



Australian Government Department of Health
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Fifth National Mental Health Plan Consultation Draft

The National Mental Health Consumer and Carer Forum (NMHCCF) welcomes the opportunity to provide comment on the consultation draft of the Fifth National Mental Health Plan.

Our Background

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined national voice for mental health consumers and carers. We listen, learn, influence and advocate in matters of mental health reform.

Membership is comprised of one representative mental health consumer and carer from each Australian state and territory and representatives from key national health consumer and carer organisations and population groups, including those from culturally and linguistically diverse backgrounds and the Indigenous community.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers. NMHCCF members represent mental health consumers and carers on a large number of national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events.

Our comments

As emphasised during the consultation workshops across the country and the specific consumer and carer workshop held on 6 December 2016, the NMHCCF has identified a number of key issues and concerns relating to the current draft of the Fifth National Mental Health Plan. The main themes are as follows:

Consumer and carer participation and co-design

The NMHCCF strongly believe the current version of the Plan is “everything about us, without us”. NMHCCF members have expressed their disappointment with the lack of involvement of consumers and carers in the development and implementation of the Plan. Rather than have motherhood statements which are unchanged from previous years, mental health consumers and carers strongly believe it is time for them to have their own priority area in relation to consumer and carer participation. As highlighted in the NMHCCF Advocacy Brief on Consumer and Carer Participation (<https://nmhccf.org.au/publication/consumer-and-carer-participation-key-issues-and->

[benefits](#)), consumers and carers can help improve the quality, responsiveness and variety of service and program delivery through participation in development, implementation and evaluation.

Under this proposed new priority area the actions would include details on how consumer and carer participation and co-design will be supported financially and practically. To have a dedicated consumer and carer priority area would begin to address this omission and is essential to ongoing success. In addition to a separate priority area, it is important there is clear integration with governments and relevant stakeholders, including community members; consumers and carers, across all of the current seven priority areas.

Acute and crisis intervention focus

The draft Plan focusses on acute and crisis care without identifying strategies for preventative and early intervention measures. One of the nine strategic directions outlined in the National Mental Health Commission's Report of the National Review of Mental Health Programmes and Services was to 'shift funding priorities from hospitals and income support to community and primary health care services'. Consumers and carers are concerned this is not adequately addressed in the draft Plan. The focus appears to be on government intervention driven by the clinical sector with the community sector and psychosocial rehabilitation services not forming part of the plan. The entire document is clinically informed and a medical model approach without consumers and carers obviously being at the centre of care.

Community involvement

There is an insufficient focus on community based care and supports in the draft Plan. For a progressive and innovative national mental health plan, the Government needs to support and prioritise community treatment. The NMHCCF sees this Plan in its current iteration as neither innovative nor satisfactory as there doesn't seem to be the necessary shift away from existing practices to include community support. People living with severe mental illness can be well managed in the community provided they are fully supported, including in some cases 24 hour care.

Trauma informed and recovery approach

The requirement for trauma informed supports as a component of recovery oriented services is identified in the Plan under priority area four but this doesn't continue throughout the other priority areas. The NMHCCF recommend every action be revised to include the trauma informed approach at every stage. The evidence shows that most people using mental health services have a high and long history of interpersonal traumas.

The Plan also fails to recognise the right of consumers and carers to experience recovery, as per the National Framework for Recovery-Oriented Mental Health Services, [https://www.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/\\$File/recovgde.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf). We strongly recommend this document be a guiding framework throughout the Plan.

Support, health and wellbeing of carers

The support and wellbeing of carers is not included anywhere in the Plan. The support of carers is a significant issue and particularly for young carers in rural and remote areas. Carers are often subject to extreme pressures, both emotionally and practically and are at risk of developing mental and physical ill-health related to their caring role. They are often isolated and living in diminished

circumstances due to moving to part-time or casual work or losing their jobs altogether. They receive little support and remain unacknowledged by health professionals.

The NMHCCF agrees with SANE that 'when families are accepted as partners in care and do receive training and support, there is strong evidence that this leads to better outcomes for everyone involved.' <https://www.sane.org/mental-health-and-illness/facts-and-guides/families-friends-carers>

Alcohol and other drug services

NMHCCF members raised concerns about the lack of recognition of alcohol and other drug issues and services across the priority areas except under priority area four, Aboriginal and Torres Strait Islander mental health and suicide prevention.

Physical health and effects of psychotropic medication

Consumers and carers have noted under priority area five, physical health and people living with mental health issues, there is no mention about the risks associated with taking medication, particularly antipsychotics. It should be the responsibility of the prescribing physician to conduct appropriate physical health checks.

When focusing on physical health, which is extremely important, it is necessary to note the concerns consumers and carers have about the reduction in bulk billing practitioners as well as cuts being made to pathology and other medical services across the country. This is particularly an issue in rural and remote areas. These changes will most likely result in consumers and carers not going to General Practitioners (GPs) for preventative early intervention which could put an added burden on Emergency Departments. The Fifth National Mental Health Plan will rely heavily on GPs when, in addition to the current shortage of GPs and particularly those who bulk bill, many consumers with severe and chronic mental illness do not have access to a GP.

Population groups not addressed

Under the seven priority areas there appears to be very limited recognition of Australia's CaLD population. Members of the NMHCCF support the recommendation of Mental Health in Multicultural Australia (MHIMA) that the specific needs of CaLD mental health consumers and carers be included throughout the Plan. The NMHCCF also note issues relating to refugees, LGBTI communities, veterans and age stratifications are not addressed in the Plan.

Rural and remote communities

The issues concerning mental health supports and services in rural and remote communities are also not addressed in the current draft of the Plan. Some small and remote communities don't have access to phones, internet or health access and there is nothing new or innovative in the plan that is going to address these issues. This is certainly an area that needs to be recognised as requiring action and detailed implementation.

Private mental health sector

Another gap identified in the Plan relates to how the actions will work with the private mental health sector. There are 63 private hospitals across the country that need to be included and be made accountable as part of the service system. The private sector also includes office based practices including psychologists, psychiatrists, social workers etc.

Disability groups and alignment with 2010 – 2020 National Disability Strategy

The current draft of the Plan does not seem to line up with COAG's 2010 – 2020 National Disability Strategy which calls for initiatives to address the needs of people with disability. There is no reference in the Plan to people with intellectual disability or people who have communication impairments and disorders, either from health events or chronic health issues. A large number of these consumers also have significant mental health issues and this interface or connection is not acknowledged in the plan. For more information see the NMHCCF Intellectual/Developmental Disability and Mental Health Advocacy Brief, <https://nmhccf.org.au/publication/mental-illness-and-intellectual-disability>.

Additionally, no reference is made to the UN Convention on the Rights of Persons with Disabilities nor the recent Human Rights Council re-affirmation 'Mental Health and Human Rights' statement.

NDIS

NMHCCF members have raised concerns about how the Plan will fit with the National Disability Insurance Scheme (NDIS) and the Disability Support Pension (DSP). There are current changes with the DSP and rebate for prescriptions which are of concern. For example, the criteria for certain medications that people with a DSP once obtained at the discounted rate have changed so that these people are no longer eligible and have to pay the full rate. Consumers and carers are concerned with how the challenges posed by the rollout of the NDIS will integrate with the Fifth National Mental Health Plan.

Employment and peer workforce

Consumers and carers have expressed concern that the issue of employment is not emphasised strongly enough in the Plan. Employment is an indicator of health and a vehicle for mental health consumers and carers to lead a meaningful life. The NMHCCF would like to see the issue of employment be integrated as not only an indicator of health within the Plan but with actions to say how that is going to occur and be measured.

Social determinants of health

It is important for the Plan to address the social determinants of health as there are many issues related to mental health, outside the responsibility of the health sector. The Plan lacks a whole of government approach necessary for mental health reform. One major omission is the issue of housing and homelessness. If someone doesn't have adequate housing they are at an extreme disadvantage of doing other things adequately, including the search for employment. For more key points related to homelessness as a risk factor for mental health and wellbeing, please see the NMHCCF Homelessness Advocacy Brief, <https://nmhccf.org.au/publication/homelessness>. Reference to education and justice issues are also not included in the Plan.

Research

NMHCCF members note the lack of reference throughout the Plan to research, which is a significant enabler. There needs to be robust evidence of research, which includes consumers and carers. There is no recognition in the plan of how research streams that exist in health are accessed and where mental health fits in to this area.

Language

Members of the NMHCCF are also concerned about the language in the Plan with a large number of directives starting with "Governments will...". The evidence suggests that historically Governments don't.

Consumers and carers have the right to take responsibility for their own health and wellbeing. There is no mention in the Plan of enabling consumers and carers to experience recovery by enhancing or developing methods or tools for this.

Some consumers and carers are not happy with the terminology of 'severe and complex mental illness' and would like the authors to consider rephrasing this to people with 'severe mental illness with complex needs'.

Accountability, targets and timelines

Along with other members of the sector, consumers and carers are concerned about the lack of baselines and targets linked to the proposed indicators in the Plan. There is also no obvious requirement for a work plan to accompany this document.

The NMHCCF recommend the actions identified in the Plan be broken down into quantifiable smaller actions that are specific and time limited. At the moment most of the KPIs don't link to the actions in the Plan and there is no mention of consequences. It is only if there are consequences that changes will be made for system failure, processes not followed, stigmatising/discriminating cultures, or people not doing their jobs properly.

There is no detail on implementation in the Plan and the reporting process. Mental health consumers and carers need to be involved in the accreditation process and the NMHCCF strongly recommends consumers and carers write their own report card to monitor and evaluate the Plan from the perspective of those with lived experience. A merit based, independent and transparently selected group of consumers and carers would be tasked with report card activities. It is important to capture whether consumers and carers are seeing any significant difference in their lives as a result of the Plan.

At the consumer and carer consultation workshop held on 6 December 2016 in Melbourne, more detail was provided to the Department in relation to how consumers and carers could be involved in the revision of the Plan and the monitoring and reporting to Government. All suggestions provided at that workshop have the support of the NMHCCF.

On behalf of the NMHCCF, we thank you for the opportunity to provide comment on the Draft Fifth National Mental Health Plan through the consultation workshops and via the submission process. We are committed and look forward to working with the Government on further revisions of the Fifth Plan and any activities related to targets and the implementation process. For further information about this submission please contact the NMHCCF Executive Officer, Kathryn Sequoia at kathryn.sequoia@mhaustralia.org.

Yours sincerely



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