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Investing in psychosocial supports: Closing the gap

By Hayley Abell, Director of Strategy and Advocacy, Mental Illness Fellowship of Australia

Over 40 years ago, during the era of deinstitutionalisation, a promise was made to individuals living with severe and complex mental health conditions

and their families and carers. Governments promised that people would receive mental health supports in the community following the closure of institutions. Unfortunately,

despite decades of ongoing advocacy to governments by organisations like Mental Illness Fellowship Australia (MIFA) and people with lived experience, this commitment has yet to be fully realised. We continue to witness a significant gap in psychosocial supports. These are services in the community that assist

people with their mental health recovery, helping them to navigate the complexity of the social, economic, health and mental health issues they face, so they can live a happy and contributing life.

In 2020, the Productivity Commission highlighted this gap, shedding light on the urgent need for greater investment in psychosocial supports. There are at least 154,000 people in Australia currently living without support for their severe and complex mental health conditions who require psychosocial supports to live well. This group of people are disconnected from existing

mental health programs and are without mental health supports. In many cases, these are vulnerable individuals who need high levels of support across multiple life domains, like housing, employment and health. They experience disadvantage, discrimination and marginalisation. An element of neglect persists in failing to respond quickly to support this group of people who need help now.

MIFA firmly believes that a national psychosocial support program is the solution to this psychosocial support gap. A national program is needed to ensure every Australian living with a

psychosocial disability can get the support they need when they need it. The establishment and implementation of a national program will enable individuals living with severe and complex mental health conditions to receive the psychosocial support they urgently need to support their mental health recovery.

The need is evident to us and yet we are consistently challenged by the slow traction in this area of mental health reform. Unfortunately, psychosocial supports are not well understood in the community or among politicians, making a new national psychosocial support program a hard sell. It is much easier to unlock funding for perinatal health, children's mental health initiatives, community mental health hubs, and depression and anxiety. Recent federal budgets are full of new investments that support these types of initiatives. With political appetites firmly nestled elsewhere, why do we keep pushing for greater investment in psychosocial supports for people living with severe and complex mental health conditions? It is simple really. Not only is it the logical solution, but the right one for ensuring that people can get the supports they need and deserve.

The transformative power of psychosocial supports cannot be overstated. Psychosocial supports provide individuals with the tools, strategies and resources necessary to manage their symptoms and improve their overall wellbeing. These supports can include therapies, counselling,



Given these evident benefits, one might wonder why the gap in psychosocial supports remains. The answer lies in the complex landscape of national mental health reform, characterised by fragmented and siloed systems, diverse stakeholders with competing interests, and varying degrees of equity. Despite this complexity, there are various mechanisms of national mental health reform currently underway that provide opportunities to remedy the psychosocial support gap. There is a good possibility that we can influence a change in government policy through one or more of these reform pathways to address the psychosocial support gap through the development of a national psychosocial support program.

The first pathway is through the work that is being done by Commonwealth and State and Territory governments under the National Mental Health and Suicide Prevention Agreement (the 'National Agreement'). There is a process underway to assess the level of need for psychosocial supports across various jurisdictions so governments can quantify the level of investment needed. South Australia has already completed its own psychosocial supports needs analysis and we are eagerly awaiting on other States and Territories to progress their needs assessments. Under the National Agreement, governments are mandated to complete this work by March 2024.

While the intent to quantify the demand for psychosocial support is commendable, this approach has inadvertently led to a delay. A decision was made in the process of negotiating the National Agreement and associated bilateral agreements that governments would not adopt the psychosocial support estimates calculated by the Productivity Commission. We certainly lament this decision, given the expertise of the Productivity Commission team in conducting these analyses, and the length and breadth of consultation they undertook with the mental health sector and people with lived experience to understand the need for psychosocial supports. Indeed, we can only speculate about why this decision was made. Discussions and negotiations that are undertaken throughout the bilateral

agreement process are a closed-door and confidential. We imagine our government colleagues disagreed about appropriate funding contributions, and responsibilities and accountabilities for the development and oversight of programs to support this group of people.

One element that concerns us greatly is the lack of enthusiasm being displayed to take responsibility for a national program of this kind to support the cohort of people missing out. A national program can be co-funded by the Commonwealth and the States and Territories, with agreed investments, accountabilities and responsibilities for program delivery. We are seeking national oversight to provide a level of consistency and equity, with localised delivery to account for local community needs and resources. While the Commonwealth Government remains silent on any commitment to additional investment in this space, there is no incentive for States and Territories to take the lead and seek to address the gap in psychosocial supports without Commonwealth backing. So we remain in limbo until March 2024.

The second reform pathway is the full-scale review of the National Disability Insurance Scheme (NDIS). The NDIS Review Panel (the 'Panel') is due to hand down its final report to the Commonwealth Government in October 2023 and is currently undertaking extensive consultation with a wide range of stakeholders. The Panel is seeking to understand how the NDIS can be improved to restore faith in the original vision of an insurance scheme for people with disability who most need it. As part of this review, the Panel is examining the delivery of supports for people with psychosocial disability under the scheme. They are also considering how supports for people with psychosocial disability who are not eligible for the NDIS can be delivered in the community as part of Tier 2 of the NDIS. Tier 2 was originally designed to support people with disability not eligible for the scheme and their primary carers.

There is an important shift in understanding that needs to happen as part of the NDIS review process. For some time now, MIFA has been urging governments to look at the group of people living with severe and complex

mental health conditions as a cohort. There are about 300,000 people in Australia living with severe and complex mental health conditions who require psychosocial supports to live well. Of this group, there are about 60,000 people with primary psychosocial disability (about 10% of all NDIS participants) receiving supports under the NDIS. That leaves about 240,000 people who are not receiving NDIS supports and, of these people, about 154,000 are missing out on mental health supports in the community. It is important to look at these groups of people as a single cohort to understand that we need the NDIS (Tier 3) plus a national psychosocial support program that sits alongside it as part of Tier 2 to support people who are not eligible. The two national programs can work in tandem to support the needs of people who require psychosocial supports to live well.

The need for a national psychosocial support program that sits alongside the NDIS is growing. MIFA has long argued that a national program for people with severe and complex mental health conditions could relieve pressure on the NDIS and provide a more accessible, less traumatic and cost-effective alternative for people to receive supports in their local community. The media has reported on the 'sky rocketing numbers' of future NDIS participants and the enormous associated costs that threaten the sustainability of the scheme. With these concerns fresh and current, the time is now to consider how a national psychosocial support program can be the glue that provides easy access to the supports that people need outside of the NDIS. We envisage streamlined transitions between the two national programs to ensure people get help fast. People with mental health conditions who are found ineligible under the NDIS can be warmly referred to the national psychosocial support program to access services in their local community without all the barriers.

We continue to take every advantage to add these insights and ideas into the national mental health reform processes. As we wait for them to unfold there is another powerful pathway open to us that MIFA actively pursues. MIFA believes that the inclusion and elevation of lived experience voices to the reform

process is fundamental and must be incorporated at every opportunity. We have witnessed the power of lived experience in other national campaigns, such as the impactful Every Australian Counts movement, which continues to shape the trajectory and subsequent refinement of the NDIS. We draw from these experiences to reflect on how we can elevate the perspectives of those who have lived and living experiences of mental health challenges and ensure that their ideas and insights are fully integrated into national conversations.

As part of our national campaign to close the psychosocial support gap, MIFA recently hosted a Parliamentary Friends of Mental Health lunch at Australian Parliament House to amplify the voices of lived experience. Individuals with lived experience and researchers presented to Federal politicians and their advisers, sharing their insights on psychosocial supports and how they improve people's lives for good.

The stories shared by our speakers were nothing short of compelling. They vividly illustrated the transformative effect that access to psychosocial supports can have on individuals' lives. When given the opportunity to engage with these services, their wellbeing improved significantly, and they were able to identify and follow their passions and dreams. Their testimonials serve as a powerful reminder of the way forward—a future where lived experience voices take centre stage in shaping mental health reforms.

To close the gap in psychosocial supports, we must invest in comprehensive and accessible programs that prioritise the needs of individuals with severe and complex mental health conditions. This involves a commitment from all levels of government to bridge the existing disparities and address the challenges hindering the provision of adequate services. It is crucial to involve individuals with lived experience as active participants in the reform process, leveraging their invaluable insights and amplifying their voices to guide policy decisions. It is time to turn promises into action and prioritise the wellbeing of all Australians by investing in comprehensive and transformative psychosocial support programs. ●

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peer support groups, vocational training, daily living programs and social inclusion programs. These services have the capacity to change lives for the better by promoting resilience, better management of mental health and health challenges, facilitating independent living within the community, and supporting people to pursue their personal goals and passions in life.

Investing in psychosocial supports also makes economic sense. Severe and complex mental health conditions often result in significant healthcare utilisation, including frequent hospitalisations and emergency department visits. By investing in psychosocial supports, we can provide individuals with the tools and support to better manage their symptoms and

prevent crises, ultimately reducing the burden on acute care services. This can lead to cost savings for healthcare systems and allow resources to be allocated more efficiently. Right now, emergency departments and hospitals are the only choice for many people. We need more psychosocial support programs in local communities to reach out to people in need to keep people out of costly hospital settings.

Without appropriate psychosocial support, individuals with severe and complex mental health conditions are at a higher risk of experiencing long-term disability, unemployment, social exclusion and loneliness. By investing in psychosocial supports we can empower individuals to regain their independence, reintegrate into society and contribute to the workforce.