

Sustainable Health Review Submission: Balanced system for mental health

Background

The Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing community mental health in Western Australia, with around 150 organisational and individual members. Our vision is that as a human right, every one of us have the resources and support needed for mental wellbeing, recovery and citizenship.

WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery.¹

WAAMH was formed because mental health consumers and families needed appropriate supports that improved their mental health and enabled their human rights. At that time, mental health treatment was available in large institutions, with only fledgling community supports emerging.

Fifty years later, in terms of national disease burden, mental illness ranks third at 13% among the major disease groups after cancer and cardiovascular disease² and rates highest among the major disease groups for non-fatal disability burden.³ While contemporary supports are now more available, our mental health system is still out of balance with government funding for mental health “locked down in the dysfunctional hospital system” rather than invested in community mental health where it is most needed.⁴

An unsustainable path

The growing costs of our health system are clear. Emerging themes in the Sustainable Health Review (SHR) include an over-emphasis on hospital based services and the need to shift investment towards earlier intervention, prevention and community based services provision. It is clear the system is out of balance, and nowhere is this truer than in mental health.

In 2015 the government developed ‘Better Choices. Better Lives. The WA Mental Health, Alcohol and Other Drug Service Plan 2015-2025’ (the Plan). The Plan laid out a roadmap to rebalance WA’s stressed mental health system away from expensive, crisis-driven services towards prevention and keeping people connected and closer to home. Based on an extensive consultation and modelling process, the Plan is strongly supported by the community mental health sector, consumers and families.

The Plan recognised that acute services are the most expensive way to address mental health and will remain unable to meet demand without change. A more balanced and sustainable system would ease emergency and hospital beds pressure, reducing associated increasing public system costs.

The Plan, like national and international policy⁵, set out the evidence for the building blocks of a sustainable system: rebalancing investment towards prevention and earlier community based supports, resolving coordination and integration challenges, developing real care pathways, and building better consumer and carer participation in system design and delivery.

¹ Further information on WAAMH can be found at <http://www.waamh.org.au>.

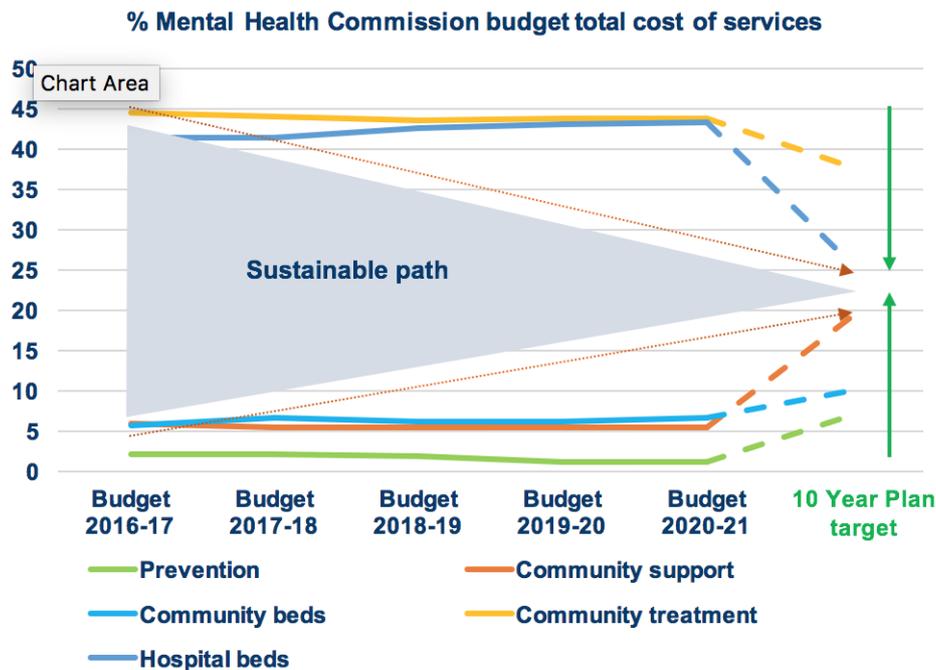
² Australian Institute of Health and Welfare. (2010). Australia’s Health 2010. Australia’s Health No. 12.

³ Community Mental Health Australia. (2012). *Taking our Place. Working Together to Improve Mental Health in the Community.*

⁴ <https://www.theguardian.com/society/2017/feb/02/mental-health-funding-locked-down-in-dysfunctional-hospital-system-ian-hickie>

⁵ Similar themes are set out in the National Mental Health Commission, *Contributing Lives. Thriving Communities Report of the National Review of Mental Health Programmes and Services.* (2014) and in the World Health Organisation optimal mix of mental health services pyramid http://www.who.int/mental_health/policy/services/2_Optimal%20Mix%20of%20Services_Infosheet.pdf

Yet recent state budgets have continued spending on an unsustainable path. This graph shows the budgeted proportion of total mental health and alcohol and other drug (AOD) spending for each of the major service types.⁶ Forward estimates provide small but steady increases for public mental health services (hospital beds and community treatment), a flatline in community mental health support, and a decrease in prevention. If expenditure remains as forecasted, radical action will be necessary in 2021 – 2025 to achieve sustainability; there is a funding shortfall of \$144m for community support alone across the forward estimates.



The Plan also indicated the need to divest Graylands psychiatric hospital, replacing old models of care with contemporary, community based alternatives across the state. The expected partial land sale presents an unrepeatable opportunity to invest the proceeds in building a sustainable system.

The SHR, the forthcoming Two-Year Plan Update⁷ and forthcoming 10-year State Health Plan provide important opportunities to recommit to the Plan’s intent, its specific strategies, scope and sequencing of actions, and essential enablers of system-wide reform, within the broader scope of health sustainability.

Recommendations:

1. **The Sustainable Health Review recommends a recommitment to the rebalancing targets of the Plan, and supports the Plan’s specific strategies and their scope, sequencing and timeframes.**
2. **Government commit to ring-fencing all proceeds raised from the sale or partial sale of the Graylands site, for mental health investment only, to fund mental health system reform to achieve future sustainability.**

⁶ Figures taken from Government of Western Australia, State Budget 2017-18: Budget Paper No. 2 Vol. 2, p. 144

⁷ The Mental Health Commission is currently working on a Two Year Plan Update to the 10 Year MHAOD Services Plan <https://www.mhc.wa.gov.au/about-us/strategic-direction/the-plan-2015-2025/>

Service mix: shift to prevention and community support

Evidence shows that prevention, early intervention and community support have economic benefits which contribute significantly to a sustainable health system. Community support can:

- Save the WA hospital system \$84,000 per person per year through preventing acute mental health admission by providing housing with linked community mental health support, with the saving realised in the first year of this intervention⁸;
- Save the mental health system \$45,000 - \$674,000 per person over 9 years with early treatment, with the specific saving depending on the nature of the condition and the treatment required⁹; and
- Increase participation in employment from 23% to 61% with evidence-based employment support.¹⁰

The benefits to financial sustainability are achieved through enabling people with mental illness to live valued lives in the community. Community supports, usually provided closer to home, help people establish personal recovery goals, find work and accommodation, establish community connections, and build and maintain family relationships. Without these services, the benefits of any acute treatment can quickly be eroded, resulting in escalation and readmission.

Yet these services are the most under-invested service type, meeting only 22% of demand.¹¹ The National Review of Mental Health Programmes and Services identified high rates of emergency department admissions and readmissions to acute psychiatric services as evidence of “failure to provide timely and adequate community-based mental health supports” in WA.¹²

Recent consultation with WAAMH members and stakeholders reinforced existing views that community support gaps are even more urgent in rural and remote communities where the rates of mental health problems equate with metropolitan locations but access to services is far less and complexity of barriers far greater. Long term investment in community support hours across the state is needed to progress equitable access in rural and remote areas, for children and youth, families and carers, Aboriginal peoples, and other cultural, gender, age and ability diversity populations.

Adequate prevention effort is one of the missing keys to reducing mental health problems, suicide and self-harm. Suicide remains an urgent problem in Western Australia,¹³ including for Aboriginal peoples, where effort must be integrated with social determinants of mental health and wellbeing, be culturally-based and developed and led by Elders and Aboriginal partners.¹⁴ The Plan identified that the proportion of the mental health budget spent on prevention must increase significantly, and it set clear targets.

The SHR is an important opportunity to renew commitment to the balanced and sustainable service mix set out in the Plan.

⁸ Wood, L., Flatau, P., Zaretzky, K., Foster, S., Vallesi, S. and Miscenko, D. (2016). What are the health, social and economic benefits of providing public housing and support to formerly homeless people? AHURI Final Report No. 265, Australian Housing and Urban Research Institute Limited, Melbourne.

⁹ KPMG. (Nov, 2014, p.90). Paving the way for mental health. The economics of optimal pathways to care. Report commissioned for the National Mental Health Commission as part of Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services.

¹⁰ Bond, G. R., Drake, R. E., & Becker, D. R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, (31), 280–289 cited in cited in Community Mental Health Australia. (2012). Taking our Place. Working Together to Improve Mental Health in the Community.

¹¹ Mental Health Commission. (2014, p.5) The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 for consultation. Government of Western Australia.

¹² National Mental Health Commission. (2014, p.4). Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services. Vol 4. Paper 3. Canberra: Australian Government.

¹³ Australian Bureau of Statistics. (2016). 3303.0 - Causes of death, Australia, 2015. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/0/47E19CA15036B04BCA2577570014668B?OpenDocument>

¹⁴ WA Parliament Education and Health Standing Committee. (2016, p. 57). 'Learnings from the Message Stick: The report of the inquiry into Aboriginal youth suicide in remote areas'

Recommendations:

3. **Renewed government commitment to the Plan's targets for achieving a sustainable mix of services in the most appropriate settings, in particular:**
 - a. **Resource mental illness and suicide prevention, with a focus on the most at risk populations including Aboriginal peoples, through increasing the proportion of the mental health budget spent on prevention to 4% by 2020, and 5% by 2025.¹⁵**
 - b. **Increase community support hours to provide earlier, community based, recovery focused supports to a target of 3.2 million hours of support by the end of 2020 as identified in the Plan.**

Commissioning and partnerships for integrated care

As the social and economic determinants of mental health encompass homes, communities, relationships and income, improving mental health requires a broader response than the health system alone can deliver.

There is a pressing need to tackle fragmentation, break down silos, and build integrated consumer pathways across sectors, and between community, primary and public health and mental health to achieve better whole-person outcomes. We encourage the Review to take a broad view, encompassing those sectors that impact significantly on health outcomes and system flows such as housing, the NDIS and justice.

The high rates of people with mental health problems in our prisons¹⁶ and as victims of crime is a clear sign of systems failure, yet current approaches can worsen mental health or breach human rights. Effective responses that address mental health issues and minimise punitive approaches are emerging, but are only available to some people and in some areas.

The Police co-response is a pilot project where mental health clinicians work alongside police, resulting in enhanced care of patients and an 80 % reduction in police officers transporting mentally ill patients to hospital, with the clinicians instead treating them in the community. WAAMH recommends continuation and expansion of this program, expansion of the START Court which diverts people with mental health issues from the justice system¹⁷, and prioritisation of the forensic services identified in the Plan, including better in-prison mental health and additional supports to transition to and remain in community.

Given the high rates of mental illness amongst prisoners, improving health services in prisons offers an important opportunity to stabilise mental illness and address mental health related offending. New governance arrangements which establish the provision of in-prison health services by the Department of Health would enable the provision of quality, contemporary in-prison mental health treatment in keeping with national standards and without undue influence by a corrective philosophy.

The NDIS is an important opportunity to contribute to system sustainability, through the provision of psychosocial supports that will keep people living well in the community, yet national and state trials identify significant challenges. A cross government strategy and structure focused on the implementation of the NDIS for people with psychosocial disability and continued access to essential community support for those found ineligible, will contribute to the sustainability of the NDIS and the health system.

¹⁵ The prevention targets set out in the Plan are for the proportion of mental health spending only, not of the combined MH & AOD funding which the state budget uses.

¹⁶ For example, internal modelling completed for the Ten Year Mental Health Services Plan shows that approximately 65% of the juvenile and 59% of the adult prison population have mental health problems. 'Mental Health Commission (2014) Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025'

¹⁷ http://www.magistratescourt.wa.gov.au/S/start_court.aspx

Increasing evidence demonstrates significant cost savings to health systems when people have access to safe, sustainable housing. A recent WA study found that stable housing with linked community mental health support can save the WA hospital system \$84,000 per person per year through preventing acute mental health admission, with the saving realised in the first year of this intervention¹⁸.

A whole-of-government housing plan should establish cross-sector approaches to increase access to secure homes, with associated mental health recovery and health supports. It should identify demand drivers, establish pathways for people most at risk of ongoing or cyclical institutionalisation and hospitalisation, and facilitate community based early interventions that provide secure housing with linked supports to keep people living well in the community and prevent escalation to the need for acute services.

Recommendations:

- 4. Expand health - justice interface projects delivering benefits for people with mental illness and establish new governance arrangements for in-prison health services.**
- 5. Develop a cross-government strategy focused on the implementation of the NDIS for people with psychosocial disability in WA.**
- 6. Develop and finalise a whole-of-government housing strategy with a specific health and mental health sustainability stream.**

Pathways and Integration

People with mental health issues access support through primary care, community managed services, public and private mental health services and public health such as emergency departments. Consumers and families describe a bewildering and time-consuming maze with more barriers than open doors. The ability of single agencies to address this alone is limited; cross government rather than single agency strategies are required.

WAAMH recommends the development of a comprehensive health system navigation and integration plan, including a specific mental health component.

Effective commissioning is an important lever which could assist in overcoming fragmentation. Co-commissioning by WAPHA and MHC could further the availability of community supports in various settings including primary care, improve GP responsiveness and access, assist in overcoming fragmentation, and build genuine consumer pathways between primary care, public mental health services and community managed supports.

One example of where co-design and co-commissioning could have a significant positive impact is in the physical health problems and earlier death rates for people with mental illness. The Equally Well Consensus Statement¹⁹ sets out the problem and identifies a range of actions which align with the SHR Terms of Reference: person centred approach; appropriate service mix; and integration across sectors. WAAMH recommends the forthcoming 10-year State Health Plan and Two-Year Plan Update commit to the six elements for health service organisations outlined in the Equally Well Consensus Statement.

Community managed services have significant expertise in developing and providing services responsive to consumer and community-identified need. They provide a critical gateway for people with

¹⁸ Wood, L., Flatau, P., Zaretsky, K., Foster, S., Vallesi, S. and Miscenko, D. (2016). What are the health, social and economic benefits of providing public housing and support to formerly homeless people? AHURI Final Report No. 265, Australian Housing and Urban Research Institute Limited, Melbourne.

¹⁹ <https://equallywell.org.au/wp-content/uploads/2017/03/Equally-Well-Consensus-Statement.pdf>

mental health issues to live valued lives in the community and have led the way in establishing recovery oriented practice.^{20 21}

Yet WAAMH members continue to experience partnerships where the public service does not value the community organisation's contribution; cultural change is required to enable public health services to embrace the value and contribution of community managed supports to realise the benefits of these partnerships.

Commissioning practices which prioritise or require genuine partnerships and collaboration, and develop conditions which foster rather than discourage this, would assist. Similarly, commissioning which enable locally developed responses that build on local community assets, and that preference the expertise of community managed options, are needed.

Recommendations:

- 7. Ensure inclusion of integrated physical and mental health responses in the Sustainable Health Review recommendations.**
- 8. Develop a comprehensive health system navigation and integration plan, including a specific mental health component.**
- 9. Develop co-commissioning and commissioning practices which foster genuine partnerships and integrated delivery.**

Key change enablers for consumer centred practice

Consumers, families and member organisations report that the culture and structure of health and mental health systems are preventing responsiveness to all a person's needs.

In addition to structural reform, the way we do things must change. Cultural shifts at all levels are needed to genuinely embrace and facilitate working with consumers and families as respected experts in their needs and experience. Investment in the capacity building of consumers, carers and families, and of service providers, will be needed to deliver services that place consumers and families, Aboriginal peoples and other diverse groups, at the centre of change.

Co-design and coproduction has the capacity to drive change that will lead to improved outcomes for consumers and families.²² Innovative models where consumers and professionals are partners, such as Recovery Colleges could both improve outcomes and innovate cultural shifts. Learnings from the Looking Forward Project shows there is a lack of service responsiveness to Aboriginal peoples, including the cultural aspects of their care. This innovative project is driving significant change at the service and systems level through its co-design approach with Aboriginal Elders at the centre and offers a model for further expansion and adaptation across the state.

Additionally, peer work, consumer delivered models, and personalised services and budgets, require further innovation and embedding in mainstream practice.

Recommendations:

- 10. Develop a cultural change and innovation plan, with funding, to integrate and innovate in consumer centred care.**

²⁰ Duff, C, Murray, S., Alic, N., Loo, S & Jacobs, K. (2011). The Role of Informal Community Resources in Supporting Independent Housing for Young People Recovering from Mental Illness. Melbourne: Australian Housing and Urban Research Institute.

²¹ Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J. & Le Boulthillier, C. (2011). Social factors and recovery from mental health difficulties: a review of the evidence. *British Journal of Social Work in Community Mental Health Australia*, 2012, 'Taking Our Place: Working together to improve mental health in the community', Sydney.

²² Consumers Health Forum of Australia, September 2016, 'Consumer co-creation in health: innovating in Primary Health Networks'; Slay, J. & Stephens, L. 2013, 'Co-production in mental health: A literature review', London: New Economics Foundation

Leadership

In a historical context that includes significant underinvestment in mental health, too strong an emphasis on clinical and hospital interventions, and a siloed approach to people's lives, it is essential that the independent Mental Health Commission be retained. An independent MHC will be best placed to provide the leadership to drive significant reforms needed to achieve a sustainable services mix, with a greater focus on cross government partnership and the social and economic determinants of mental health.

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