ConNetica Insight No 2. by John Mendoza

The Federal Coalition's Motion on Mental Health

I wish to advise you on developments with a motion on mental health before the Australian Parliament. I believe there are a number of misconceptions on the Motion and I will endeavour to clarify these here.

With Pat McGorry and Jan Kealton (a bereaved parent and carer from the Gold Coast), I attended a series of meetings in Canberra with MPs and Senators on Wednesday 17 November. The meetings provided an opportunity to brief Parliamentarians from across the political spectrum on the Motion developed by The Hon. Peter Dutton MP and Senator Concetta Fierravanti-Wells.

The Motion

A copy of the Motion is attached for your information. The Motion differs from an early Motion on Mental Health passed by the Senate in late October in that it does not commit the Government to a specific level of funding nor a specific timeframe. These were objections made by the Government during the Parliamentary debates. The Senate Motion was passed with the support of Senators Fielding and Xenophon.

Public Comments on the Motion

Pat McGorry and I have repeatedly stated that the Motion, while clearly focusing on developing a new national service system for younger Australians with mental illnesses and related problems, is just one step in the reform of mental health services.

Pat and I have consistently made the point that the inequity between people experiencing mental health conditions and those experiencing common physical health conditions must end. We have acknowledged many times that this will not be done quickly or without a massive increase in funding.

In my statements to media (and in the briefings with Parliamentarians) I repeated:

- This will take a decade of determined action to end the cycle of crisis in mental health
- It will require the leadership of the Prime Minister and Premiers, that commenced under John Howard and Morris Iemma in 2006 and has seen faltered
- It will require an independent national authority to report to the Australian community regularly on the reform efforts
- It will require an additional $3-4B per annum to 'close the gap' – something which cannot be achieved in a four year funding cycle, but may be attained by 2020.
- It will require new investments flowing to proven and innovative services, not failed services.

These comments are not necessarily reported by the media, but they are on the public record and consistent with positions I have advocated for many years.[i]

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The Federal Labor Government's Position

The Federal Labor Party, nor the Australian Greens, (at the time of writing this communiqué) are unlikely to support the Motion when it comes before the House in the final sitting week this year. The arguments the Government and the Greens have made are both spurious and disingenuous.

The Government has also made much of the increase in funding comparing the four years 2003-4 (under the Howard Government) to 2007-8 to 2011-12 (under Rudd/Gillard). Of course this is a "convenience" as it takes two financial years prior to the commencement of the COAG NAP and the first two years under the NAP (when funding was just beginning to roll out) and compares it to the final years of the NAP when the full effect of the additional Commonwealth spending is reflected in Budget papers. What is not stated is that every one of the mental health programs (with the exception of just $43.5m) were all initiatives and funding commitments of the Howard Government. They has fail to state that several programs have been slashed (most notably the Mental Health Nurse Incentive Program).

Labor has also made much of the commitment to roll out an additional 30 *headspace* sites. However these will not be operational until 2015 and more importantly the funding is only providing $450 per client. This is only about 35% of the estimates provided by the MHCA to the Howard Government when the headspace program commenced in 2006-7. Consequently, *headspace* centres now have an average 1000 clients for 2.5 clinical staff. The model is totally unsustainable.

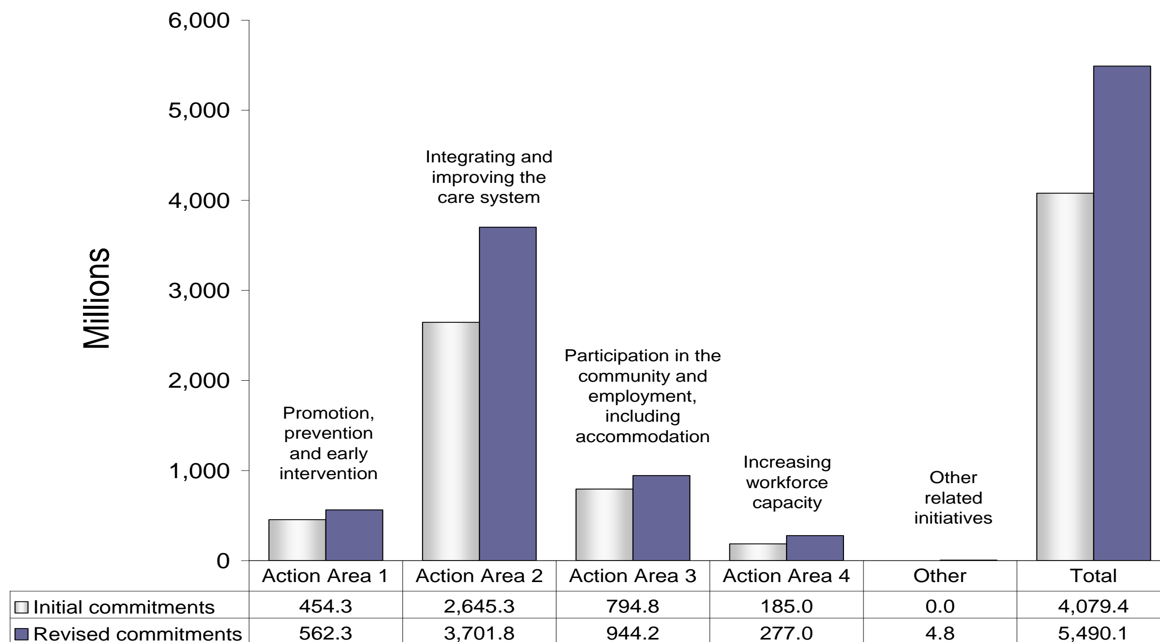
The Coalition's Motion is based on the implementing both the *headspace* and EPPIC models in line with the evidence – not a facade version of the models.

The Rationale (and the evidence) for Supporting the Motion

My colleague Sebastian Rosenberg, is completing an analysis of the data from the Council of Australian Governments (CoAG) National Action Plan (NAP) on Mental Health 2006-11. What the analysis shows is that by the end of this year, a total of just under $5.5b will have been added to mental health spending by all Australian governments since the inception of the NAP. This is of course the biggest ever boost to mental health (certainly since 1945). That additional spending has been allocated across four key action areas:

- Action Area 1: Promotion, Prevention and Early Intervention
- Action Area 2: Integrating and Improving the Care System
- Action Area 3: Participation in the Community and Employment, including Accommodation
- Action Area 4: Increasing Workforce Capacity

This is shown in Figure 1 below.



However, like we have seen since the inception of the First National Mental Health Plan in 1993, there is no nationally consistent approach to reform. Figure 2 shows the spending by jurisdiction across the 4 Action Areas of the NAP.

Figure 2 – NAP Spending Effort by Action Area and Jurisdiction

Jurisdict-ion	**Action Area 1**		**Action Area 2**		**Action Area 3**		**Action Area 4**		
	Spend ($m)	% of Total CoAG Effort	Spend ($m)	% of Total CoAG Effort	Spend ($m)	% of Total CoAG Effort	Spend ($m)	% of Total CoAG Effort	**Total NAP Spend by Jurisdiction ($m)**
C'wealth	164.2	8.24	1329.8	66.71	369.5	18.54	129.9	6.52	1993.4
NSW	121.7	12.41	721.6	73.61	113.8	11.61	23.3	2.38	980.3
Vic	97.7	15.15	432.1	67.01	110.6	17.15	4.4	0.68	644.8
Qld	16.3	1.66	717.5	72.97	168.4	17.13	76.9	7.82	983.3
WA	106.8	22.07	216	44.64	139.6	28.85	21.5	4.44	483.9
SA	47.1	16.33	215.1	74.56	22.1	7.66	4.2	1.46	288.5
Tas	2.2	3.75	36.6	62.35	11.3	19.25	8.6	14.65	58.7
ACT	5.1	12.26	20.1	48.32	8.1	19.47	8.3	19.95	41.6
NT	1.3	8.61	13	86.09	0.8	5.3	0	0	15.1
Total	**562.3**	**10.24**	**3701.8**	**67.43**	**944.2**	**17.2**	**277**	**5.05**	**5490.1**

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More than two thirds of all spending under the CoAG NAP is directed towards Action Area 2 – Integrating and Improving the Care System. Looking at this more closely we see:

- the Commonwealth reports spending almost exactly two thirds of its total NAP budget in this area, with the Better Access and Personal Helpers and Mentors (PHAMS) programs accounting for just over $1bn of a total contribution of $1.33bn.
- NSW's total spending of just over $720m in Action Area 2, fully $557m has gone towards establishment of the new forensic facility at Long Bay Prison, increasing the number of acute and non-acute mental health beds and new and refurbished mental health facilities at Concord, Lismore and across other parts of the state. This means NSW have left just $162.3m on all other aspects of the mental health system over the period 2006-11. Little wonder, the crisis in mental health is worst in that State.
- Queensland spent just 1.66% (or 60 cents per person per annum) of new funds on Action Area 1 – Prevention, Promotion and Early Intervention. Across all Governments, just 10.24% was spent of PPEI – and prior to the COAG NAP, PPEI received even less.
- Spending in Action Area 3 accounts for only 17% of total NAP spending, despite rhetoric supporting funding for psycho-social rehabilitation and housing. In NSW, more than half their spending in this area ($58m/$114m is on one program alone – the Housing and Supported Accommodation Initiative (HASI). Victoria is spending about $44m on growing its psycho-social rehabilitation sector but again, this is over a five year period and would barely cover anticipated price pressures, let alone service expansion.

We also know from both ABS[ii] and AIHW[iii] most recent data that the treatment rate for people with a mental illness did not move or even slightly decreased between 1997 and 2007. The AIHW Report suggests substantial service growth over the same period however it shows that the great majority of this growth was focused on Commonwealth-funded mental health care services from 2006-07 to 2007-08. By contrast the percentage of the population accessing state-run mental health services actually dropped from 1.6% to 1.5% with falls recorded in NSW and Queensland in particular. No jurisdiction recorded an increase.

In summary then, the data shows we have had (despite the COAG NAP investments) virtually no growth in the numbers of people accessing care, with the exception of some high prevalence disorders. We have seen almost all the new funding expand the number or range of services that individuals accessing care are receive. This would suggest that the one in three Australians likely to get care, are getting more services. Whether they have improved health, social and economic outcomes, we don't know.

It is strong evidence to support he calls by Ian Hickie, the late Grace Groom, the MHCA and others over many years, **that new funding must be prioritised to fund new services** – that is innovation and proven services – if we are to improve access and ultimately outcomes

Also compelling is the fact that for the 16-24 year age group just 13% of males and 31% of females with a need for service get ANY service. When we know the evidence about onset, about the life-changing and in some cases life-threatening nature of mental illness in this age group, we should be appalled that as a community we are failing so comprehensively our moral and legal obligations to provide health care to this group.

The Politics of Action Vs Inaction

It is often said that "in politics division is death" and when it occurs in a policy debate, it provides Governments with a justification for not taking any action. I have been involved in numerous legislative and policy battles over three decades. Every time there is division in a sector or among core stakeholders, and where a Government is low of courage, it will not result in any real action. There will be the appearance of action but no real strategic or structural change. Often the opportunity to get re-engagement will take years to return.

To borrow Jagger-Richards' line "You can't always get want you want"- in policy, one rarely, if ever, gets the complete answer or a comprehensive response to a complex issue. Policy is almost always evolutionary or at best a step change. One has to then continue to build the case for further change or investment.

Those of you who were involved in the 2006 COAG National Action Plan Agreement will know this. I and others argued for 5000 Personal Mentors and Helpers to ensure the estimated 50,000 Australians needing the service would get some basic (3-4 hours a week on average) support. What we got was a commitment to just 900 PHaM workers. The original Government documentation said that each PHaMs worker would have a case load of 56 people. Of course as the program implementation commenced the case load reduced to on average 11 clients. The Howard (and Rudd) Governments were advised by both the MHCA[iv] and NACMH[v], that the program had to be (ultimately) expanded by a factor of 5.5 times.

In 2005-6, the MHCA forcefully argued privately and publicly that a massive investment in supported accommodation was necessary. We provided data that a ten-fold increase in available supportive housing places was required. Despite those efforts we failed to win any significant investment by the Commonwealth in this critical area. The states/territories were left to pick up both the recurrent and infrastructure costs. As can be seen in the COAG NAP data only a small increase in supportive accommodation has resulted from the $5.5B of spending. Yet the evidence to support this investment is compelling and is known to Government.

Despite the many inadequacies of the COAG NAP 2006-11 it was the first major investment on new funding into mental health in decades. It would have been foolish to attack the COAG agreement and walk away because it lacked critical elements for reform.

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That is the same scenario the Sector has with this Motion. It is not a comprehensive reform package and that fact is known by the Coalition and Independents. But what it is, and what the evidence overwhelming supports, is a focus of new investment into a service system for the hundreds of thousands of young Australians who currently get no care.

In Conclusion

In June I resigned as Chair of the National Advisory Council on Mental Health because the Rudd Government had no vision or commitment to mental health. I felt I could make a more effective contribution in other ways to getting real action on mental health. This along with the efforts of many advocates and a ground swell of public opinion on the need for mental health service reform, put the issue on the Election Agenda.

We saw the Coalition announce a $1.5B plan for building a new national service system for young Australians (the basis of the current Motion before the House of Representations). We saw the Greens announce a range of funding initiatives totally $1.4b over four years – much like the 2006 COAG NAP, putting almost all the new monies into a number of existing programs. And finally we saw the ALP (now Minority Government) commit $277m over four years to a range of initiatives in suicide prevention. All but $18m of this funding went into existing programs. We have since learnt through the Senate Estimates sittings in October that just $9m of the $277m will be spent this financial year and that the commitment to the additional *headspace* centres will not be achieved until 2015 (this is fully two years into the next Parliament).

Furthermore we now know that the Government, through Minister Butler, is holding a series of 2 hour meetings across the country before Christmas (15 in total) to listen to the views of the Sector on what should be the Government's priorities. Despite having more advice than any previous Government on what actions to take, the Government is seeking to delay any commitment to mental health funding.

Mental Health services are either in crisis or under sustained duress across this nation. Every aspect of the service system is desperate for some additional funding. I receive emails every other day from people in every service area stating their need for funding. In this circumstance, it is understandable that some in the Sector are aggrieved that the Coalition Motion fails to address their needs. If the Sector cannot speak with a degree of unity, then we will continue to run last to every other health sector.

There is nothing I have seen or heard that indicates this Government has a commitment to mental health reform. That is why I encourage you to support the Motion before the House of Representatives.

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[i] See National Advisory Council on Mental Health *A Mentally Healthy Future for All Australians,* Jan 2010 and the Sunshine Coast Mental Health Summit, *Summit Statement* at www.connetica.com.au
[ii] Australian Bureau of Statistics (2008) *National Survey of Mental Health and Wellbeing.* Canberra.
[iii] Australian Institute of Health and Welfare (2010) *National Mental Health Report 2007-8*. Canberra.
[iv] MHCA – Mental Health Council of Australia
[v] NACMH – National Advisory Council on Mental Health

Mental Health Motion

MENTAL HEALTH: Resumption of debate (*from 25 October 2010*) on the motion of Mr Dutton—That this House:

(1) notes that:

(a) mental illness afflicts more Australians than almost all other health disorders, only ranking behind cancer and heart disease in prevalence;

(b) forty-five per cent of the nation's population will experience a mental health disorder at some point in life;

(c) younger Australians—those between 16 and 24—bear the brunt of mental illness, with prevalence of problems declining with age;

(d) with early and targeted treatment, many people can overcome mental illness or lower the incidence of progression or relapse;

(e) expansion of the *headspace* and Early Psychosis Prevention Intervention Centres (EPPIC) models could help an estimated 200 000 young Australians, and in doing so, free-up existing services for others with mental illnesses whilst alleviating pressures on public hospitals and emergency departments; and

(f) the Government has moved to cut services in mental healthcare;

(2) requires the Government to:

(a) expand the number of *headspace* centres to a minimum of 90 nationally;

(b) establish a national network of 20 EPPIC centres;

(c) provide an additional 800 beds for mental health, associated with the EPPIC centres;

(d) appropriate funds necessary to provide these critical steps to expanding mental health treatment facilities; and

(e) immediately provide additional funds for existing *headspace* centres; and

(3) sends a message to the Senate acquainting it of this resolution and requesting that it concur.