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Submission to the Select Committee on Mental Health and Suicide Prevention

September 2021

MIFA thanks the Select Committee on Mental Health and Suicide Prevention for the opportunity to provide a submission for consideration as part of the Select Committee's current inquiry. For 35 years, MIFA has been amplifying the voices of individuals with lived experience of severe mental illness, including families and carers, to create real and lasting mental health reforms that make a difference in people's lives.

Over the past four years, MIFA has been advocating to the Commonwealth Government to address the significant underinvestment in community mental health services and psychosocial supports for people with severe and complex mental illness. Whilst the introduction of the NDIS has resulted in significant funding for people with psychosocial disability to date, the new system architecture continues to create a funding and service system gap for people with severe mental illness who are not eligible for the NDIS.

In this submission, we will highlight the need for urgent action now from *all* jurisdictions to address the shortfall in psychosocial support provision. We need to ensure that *all* Australians with psychosocial needs arising from mental illness have adequate and appropriate supports when they need them. We are committed to changing and improving the current policy landscape to ensure that every Australian, no matter where they live, can access the psychosocial supports they need to improve their mental health and quality of life.

Recommendations

In this submission, MIFA recommends that the Select Committee:

1. Recognises the gap in psychosocial supports, as identified by the Productivity Commission Mental Health in Australia Report, which estimates that approximately 154,000 people are missing out on vital psychosocial supports.
2. Endorses the recommendations of the Productivity Commission for psychosocial supports contained in Chapter 17 of the Final Report (Actions 17.1 to 17.3).
3. Supports and recommends the development and implementation of a National Psychosocial Support Program for all Australians with psychosocial support needs who are not eligible to receive supports under the NDIS to ensure that all Australians have access to the psychosocial supports they need. This includes:
    - **3.1.** Transitioning the current Federal psychosocial programs and funding commitments into a new National Psychosocial Support Program. These programs include Continuity of Support, the National Psychosocial Support Measure and transitional funding. The funding required is $100M per annum of existing commitments.
    - **3.2.** Immediately establishing five-year contract arrangements for all psychosocial support programs. For future funding cycles, ensure that all contract approvals are confirmed at least six months prior to the end of the previous funding cycle. Require Primary Health Networks (PHNs) to enter into longer term contracts when commissioning

psychosocial services, in line with the longer funding cycles that have been introduced more generally for PHNs.

3.3. Committing 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 Commonwealth funds can be adjusted in the future to reflect any new Commonwealth and State and Territory funding arrangements. The funding required is $610M per annum once fully operational.

3.4. As an interim measure, establishing the regional governance, planning and commissioning arrangements to ensure local and regional responsiveness until any new arrangements are decided.

4. Supports MIFA's funding analysis for the four-year roll out of a National Psychosocial Support Program and endorses this approach as part of the development of the National Mental Health and Suicide Prevention Agreement.

Fundamental Principles

The Final Report for the Productivity Commission's Inquiry into Mental Health in Australia concludes that mental health system reform in Australia would produce large benefits, mainly for people's quality of life and economic participation. A person-led mental health system is the key ingredient for this reform. Australia needs reforms that focus on prevention and early intervention, provide the right healthcare at the right time, promote effective services that support recovery in the community, and provide seamless and integrated care, regardless of the level of government providing the funding or service.[1]

The key recommendations to note from the Productivity Commission's Final Report include:

- creating a person-centred mental health system based on autonomy and choice
- supporting the social inclusion of people living with mental illness
- addressing the healthcare gaps in community mental healthcare
- linking consumers with the services they need
- improving the availability of psychosocial supports
- providing support for families and carers
- ensuring best practice governance to guide a whole-of-government approach
- funding arrangements to support efficient and equitable service provision
- providing regional planning and commissioning.[2]

[1] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 2.

[2] Mental Health Australia 2021, Sector consultation on the Proposed National Mental Health and Suicide Prevention Agreement: Consultation Paper, p. 15.

To achieve these mental health system reforms, agreement must be achieved at the Commonwealth and State and Territory levels of government, and government roles and responsibilities for mental healthcare and psychosocial supports must be clarified.[3]

MIFA has written extensively about the importance of psychosocial supports in our mental health ecosystem (a short summary is provided in Appendix A). The Productivity Commission was clear that we must improve both access to and delivery of psychosocial supports in Australia. As a fundamental principle, Governments should ensure that all people who have psychosocial needs arising from mental illness receive adequate psychosocial support.[4]

We are united in the sector in our agreement on this fundamental principle for reform – that we must build and strengthen psychosocial supports in the community. We support the action underway following the Victorian Royal Commission's commitment to a future mental health and wellbeing system that is restructured around a community-based model of care, where people can access treatment, care and support close to their homes and in their communities. We commend the Victorian Government for taking on this leadership role in mental health reform and, whilst this is a great start, there is much more to be done to ensure we are designing and delivering reforms that meet the psychosocial support needs of all Australians.

The gap in psychosocial support services

Based on estimates from the National Mental Health Service Planning Framework (NMHSPF), the Productivity Commission states that about 690,000 people in Australia with a mental illness are likely to benefit from access to psychosocial support services.[5] Of those, 290,000 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 notes that:

> *Australia has long suffered a shortfall in the provision of psychosocial support. Only about 110 000 people were receiving psychosocial supports in 2019-20 (both within and outside of the NDIS), well short of the 290 000 people estimated by the NMHSPF to have severe and persistent mental illness who are most in need of psychosocial supports.*[6]

Of these 290,000 people, we expect 64,000 people with severe mental illness to access supports under the NDIS at full scheme rollout. As of 30 June 2021, there were 52,913 people with primary

[3] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 1145.
[4] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 826.
[5] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 827.
[6] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 861.

psychosocial disability receiving supports under the NDIS.[7] According to these figures, there is still a group of people with severe mental illness who have not tested their eligibility for the NDIS and who may or may not be accessing mental health services. Additionally, it is estimated that 75,000 people access services outside of the NDIS provided by the Commonwealth and the States and Territories. This includes people accessing programs under the Commonwealth Psychosocial Support Program (Continuity of Supports and the National Psychosocial Support Measure).

Based on these figures, the Productivity Commission estimates that **154,000 people are missing out on the psychosocial support they need each year** and that this gap will continue if the current policy settings remain unchanged.[8] It is arguable that this gap will widen with the continuing pandemic, particularly as the longer-term impacts of isolation, economic hardship and prolonged mental distress unfold. This leaves a large cohort of people with the greatest experience of severity, complexity and reduced functional capacity without services to support them. This group of people are some of the most vulnerable people in our community – people who have the most severe and complex mental health conditions who may access services across multiple sectors (such as health services, income support, employment support, housing support and justice). There is both a social and economic impact that flows from this service gap that must be addressed with urgency.

Investment in psychosocial support

MIFA notes the increasing support for mental health services more broadly, particularly to address the needs of people with mild to moderate mental health needs that have been exacerbated by the pandemic. We have seen increased support for mental health services with large investments by Commonwealth and State and Territory governments in various budget announcements this year (such as funding for call centres, specialist clinical mental health services and mental health hubs). Much has been written about the impact of the pandemic on the mental health and wellbeing of the general population, but very little has been said about the impact of the pandemic on people living with severe mental illness. Some initial research has been conducted and the findings show a deterioration in mental health for more than half of those living with severe and complex mental health conditions since the pandemic.[9]

Although there have been significant investments in mental health services more broadly, we have not seen additional investments in psychosocial supports for the 226,000 people with severe mental illness who are not eligible for the NDIS. We were hopeful that the recent 2021-

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[7] National Disability Insurance Scheme 2021, NDIS Quarterly Report to disability ministers: 30 June 2021, available at Quarterly Reports | NDIS, p. 125.

[8] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, pp. 827 and 844.

[9] For example, see RESILIENCE IN ISOLATION: THE IMPACT OF COVID-19 ON AUSTRALIANS WITH A LIVED EXPERINCE OF MENTAL ILL HEATH Survey results, available at Resilience-in-Isolation-the-impact-of-COVID-19-on-Australians-with-a-lived-experience-of-mental-ill-health-Survey-results-Dec-2020-002.pdf (neaminational.org.au).

2022 Federal Budget would enhance psychosocial support services for this cohort by increasing funding to existing Commonwealth psychosocial support programs and providing funding for new initiatives. However, we did not see any additional Commonwealth funding allocations for this vulnerable and often marginalised cohort. Funding allocations to Commonwealth funded mental health programs (Continuity of Support and the National Psychosocial Support Measures) remained steady at approximately $200M over two years.

Psychosocial support services form an integral part of a comprehensive community-based mental health response. Currently, there is a joint responsibility between the Commonwealth and the State and Territory governments for funding and managing these services. To date, the delivery of psychosocial support has been hampered by inefficient funding arrangements and service gaps. The status quo is affecting the recovery of people with mental illness and their families, who could benefit substantially from improved access to psychosocial supports.

The Productivity Commission estimates that expanding the provision of psychosocial supports to the 154,000 people who are currently missing out on services could cost approximately $610M per year and result in significant improvement in the quality of life of people accessing them.[10] With the Federal Government's current funding commitment of approximately $100M per annum for psychosocial supports outside of the NDIS, this would equate to a total annual investment of $710M per year for the Commonwealth to fund existing programs and support program expansion to meet the identified gap in psychosocial supports.

Recommendations from the Productivity Commission

MIFA agrees with the recommendations proposed by the Productivity Commission in Chapter 17 of the Final Report and we urge the Select Committee to support the Chapter 17 psychosocial support recommendations in this inquiry (see Appendix B for an extract of the recommendations).

The Productivity Commission recommended that, as a priority, Governments should ensure that all people who have psychosocial needs arising from mental illness receive adequate psychosocial supports. Improving psychosocial supports to meet this need will require "a systemic shift in the way these supports are planned and funded".[11] To achieve this, State and Territory Governments, with support from the Australian Government, should increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall. States and Territories currently provide over 70% of community mental health funding.[12]

[10] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 862.

[11] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 827.

[12] Mr Mark Cormack, Deputy Secretary, Strategic Policy and Innovation Group, Department of Health, Senate Estimates 30 May 2017, Community Affairs Legislation Committee, p. 7.

The Productivity Commission also recommended that States and Territories take on the sole responsibility for commissioning psychosocial supports outside of the NDIS. This transfer of responsibility would require additional financial transfers from the Commonwealth to the State and Territory Governments to assist with filling the sizeable gaps in psychosocial supports.[13]

National Mental Health and Suicide Prevention Agreement

The provision of psychosocial supports will be governed by the National Mental Health and Suicide Prevention Agreement (the 'National Agreement'), which is due to be finalised by the end of November 2021. With very little information being released about this process, MIFA is concerned that it may take years to negotiate and confirm the responsibilities and accountabilities for psychosocial supports. If the National Agreement does not clearly define the roles and responsibilities for people with severe mental illness, and reach agreement on jurisdictional funding allocations, this will lead to prolonged disadvantage, vulnerability and crises. Prolonged deteriorating mental health, increased isolation and lack of recovery supports all increase dependency on the more expensive acute mental health services and potentially on the NDIS if psychosocial support needs increase over the lifespan.

Supporting the work of Mental Health Australia

Mental Health Australia (MHA) has provided advice to Government on the proposed National Agreement after consultation with their members. MIFA directly contributed to this process and supports MHA's leadership in providing advice to Government to support system reform. MHA has provided advice about the objectives, governance structures, key principles and priority actions to be considered by the Commonwealth and States and Territories to ensure the National Agreement is constructed in a way that supports better outcomes for people with lived experience of mental health conditions, and their families, carers and loved ones.

MHA highlights the following key points for governments to consider, which we support:[14]

1. The foundational principle that there must be involvement of people with a lived experience of mental ill health in the development, implementation, oversight and evaluation of the National Agreement.
2. The need for clear accountability, coordination of activity, and transparency of action; and the need for First Ministers to take responsibility for the outcomes of the National Agreement.

[13] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 1145.

[14] Mental Health Australia, Advice to Governments on the Proposed National Mental Health and Suicide Prevention Agreement, available at Advice to Governments on the Proposed National Mental Health and Suicide Prevention Agreement | Mental Health Australia (mhaustralia.org).

3. There must be a commitment to long-term funding enhancements based on an objective reference point; and that investment is incrementally added to the system against a set of transparent priorities with transparent governance and oversight.
4. Governance and implementation mechanisms must include representation from the sector, drawing on its expertise and to recognise the foundational principle of the involvement of individuals with a lived experience of mental ill health.
5. Endeavour must focus on activity beyond the health system and include responses that address the social determinants and root causes of mental ill health and suicide including poverty, trauma and incarceration.
6. The evaluation and measurement of outcomes built into the National Agreement must include whole-of-government measures that deal with long-term improved mental health and wellbeing for the whole community.
7. The National Agreement must be constructed as a document that enables continued reform and system evolution over time, a living document that first establishes clearly defined roles and responsibilities for governments and an agreed funding architecture.

MIFA supports the provision of funding by the Commonwealth and the States and Territories based on nationally agreed contributions. The funding allocation under the National Agreement is best determined according to local needs.

While we wait for a new National Agreement to be funded and implemented, there is an urgent need to immediately enhance Commonwealth funding arrangements for the Commonwealth Psychosocial Support Program (Department of Health) to provide support to additional people outside of the NDIS. With additional funding, this program could expand to support more people through a person-led, recovery-oriented, culturally competent and trauma-informed approach to mental health care, enabling community mental health organisations to support individuals to live well in their local community. Enhancing this national psychosocial program would arguably reduce pressure on the NDIS and other sectors over time. An expanded program could be implemented using the recently developed Department of Health guidelines for the Commonwealth Psychosocial Support Program, which were developed in consultation with the sector and with people with lived experience this year.

MIFA advocates for the development and implementation of a National Psychosocial Support Program that extends the existing Commonwealth and State and Territory programs and invests in new psychosocial supports to meet the gap in psychosocial supports.

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, for people with severe mental illness who are not eligible for the NDIS (see Diagram 1). 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 person-led approach
- recovery-oriented and preventative
- flexible, low-barrier entry criteria
- flexibility in type, range and length of supports offered
- timely and crisis-responsive
- 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 ability to navigate and support access to a range of supports across systems, and support for multiagency care coordination
- integrated services that support cross-sector collaboration and integration with physical health, mental health and social determinants programs.

Diagram 1: Summary of the National Psychosocial Support Program

Extend existing programs

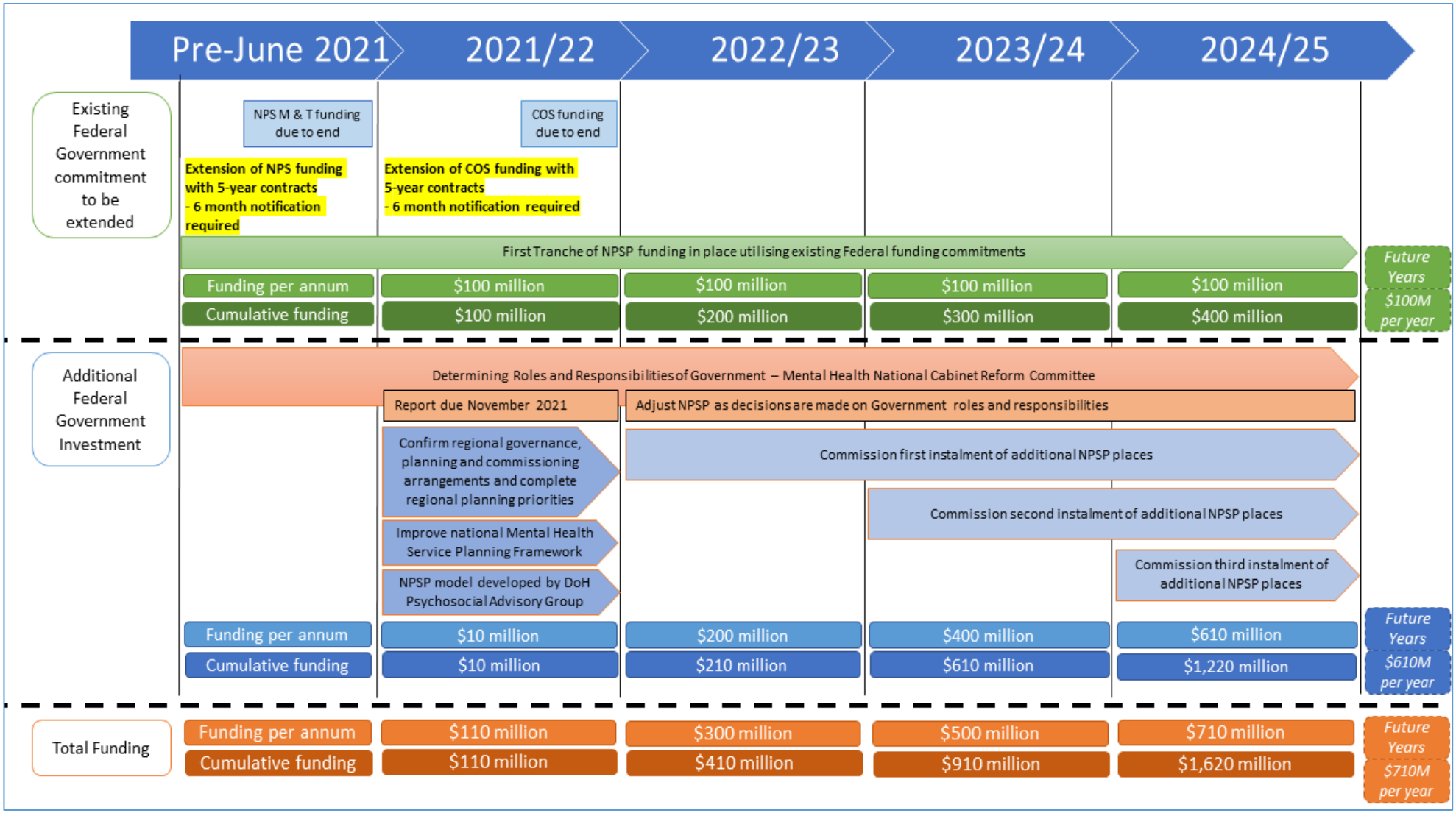
- Continuity of Support
- National Psychosocial Measure
- Transition
- 10,000 people
- $100M pa; $400M over 4 years

Improve

- Governance, planning and commissioning
- Regional planning for regional responsiveness
- National planning framework for national equity
- Outcomes measurement
- Service delivery models

Invest in new psychosocial support

- 'All people who have psychosocial needs arising from mental illness should receive adequate psychosocial supports' *PC Report*
- Significant improvement in the quality of life of people
- 154,000 people
- $610M pa; $1.62B over 4 years
- Invest now – adjust later as jurisdictional changes are worked through
- Recovery-oriented, person-led, community-managed services
- Develop the peer workforce


Pre-June 2021
2021/22
2022/23
2023/24
2024/25
Existing Federal Government commitment to be extended
NPS M & T funding due to end
COS funding due to end
Extension of NPS funding with 5-year contracts
- 6 month notification required
Extension of COS funding with 5-year contracts
- 6 month notification required
First Tranche of NPSP funding in place utilising existing Federal funding commitments
Future Years
$100M per year
Funding per annum
$100 million
$100 million
$100 million
$100 million
Cumulative funding
$100 million
$200 million
$300 million
$400 million
Additional Federal Government Investment
Determining Roles and Responsibilities of Government – Mental Health National Cabinet Reform Committee
Report due November 2021
Adjust NPSP as decisions are made on Government roles and responsibilities
Confirm regional governance, planning and commissioning arrangements and complete regional planning priorities
Commission first instalment of additional NPSP places
Commission second instalment of additional NPSP places
Improve national Mental Health Service Planning Framework
Commission third instalment of additional NPSP places
NPSP model developed by DoH Psychosocial Advisory Group
Future Years
$610M per year
Funding per annum
$10 million
$200 million
$400 million
$610 million
Cumulative funding
$10 million
$210 million
$610 million
$1,220 million
Total Funding
Future Years
$710M per year
Funding per annum
$110 million
$300 million
$500 million
$710 million
Cumulative funding
$110 million
$410 million
$910 million
$1,620 million

The priorities for 2021

The Productivity Commission recommended 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. It is not possible to predict the outcome of these discussions, or to contemplate the timeframe for any transition to sole State and 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 can be transitioned to a new structure when decided upon through the National Cabinet Reform Committee process, during the term of the four-year implementation and investment plan.

We urge the Select Committee to support our recommendation to the Federal Government to action the following components of a National Psychosocial Support Program with urgency:

1. Transition the current Federal psychosocial programs and funding commitments into a new National Psychosocial Support Program. 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. For future funding cycles, ensure that all contract approvals are confirmed at least six months prior to the end of the previous funding cycle. Require Primary Health Networks (PHNs) to enter into longer term contracts when commissioning psychosocial services, in line with the longer funding cycles that have been introduced more generally for PHNs.
3. 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 Commonwealth funds can be adjusted in the future to reflect any new Commonwealth and State and Territory funding arrangements. The funding required is $610M per annum once fully operational.
4. As an interim measure, establish the regional governance, planning and commissioning arrangements to ensure local and regional responsiveness until any new arrangements are decided.
5. 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.

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.

The Productivity Commission recommended that, as a priority, Governments should ensure that all people who have psychosocial support needs arising from mental illness receive adequate psychosocial support. To achieve this, the shortfall in the provision of psychosocial supports outside the NDIS should be estimated at a regional and State and Territory level.

Regional planning ensures that the diverse needs of communities can be adequately addressed and additional psychosocial support places created. Rural and remote communities, Indigenous communities and CALD communities have different needs. By effectively engaging consumers, 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 the region. This is overlayed by the National Mental Health Services Planning Framework (NMHSPF) to moderate the locally responsive priorities with a degree of national consistency. This is the theory – but in reality the assumptions and technical capability of the NMHSPF require considerable improvements to be used as a reliable tool.

A range of regional planning and governance arrangements are currently in place. Until further reform is implemented in this domain, these existing arrangements should be utilised in the short term. The NMHSPF should also 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.

It is also critical that governments at all levels address the social determinants of mental health. All governments must commit to integrating the social determinants of health with mental health. Ministers responsible for prisons, housing, homelessness, education, employment and hospitals do not fully grasp the preventative nature of community-based mental health in keeping people well in their community, and therefore reducing their expenditures in these high-cost services. A whole of government approach is needed to ensure there can be cross-sector collaboration and integration based on a holistic and person-led approach.

Recommendations

MIFA recommends that the Select Committee:

1. Recognises the gap in psychosocial supports, as identified by the Productivity Commission Mental Health in Australia Report, which estimates that approximately 154,000 people are missing out on vital psychosocial supports.
2. Endorses the recommendations of the Productivity Commission for psychosocial supports contained in Chapter 17 of the Final Report (Actions 17.1 to 17.3).
3. Supports and recommends the development and implementation of a National Psychosocial Support Program for all Australians with psychosocial support needs who are not eligible to receive supports under the NDIS to ensure that all Australians have access to the psychosocial supports they need. This includes:
    - **3.1.** Transitioning the current Federal psychosocial programs and funding commitments into a new National Psychosocial Support Program. These programs include Continuity of Support, the National Psychosocial Support Measure and transitional funding. The funding required is $100M per annum of existing commitments.
    - **3.2.** Immediately establishing five-year contract arrangements for all psychosocial support programs. For future funding cycles, ensure that all contract approvals are confirmed at least six months prior to the end of the previous funding cycle. Require Primary Health Networks (PHNs) to enter into longer term contracts when commissioning psychosocial services, in line with the longer funding cycles that have been introduced more generally for PHNs.
    - **3.3.** Committing 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 Commonwealth funds can be adjusted in the future to reflect any new Commonwealth and State and Territory funding arrangements. The funding required is $610M per annum once fully operational.
    - **3.4.** As an interim measure, establishing the regional governance, planning and commissioning arrangements to ensure local and regional responsiveness until any new arrangements are decided.
4. Supports MIFA's funding analysis for the four-year roll out of a National Psychosocial Support Program and endorses this approach as part of the development of the National Mental Health and Suicide Prevention Agreement.

About MIFA

Mental Illness Fellowship of Australia (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 to be financially viable and deliver effective, quality supports.

MIFA's current member organisations operating across Australia are:

- BRIDGES Health & Community Care
- Mental Health Foundation ACT
- Mental Illness Fellowship Australia (NT)
- Mental Illness Fellowship of WA
- One Door Mental Health
- Select**ability**
- Skylight Mental Health.

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MENTAL ILLNESS FELLOWSHIP of Australia Inc

Disclaimer

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

BRIDGES Health & Community Care
Mental Health Foundation ACT
MENTAL ILLNESS FELLOWSHIP of Australia Inc (NT)
MIFWA
One DOOR Mental Health
selectability mental wellbeing and suicide prevention
SKYLIGHT SEE MENTAL HEALTH DIFFERENTLY

Appendix A

What is psychosocial support?

The following extract is taken from the Productivity Commission's Mental Health in Australia Final Report to describe what is meant by psychosocial support:[15]

> 'Psychosocial' refers to the interaction between psychological and social or cultural components of life, giving recognition to the potential impacts of mental ill-health on a person's ability to take part in day-to-day activities (Mind Australia, Neami National, Wellways and SANE Australia, sub. 1212, p. 7). Accordingly, psychosocial support addresses a person's emotional, social, mental and spiritual needs (OVCSupport 2020). Psychosocial supports can facilitate recovery in the community for people experiencing mental ill-health at all levels of severity and across a diverse range of backgrounds.
>
> Psychosocial supports for people with mental ill-health are predominantly delivered by non-government organisations (NGOs) and funded by the Australian, State and Territory Governments. The supports provided to people can vary greatly due to personal requirements — as they are targeted to the specific needs of the person — and service availability. Supports include those that assist with participating in the community, managing daily tasks, undertaking work or study; helpline and counselling services; advocacy and promotion; finding accommodation; and improving connections with friends and family (CMHA 2012; NWMPHN 2019; QAMH, sub. 714) (figure 17.1). Supports may be provided through individual, group and community programs (box 17.1).
>
> Psychosocial supports comprise psychosocial disability supports and psychosocial rehabilitation.
>
> - *Psychosocial disability*[168] *supports* refer to processes, interventions and services that aim to support an individual to maintain their current level of independence. Supports can include those that assist with managing daily living needs, establishing or maintaining a tenancy, rebuilding and maintaining connections, and developing social skills to build friendships and relationships.
> - *Psychosocial rehabilitation* aims to enhance and increase skill development, maximising the potential to manage everyday life, participate in the community and increase independence (Mind Australia, Neami National, Wellways and SANE Australia, sub. 1212, p. 8).

[15] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 828.

A summary: the importance of psychosocial support

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 support plays a vital role in enabling those living with mental illness to live well, to recover in their communities, and to counter stigma and discrimination.[16] Psychosocial support also empowers people to achieve independence, increase control over daily life, promote self-determination and enables people to make a greater contribution to their community through employment and volunteering. Culturally capable psychosocial supports can be particularly effective in preventing relapse in people from culturally and linguistically diverse (CALD) backgrounds and can enhance social inclusion and participation.

Currently, there is an overreliance on crisis services, emergency departments and admission to acute or inpatient facilities. Psychosocial support services complement and support clinical interventions and, particularly when applied early, can reduce the demand for mental health-related hospital admissions and decrease the average length of hospital stay.

[16] Productivity Commission 2020, Mental Health, Report no. 95, Canberra, pp. 831-833.

Appendix B

Productivity Commission Recommendation 17 – Improve the availability of psychosocial supports[17]

The delivery of psychosocial supports — including a range of services to help people manage daily activities, rebuild and maintain social connections, build social skills and participate in education and employment — has been hampered by inefficient funding arrangements and service gaps. This is affecting the recovery of people with mental illness and their families, who can benefit substantially from improved access to psychosocial supports.

As a priority:

- Governments should ensure that all people who have psychosocial needs arising from mental illness receive adequate psychosocial support. To achieve this:
    - The shortfall in the provision of psychosocial supports outside the National Disability Insurance Scheme (NDIS) should be estimated at a regional and State and Territory level. (Action 17.3)
    - Over time, State and Territory Governments, with support from the Australian Government, should increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall. (Action 17.3)

Additional reforms that should be considered:

- As contracts come up for renewal, commissioning agencies should extend the length of the funding cycle for psychosocial supports from a one-year term to a minimum of five years. Commissioning agencies should ensure that the outcome for each subsequent funding cycle is known by providers at least six months prior to the end of the previous cycle. (Action 17.1)
- State and Territory Governments and the National Disability Insurance Agency should streamline access to psychosocial supports both for people eligible for supports through the NDIS and for people who choose not to apply for the NDIS or are not eligible. (Action 17.2)
- State and Territory Governments should continue working with the National Disability Insurance Agency to clarify the interface between the mainstream mental health system and the NDIS. (Action 17.3)

[17] Extracted from Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p. 826.