our health system can be realised.

Additionally, the decision by the Turnbull Government to fold MHNIP funding into the flexible pool also goes against the recommendations of the NMHC review.⁷ The review was concerned that the bundling of MHNIP funds to PHNs would exacerbate already existing regional inequities between mental health nurse staffing numbers. **The Greens support responsibility for the program going to the PHNs, but would require a 5 year quarantine of MHNIP funding**, which includes the Greens' \$280 million commitment for the program.

Maintaining funding for *headspace* and Early Psychosis Prevention and Intervention Centres:

The *headspace* and Early Psychosis Prevention & Intervention Centre (EPPIC) programs are world leaders in providing comprehensive and holistic care for young Australians. The Greens believe these programs should be guaranteed funding during this time of transition. **The Greens would require a two year quarantine of the *headspace* and EPICCs funding** to ensure continuity for these existing services, and ongoing quarantining of a funding stream specifically for holistic youth mental health and early intervention programs.

We would also encourage the further investigation of integrating *headspace* National and Orygen: The National Centre of Excellence in Youth Mental Health, as recommended by the National Mental Health Commission.⁸

\$280 million for rural mental health, including the development and implementation of a workforce plan and

⁶ Department of Health 2012, *Evaluation of the Mental Health Nurse Incentive Programme*
<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-evalnurs>

⁷ NMHC (National Mental Health Commission) 2014, *The national review of mental health programmes and services*, Sydney: NMHC.

⁸ *ibid.*

funding for step-up, step-down support services and accommodation:

Mental health professionals are chronically underrepresented in regional, rural and remote communities. On a per capita basis you are four times more likely to find a psychiatrist, three times more likely to find a psychologist and more than twice as likely to find an allied mental health professional in our major urban centres, compared with rural and regional Australia.⁹ The Greens would contribute \$140 million in funding to generate then implement a plan to attract and encourage more mental health workers in regional Australia and improve the skills of the workforce already there.

On top of these workforce constraints, there is a need for short term residential care and other types of 'stepped treatment' to provide appropriate services for those being treated for a mental illness in regional Australia. The Greens would grant an additional \$140 million to secure these services for regional Australians.

The Greens would additionally:

- Increase funding by 50% for the KidsMatter program
- Provide full funding over the next four years for Children of Parents with a Mental Illness
- Spend \$6.5 million to further include consumers and carers in the mental health policy process
- Fund an investigation into pathways for ensuring access to insurance markets for Australians with a severe mental illness.

> THE LINK BETWEEN MENTAL HEALTH AND DRUG AND ALCOHOL USE

For some people, mental health issues are also related to their drug and/or alcohol use. The Greens recognise that more funding needs to be dedicated to drug and alcohol services and in a related initiative have committed to double the Commonwealth contribution to this sector providing an extra \$800 million. The Greens have also committed to \$40 million for innovative harm reduction initiatives that aim to deliver support to drug users with more informed choices about their drug use and links to peer-based and other health services. With Primary Health Networks also having responsibility for commissioning alcohol and drug services, the Greens will require improved linkages with mental health services at the local level.

> MENTAL HEALTH STIGMA AND SUICIDE PREVENTION

45% of Australians will experience mental illness over their lifetime¹⁰, yet there is still a deep stigmatisation of mental illness within our community as somehow less worthy of sympathy or support than illnesses of our various physiological systems.

⁹ *ibid.*

¹⁰ Australian Bureau of Statistics 2007, *National Survey of Mental Health and Wellbeing: Summary of Results*. Canberra

We know that preventative programs work. They encourage people to engage and talk with their peers, to be more understanding of the symptoms and impacts of mental health in the community and to seek out professional help when they feel they need to.

The Greens would fund a \$40 million anti-stigma strategy to challenge the ongoing misunderstanding and misrepresentation of the lived experience of mental illness. This funding represents \$10 million a year to developing, implementing and evaluating a series of targeted anti-stigma campaigns, particularly in relation to at risk groups, such as Aboriginal and Torres Strait Islander, LGBTI and CALD communities.

Currently seven Australians die every day from suicide with advocates describing this situation as a national emergency¹¹. **We would also commit \$38.3 million for a National Suicide Campaign** to engage and educate communities about the complexity of suicide.

While we have targets for reducing road deaths and other preventable health issues, we have no national targets for reducing suicide. Targets help to drive policy and program action and capture the attention of decision-makers. The Greens commit to the establishment of suicide prevention targets in consultation with the mental health sector and affected communities.

Suicide Prevention Australia explains that ‘suicide prevention is “everyone’s business”, whether it is directed towards individuals at high risk, communities and groups at potential risk, or the whole of the population.’¹²

This investment into a suicide prevention campaign would address the stigma surrounding suicide. The campaign would seek to engage and educate the Australian public about the complexity of suicide and how communities and organisations can work together to reduce suicide rates and the incidence of suicidal behaviours.

This funding would also improve the amount and quality of information gathered about suicide in our communities. The accurate, timely provision of data is crucial in notifying public health authorities of emerging suicide clusters while ensuring the true extent of suicide rates are not being ‘masked’ by inaccurate reporting.

Finally, this funding would also be used to establish a National Office for Suicide Prevention to assist in coordinating suicide prevention policy across portfolios and levels of government. The effects and determinants of suicide cross a broad range of portfolios and an effective response will require a degree of policy alignment that can be achieved only via an independent body playing a coordinating role within and between governments.

> REFLECTING THE NEEDS OF CULTURALLY DIVERSE COMMUNITIES

The Greens would also require the collection, by the federal Department of Health, of appropriate data on culturally and linguistically diverse (CALD) populations and their mental health needs. Currently, the data collected focuses solely on ‘country of birth’ which does not adequately indicate culture, language or ethnicity – meaning often CALD needs are invisible.

> BETTER ACCESS TO TREATMENT

It is estimated more than 30,000 Australians were affected by the removal in January 2013 of the six extra ‘exceptional circumstances’ sessions included in the Better Access program, by the then Gillard government. Our plan is to ensure these Australians can once again receive the care and assistance they need.

The Greens would re-introduce the option of six extra sessions, while retaining the existing ten-session allowance and refining the ‘exceptional circumstances’ criteria. This would ensure those with mental ill-health can continue to access effective and cost-efficient psychological treatment under the successful Better Access initiative.

> INVESTING IN RESEARCH

There is a desperate need for the development of new treatments for mental illness. The mental health sector recognises the treatment of mental disorders has not progressed sufficiently, particularly when compared with treatments for cancer and heart disease. The Greens want to see more research, translated into new, effective treatments for people with mental illness.

The Greens would invest \$150 million over three years to establish an overarching supervisory body for mental illness research in Australia. Based on a proposal from the Monash Alfred Psychiatry Research Centre¹³, this would be a virtual institute comprising a series of collaborating centres across Australia and would coordinate the development of innovative clinical treatments and provide expert advice to government.

¹¹ <https://www.lifeline.org.au/About-Lifeline/Media-Centre/Media-Releases/calls-for-national-emergency-on-suicide>

¹² Suicide Prevention Australia 2016, *About* <https://www.suicidepreventionaust.org/about>

¹³ Monash Alfred Psychiatry Research Centre 2013 <http://www.maprc.org.au>