

Mental Health Progress Report

The MHCSA published the policy statement 'Mental Health - Lets Make it Work' in November 2005 which proposed 11 actions to fix up the mental health system. There has been a lot of attention on mental health since then and it is timely now with the release of the Social Inclusion Unit report 'Stepping Up' to review progress against the 11 actions in 'Mental Health - Lets Make it Work'.

ACTIONS PROPOSED 2005	PROGRESS TO DATE	STILL TO DO
1. Model that supports people to stay well		
<p>'We need to change the model from one designed to treat people only when they are acutely ill to a model that supports people to stay well in the community. This approach is the only cost-effective long-term solution to the on-going pressure on acute services such as emergency departments'</p> <p><i>Note: The ngo supports provided via the NSW Housing and Support Initiative (HASI) showed that people given ngo supports reduced their use of hospital-based services by 90%.</i></p>	<ul style="list-style-type: none"> • Increased ngo-provided psychosocial rehabilitation support options from May 2005 budget allocation - but one-off • Stepped care system will improve potential of bed-based resources • Increased access for consumers to ngo-provided and allied mental health services available via GP referral in some regions/divisions 	<p>There are two missing steps:</p> <ul style="list-style-type: none"> • Missing Step 1 'Support in the Home' - This step includes increased NGO capacity to deliver services and develop partnerships to provide pathways out of the bed-based steps in the 'Stepped Care' model. Emphasis is on supporting people to achieve sustained recovery in their own homes and ongoing reduction in demand for acute care. Requires a system of flexible, high quality packages of care and increased involvement, training and support for carers and peer workers. Allocation still based on need, but more equitable access is required - eg self or family referral, referral by GP, etc - not just access for people who are frequent users of the public mental health system. • Missing Step 2 'Citizenship and community capacity' - This step includes supporting communities to become more resilient. Emphasis is on enhancing community options to reduce stigma, promote mental health and prevent illness including strengthening peer support, carer support, networks and information and local government involvement.
2. Mental Health Reform Plan		
<p>'We need a roadmap ... towards mental health reform. The plan must include targets and a measuring and reporting framework. It must also be cross-referenced and connected to other SA Government plans and initiatives.'</p>	<ul style="list-style-type: none"> • Social Inclusion Board Report 'Stepping Up' provides recommendations that identify the key directions we need to move in to fix up the mental health system • Government response to date committed a 'kickstart' of resources to develop the physical infrastructure 	<ul style="list-style-type: none"> • The plan outlined in 'Stepping Up' requires an implementation schedule including priorities, processes and timelines for managing the complex transformations required

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3. Community Action Task		
'This group would help drive the major changes required ...'	<ul style="list-style-type: none"> • Social Inclusion Board was given the task of developing a plan for mental health and has produced 'Stepping Up'. 	<ul style="list-style-type: none"> • An independent 'Community Action Taskforce' is needed to maintain momentum and provide external scrutiny for the complex task of implementing the full plan over the next 3-5 years.
4. Resourcing		
'An increased recurrent investment of \$50m initially - building to \$100m over 5 years is needed into the SA mental health budget. A minimum of 50% of new money in the mental health budget to be spent on non-clinical supports that help people to stay well in the community and reduce the burden on acute services.'	<ul style="list-style-type: none"> • Government committed \$10m per annum (Budget 2006) for allied health and youth mental health. This has helped the mental health budget to keep pace with growth in overall Health budget. • Continued progress in capital development program • Government responded to 'Stepping up' with a 'kickstart' investment in physical infrastructure for new steps of 'intermediate care' beds, secure care beds and 24 hour supported accommodation • Commitment to reallocate existing acute resources to new 'steps' including intermediate and secure care. 	<ul style="list-style-type: none"> • One-off investment in ngos (\$25m May 2005) is at risk - capacity will be lost unless consolidation occurs from 2007/8 financial year • Recurrent increases of \$50m building to \$100m still required. This will provide ngo capacity to deliver the missing steps of 'Pathways Out' and 'Access to support' and other increased capacity to enable implementation of the full plan. (This includes increased focus on aged, indigenous, CALD services as well as rural) <p><i>Note: 2002/3 figures show Victoria (the leading state) spent 11.5% of the mental health budget or \$12.58 per head on ngo-provided services whilst SA spent 2.1% of the mental health budget or \$2.25 per head.</i></p>
5. Quality in service delivery		
'Services which support people with mental illness or psychiatric disability should be evidence-based and delivered in the context of a psychosocial rehabilitation model with a mechanism for evaluation and review.'	<ul style="list-style-type: none"> • Increased focus on evidence-based treatment in model, but limited recovery focus in Andrews model • Recognition in 'Stepping Up' that ngo services are critical to a system focused on sustained recovery • MHCSA has developed capacity to deliver accredited psychosocial rehabilitation training • MHCSA has encouraged ngos to engage with quality management • Standards have been developed with the non-government sector for psycho-social rehabilitation work 	<ul style="list-style-type: none"> • Processes that include consumer, carer and ngo service providers in implementing 'Stepping Up' • Develop measures to set goals and monitor progress of the mental health system in supporting consumers to achieve recovery • Training and workforce development capacity in the ngo sector to underpin quality and support the uptake of new Standards. <p><i>Note: Access to services remains difficult and fractured for consumers and carers/family who are not already frequent users of the public mental health system</i></p>
6. Whole of government planning for mental health		
'That a whole of government plan be developed to ensure people with psychiatric disability have access to quality services that help them to stay well in the community: including drug and alcohol, disability rehabilitation pre-vocational and vocational employment and transport'	<ul style="list-style-type: none"> • Report acknowledges the need for a whole of government approach • Some issues and directions identified, processes for inter-portfolio discussions identified, but no recurrent resources allocated in response to 'Stepping Up' • Government response has committed to one-off funding to build more supported accommodation places (at high needs end of spectrum) 	<ul style="list-style-type: none"> • Implementation schedule for the full plan including priorities, processes and timelines • identification of appropriate goals, regular collection of unmet needs data and regular reporting of progress • processes that include consumers, carers and ngo service providers • work across departments to develop a 'joined up' system of support but with diverse access pathways – not just services for frequent users of the public mental health system

ACTIONS PROPOSED 2005	PROGRESS TO DATE	STILL TO DO
6. Whole of government planning for mental health		
	<ul style="list-style-type: none"> • Drug and alcohol services co-location planned • Whole of government planning that includes: 	<ul style="list-style-type: none"> • recovery focus that supports people with robust pathways out of insecure or inappropriate tenancies, out of the justice system etc • principle of providing support to people with mental illness/psychiatric disability regardless of tenure/tenancy circumstances - including private, public, SRF/Boarding House, rental, share, community housing, etc • increased focus on promotion, prevention and early intervention • flexible supports based on evidence-based models such as psychosocial rehabilitation • support services for families and carers
7. Housing and housing support targets		
<p>'That the state government set a target of ensuring that all people with psychiatric disability support needs have access to affordable and appropriate housing and housing support services.'</p>	<ul style="list-style-type: none"> • Commitment to build additional 73 units of 24 hour supported accommodation places for people with psychiatric disability • Social Inclusion Report acknowledges the need for both DFC and Health to increase their activity in a coordinated way on housing and housing supports • Housing Plan, Supported Accommodation Taskforce process and major restructure in DFC will affect housing and housing supports - outcomes for people with psychiatric disability uncertain • First cut analysis completed for people in case management in the public mental health system shows high level of unmet need. 	<ul style="list-style-type: none"> • Housing and housing support programs with a clear target of ensuring that all people with mental illness/psychiatric disability have access to safe, secure, affordable and appropriate housing with an appropriate level of high quality support
8. Psychiatric Disability Support		
<p>'That funding for psychiatric disability support through the Department of Families and Communities be provided in proportion to prevalence of psychiatric disability. These services must also be of a quality appropriate to the needs of the client group.'</p>	<ul style="list-style-type: none"> • Report acknowledges the need for increased investment in psychiatric disability supports • Increased allocations to psychiatric disability support \$5m in 2006 budget, but remains low given high prevalence of psychiatric disability • Major restructure in DFC - outcomes for people with psychiatric disability uncertain 	<ul style="list-style-type: none"> • Set clear target of allocating resources for supporting people with psychiatric disability in proportion to the prevalence of psychiatric disability in the community
9. Education and justice systems		
<p>'That cross portfolio plans be developed to support people with psychiatric disability and mental illness maximise their educational opportunities and to support people before, during and after contact with the justice system.'</p>	<ul style="list-style-type: none"> • Social Inclusion Report promotes increased effort in education and justice portfolios - eg the need for greater access to psychiatric services and pharmaceutical-based treatments for people in the justice system 	<ul style="list-style-type: none"> • Increased emphasis on mental health in the education and justice portfolios - including ngo-provided psychosocial rehabilitation to support people in the justice system to achieve recovery and reduce recidivism

ACTIONS PROPOSED 2005	PROGRESS TO DATE	STILL TO DO
10. Human Rights Plan		
<p>'That the state government demonstrate its commitment to human rights for people with psychiatric disability and or mental illness by:</p>	<ul style="list-style-type: none"> • Health and Community Services Complaints Commission established • Mental Health Legislative Review ('Paving the Way') was completed and report released, some of the recommendations implemented • Equal Opportunity legislation drafted and put to Parliament 	<ul style="list-style-type: none"> • Implementation schedule for the recommendations in the Mental Health Legislative Review including changes to the Equal Opportunities legislation and establishment of community visitor scheme • Regular independent review and reporting on human rights for people with mental illness in SA • Specific strategic response to issues raised in HRSA/MHCA Report 'Not for Service'
11. Commonwealth – State relations		
<p>That the State Government through ... Commonwealth relations processes advocate for mental health reform in joint or Commonwealth areas of responsibility including:</p> <ul style="list-style-type: none"> • Commonwealth commitment to mental health - Commonwealth allocate \$1.1b per annum to mental health • Employment - That the Commonwealth Government invests in appropriate pre-vocational and vocational support services to assist people with psychiatric disability to enter and stay in the workforce • Welfare Payments - that ... support people ... to stay well and are not a disincentive to entering the workforce ... carer payments [that] are accessible to help families to cope with the burden of mental illness.' 	<ul style="list-style-type: none"> • Commonwealth announced \$1.9b of new money nationally for mental health through a range of programs – much of this is focused on supporting people to stay well in the community • Scope in the programs for a specific focus on Aboriginal people, people from culturally and linguistically diverse (CALD) backgrounds (including refugees and migrants) 	<ul style="list-style-type: none"> • Continuing to work with the Commonwealth around developing a 'joined up' system for the new money • Improvements in Commonwealth role re mental health in employment supports and welfare • Advocating improvements to the Commonwealth /States agreements on housing and disability to include specific plans to support people with mental illness or psychiatric disability.



Action agenda for **mental health.**

1. The Model

There are two missing steps:

Missing Step 1 'Support in the Home' – This step includes increased ngo capacity to deliver services and develop partnerships to provide robust pathways out of the bed-based steps in the 'Stepped Care' model. Emphasis is on supporting people to achieve sustained recovery in their own homes and ongoing reduction in demand for acute care. Requires a system of flexible, high quality packages of care and increased involvement, training and support for carers and peer workers. Allocation still based on need, but more equitable access is required - eg self or family referral, referral by GP, etc – not just access for people who are frequent users of the public mental health system.

Missing Step 2 'Citizenship and community capacity' - This step includes supporting communities to become more resilient. Emphasis is on enhancing community options to reduce stigma, promote mental health and prevent illness including strengthening peer support, carer support, networks and information and local government involvement.

2. The Plan

The plan outlined in 'Stepping Up' requires an implementation schedule including priorities, processes and timelines for managing the complex transformations required.

3. Independent Scrutiny

An independent 'Community Action Taskforce' is needed to maintain momentum and provide external scrutiny for the complex task of implementing the full plan over the next 3-5 years.

4. Resourcing

Recurrent increases in the mental health budget of \$50m immediately building to \$100m over 5 years are required to implement the full plan. This includes consolidating ngo capacity (started by the \$25m one-off), providing ngo capacity to deliver the missing steps of 'Pathways Out' and 'Access to support' and allows for other increased

capacity to enable implementation of the full plan. (This includes increased focus on aged, indigenous, CALD services as well as rural).

Note: 2002/3 figures show Victoria spent 11.5% of the mental health budget or \$12.58 per head on ngo-provided services whilst SA spent 2.1% of the mental health budget or \$2.25 per head.

5. Quality

5.1 Consumer, carer and ngo service provider involvement –

The processes of implementation of 'Stepping Up', including policy and service development, need to include consumer, carer and ngo service providers.

5.2 Goals and reporting progress

There is a need to develop appropriate measures, set goals and monitor progress of the mental health system in supporting consumers to achieve recovery

5.3 Training and workforce development capacity in the NGO sector

There is a need to resource the ngo sector to develop training and workforce development capacity to underpin quality and support the uptake of new standards.

Note: Access to services remains difficult and fractured for consumers and carers/family who are not already frequent users of the public mental health system

6. Whole of Government Planning for Mental Health

Whole of government planning should include:

- Implementation schedule for the full plan including priorities, processes and timelines
- identification of appropriate goals, regular collection of unmet needs data and regular reporting of progress
- processes that include consumers, carers and ngo service providers
- work across departments to develop a 'joined up' system of support but with diverse access pathways - not just services for frequent users of the public mental health system

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- recovery focus that supports people with robust pathways out of insecure or inappropriate tenancies, out of the justice system etc
 - principle of providing support to people with mental illness/psychiatric disability regardless of tenure/tenancy circumstances - including private, public, SRF/Boarding House, rental, share, community housing, etc
 - increased focus on promotion, prevention and early intervention
 - flexible supports based on evidence-based models such as psychosocial rehabilitation
 - support services for families and carers

7. Housing and Supports

Housing and housing support programs that have a clear target of ensuring that all people with mental illness/psychiatric disability have access to safe, secure, affordable and appropriate housing with an appropriate level of high quality support

8. Psychiatric Disability Support

Set clear target of allocating resources for supporting people with psychiatric disability in proportion to the prevalence of psychiatric disability in the community

9. Education and Justice Systems

Increased emphasis on mental health in the education and justice portfolios - including ngo-provided psychosocial rehabilitation to support people in the justice system to achieve recovery and reduce recidivism

10. Human Rights Plan

Human rights planning requires:

- An implementation schedule for the recommendations in the Mental Health Legislative Review including changes to the Equal Opportunities legislation and establishment of community visitor scheme
- Regular independent review and reporting on human rights for people with mental illness in SA

- Specific strategic response to issues raised in HRSA/MHCA Report 'Not for Service'

11. Commonwealth – State Relations

Areas of focus for Commonwealth - State relations include:

11.1 Joined up system

Continuing to work with the Commonwealth around encouraging use of the new investments to develop a 'joined up' system

11.2 Employment supports and welfare system

Advocating for improvements in Commonwealth role re mental health in employment supports and welfare

11.3 Commonwealth - State agreements around Housing and Disability

Advocating improvements to the Commonwealth /States agreements on housing and disability to include specific plans to support people with mental illness or psychiatric disability.