

Connect Health & Community pre-budget submission for the 2020-21 Federal Budget - Mental Health

August 2020

Contact

Amanda Murphy
Connect Health & Community
2A Gardeners Rd
Bentleigh East, VIC 3165
9575 5354

Key Messages

- The Australian population will benefit from significant investment in strategies that promote good mental health, as well as the prevention and treatment of mental illness.
- Mental illness is the number one health issue for young Australians; with suicide being the leading cause of preventable death among people aged 15-25 in Australia. Good mental health allows individuals to contribute productively to their community and lead meaningful and satisfying lives. Additionally, investing in the mental health of young people helps to support their productivity over a lifetime, contributing to growth of the Australian economy.
- A whole-of-government approach is required to achieve cross-sector collaboration to address mental health in Australia.
- The current, fragmented mental health system is difficult to navigate for health professionals, consumers, carers and community members. Greater integration and collaboration between acute, sub-acute and community health service systems is needed, and system reform requires a clear plan and an outcomes focused implementation plan. This can in part be achieved by accelerated commitment to funding Adult Mental Health Centres as there is only one identified in Victoria to be funded in the next financial year.
- Funding to increase mental health service delivery for clients who fall through the mental health service system 'gaps' or who present with increased complexity of issues is required. This should be supported through funding for appropriately skilled staff and ongoing upskilling of staff.
- Education, training and ongoing access to support is required to build carers' knowledge, confidence and capability to perform optimally as a carer.
- Greater investment in prevention is required to shift mental health expenditure upstream, to establish multi-pronged initiatives that foster protective factors, reduce risk factors and address social, economic and environmental determinants.
- The covid-19 pandemic has significantly impacted the mental health of Australians, and ongoing support is required to address both financial and health impacts of the pandemic into the future.

About Connect Health & Community

Connect Health & Community welcomes the opportunity to make this submission to the Treasurer regarding Australia's 2020-21 federal budget.

Connect Health & Community is a not for profit community health organisation which has been servicing the community for more than forty five years. The organisation has 160 staff and 200 volunteers and receives funding from the Federal and State Governments. Connect Health & Community provides a comprehensive range of primary health and community services to support the health and wellbeing in the communities of Bayside and the southern part of Glen Eira and surrounding areas, from sites in Bentleigh East and Cheltenham.

Gambler's Help Southern, which is a program of Connect Health & Community, offers a range of free services from 13 sites across the southern metropolitan Melbourne region. Community transport is available for eligible residents in Port Phillip, Stonnington, Kingston, Bayside and Glen Eira. Our dental service does not have geographic boundaries and provides onsite services at Bentleigh East and some community outreach services.

Our vision, "healthy people, healthy communities", reflects Connect Health & Community's focus on the social determinants of health and the conditions in which people are born, grow, live, work, study, play and age. We continue to invest in wide-ranging relationships with others, spanning: service delivery, health promotion and preventative activity, advocacy, research and education as identified in the Victorian Public Health and Wellbeing Plan 2019-2023. Connect Health & Community is committed to providing services in a fair, equitable and inclusive manner to all eligible people within the community. In so doing, the diversity of the community is recognised and acknowledged. This is reflected by the Connect Health & Community Vision, Purpose, Values and objectives depicted in the diagram below:

Purpose

Assisting you in meeting your health and wellbeing goals



A focus on youth mental health

Connect Health and Community's future directions are embedded within our strategic goals: to invest to serve our clients, maintain a person-centred approach, promote and improve good health and strive for continuous improvement in our services and programs. In particular, our organisational focus on promoting and improving youth mental health as a strategy to improve mental wellbeing across the community underpins the recommendations in this submission.

Social determinants of health, being the conditions in which people are born, grow, live, work and age, are key drivers for both physical and mental health and wellbeing and are largely responsible for health inequities observed in the Australian population. Key considerations that we observe through our work include:

- The link between mental health and wellbeing and access to education and employment. People experiencing mental illness or poor mental health may be unable to attend and/or perform optimally hindering their education and/or employment.
- Mental health related illness, including feelings of loneliness and levels of isolation, impacts of financial stress, loss of employment, and lack of self-determination affect an individual's ability to function and thrive.
- Significant grief or trauma for those left behind or witnesses of a death by suicide.
- Increased family violence, increased verbal and physical abuse experienced by adults and children, and experiences of elder abuse.
- Increased stressors and the flow on affects are resulting in family breakdowns and the mental load on individual adults and children is significant.
- Increased risk of experiencing unemployment and financial loss, include increased risks of homelessness, high levels of stress, poor nutrition, decreased physical activity and poor sleep.
- Increased levels of substance use, alcohol and other drugs related to the changes in stress and poor mental wellbeing.

Gaps in the mental health system

We highlight the following gaps in the mental health system that require critical attention through the federal budget:

- There is limited availability of accessible services, resulting in a high risk of clients 'slipping through the gaps' because they don't fit service eligibility requirements. Unless clients fit specific criteria or are very high risk, they will find it difficult to access services because they are 'not risky enough' or outside the criteria. In these cases, the only support clients can receive are fee-based, and usually expensive, and often with significant waiting periods. It is critical to increase awareness of available services, and make these services more accessible within the community.
- Service-specific eligibility criteria is restrictive, hinders accessibility, challenges service navigation and creates gaps and inequity in service access and provision
- Catchment bound eligibility prevents service access for some clients who prefer to visit services close to their school/place of work, or for safety reasons, in close proximity to a designated safe location. Catchment areas are confusing for both referring clinicians and community members.
- Age eligibility criteria further impedes client focused service access.

- Some services vary eligibility criterion and policies to manage wait-list demand (e.g. adding eligibility criteria to limit access as a strategy to manage a long wait list).
- Raising ‘tolerance levels’ at both acute and sub-acute levels has forced community health to support clients who fall outside the official funded service model (i.e. working with mild-moderate support needs). We face the constant dilemma of working within funding eligibility (thereby turning clients away, even with the knowledge they would not access support elsewhere), or, in good faith and in good will, supporting these clients through the complexities they are experiencing.
- Carers are not adequately informed, resourced or supported to perform their carer roles.
- There is a lack of financially viable options for mental health support, particularly for services ‘without strings attached’. For example, mental health care plans provide a maximum of 10 subsidised sessions, whereas there are no restrictions on community health funded mental health services.
- Navigating the mental health system and funding streams (e.g. NDIS, MBS and Accessible Psychological Interventions) is complex and can be overwhelming. Resourcing and support is needed to help people understand how funding streams work and how they influence service eligibility and processes.
- A lack of integrated communication or restrictions on information shared between services is a constant challenge for some services. Clearly, there are issues of risks to clients and/or others that could be missed without such integration, but these also pose other more subtle challenges.

What needs to happen moving forward?

Think, equity

A whole of government approach across all sectors is needed to reduce inequalities in mental health. Cross-sectoral collaboration in policy development ensures that programs and strategies will not harm or contribute to mental health inequities. As recommended by the World Health Organisation (WHO) there are existing tools that could be adapted for assessment of policies to determine the impact on mental health equity.

Think, long term

A focus on ensuring sustainability of action is vital for generational change. Long term and sustained policies that reduce inequalities in health through community development, capacity building, partnerships and local organisations working across the life-course and tackling the determinants of mental health can bring about significant change.

Think, self determination

The best way to bring about effective improvements to the prevention and treatment of mental ill-health is to include the people who have had experience navigating the mental health sector as consumers, carers and service providers. Consumers have a particularly important role in co-design, as it both empowers service users and enhances the likelihood of successful programs, services and system improvements.

Think, primary prevention

Strategies to address the unequal distribution of power, money, and resources within the structures of Australian society are necessary for local-level action to be effective and sustained. Research shows there is a clear relationship between mental health and socio-economic status (WHO). ‘Alleviating poverty,

reducing inequalities and discrimination, promoting access to employment, healthcare, housing and education, can have positive outcomes for mental health' (WHO).

Think, systems

Application of systems thinking can make sense of the complexity of the mental health system and provide perspective of the connections that exist, insight of where the leverage is and present opportunities to intervene to correct inefficiencies, inadequacies and inequities.

Think, health literacy

To acknowledge the work of consumers and carers, to recognise the value of their participation in this investigation, and to engage and include the whole community, we suggest the application of literacy tools and the use-of-plain language materials when reporting the outcomes of this assessment.

Recommendations

Apply resourcing and support for:

- Investment in mental health system design that increases the funded support of clients in their journeys through a 'step-up/step-down' model of care. This should be supported through funding for appropriately skilled staff and ongoing upskilling of staff.
- Building capacity into the system for service providers to actively engage with all clients through a person-centred approach. Allow additional time for the initial stages of service engagement and enable flexibility of modality type, especially with young people; meet them where they want to meet, when they want to meet.
- Construct a model where a community service can support parents/guardians/carers when their children require a more intensive and/or specialist service, rather than the current model where services arbitrarily end because the children are no longer eligible for community service based on age and place of residence.
- Increased availability of supportive and environmentally safe spaces to better support high-risk clients who present at emergency departments.
- Increased incentive-based funding or reward schemes for both health and non-health sectors to address systemic issues, such as mandated cross-cultural training to maximise positive outcomes of intercultural collaboration and to reduce potential cultural faux-pas or offence.
- Working with the Department of Education to introduce mental health education into school curriculum, to increase understanding of mental health, normalise help-seeking behaviours and deconstruct ideologies that foster discrimination and stigma.
- Increased health promotion and prevention funding to support self-determination principles and co-design approaches that can be applied in the design, implementation and evaluation of mental health prevention programs. Further to this, we recommend increased funding be used to improve the mental health literacy of the community and develop transitional support programs across the lifespan. We suggest the inclusion of the situational approach to mental health literacy that provides a holistic and person-centred approach, normalising distress, applying gender specific considerations and addresses contextual factors such as family and community who can influence an individual's experience.
- Introducing diverse funding models for service delivery. Permit mental health staff flexibility in their service delivery to support better integration and coordination between levels and organisations, initiate prevention-based actions and enable client centred strategies to be used in line with

community need. Reward outcomes rather than concentrating solely funding outputs, or include incentive-based bonuses.

- Assemble multidisciplinary teams inclusive of different disciplines within the mental wellbeing field, with varied specialised expertise to wrap coordinated services around the client, and provide health professionals who are working with complex clients the appropriate support.