

Recommendations – Productivity Commission Inquiry Report on Mental Health

Recommendation 4 – CREATE A PERSON-CENTRED MENTAL HEALTH SYSTEM

Governments should create a mental health system that places people at its centre.

The needs, preferences and aspirations of the people who use the system, as well as their families and carers, should shape all parts of a person-centred system — from the work of the individual clinician to the policies proposed by decision makers — to create recovery-oriented services and supports.

A person-centred mental health system would enable people to access the combination of healthcare and community services that will best help them to recover from mental illness and to achieve the outcomes that matter to them. People should be empowered to choose the services most suitable for them, and these services should be evidence-based and responsive to their cultural, social and clinical preferences.

Creating such a system is a long-term goal that would require a number of reforms over many years. There are, however, actions that governments should take now to begin improving people's lives.

As a priority, governments should:

- work towards filling gaps and addressing barriers in the services available to people who need support due to mental ill-health, and their families and carers (Recommendations 5, 7, 8, 9, 11, 12, 13, 18)
- remove barriers to collaboration within and between different parts of the mental health system, by actively encouraging information sharing and coordination between health service providers (Recommendations 10, 14); by creating systems and processes that bring together the range of treatments and supports that people may choose (Recommendations 10, 12, 15); and by reforming funding, to incentivise better cooperation and collaboration across mental health services (Recommendation 23)
- improve coordination and integration between health and other services to better promote recovery (Recommendations 5, 7, 15, 17, 20, 21, 22)
- improve the efficacy of supports delivered through schools and workplaces, to promote better mental health and early intervention (Recommendations 5, 7)
- establish an evaluation and monitoring system that focuses on outcomes, and ensures that mental health services are effective in supporting recovery (Recommendation 24).

Recommendation 5 – FOCUS ON CHILDREN’S WELLBEING ACROSS THE EDUCATION AND HEALTH SYSTEMS

Governments are investing significant efforts in children’s wellbeing — but can achieve much more with an outcomes-focused approach that measures success, and enables improvements in leadership, training and resourcing.

As a priority:

- The mental health of parents affects the social and emotional wellbeing of their children. Governments should take coordinated action to achieve universal screening for mental illness for all new parents. (Action 5.1)
- Governments should update the National School Reform Agreement to include student wellbeing as an outcome for the education system. This would include clear, measurable wellbeing targets. All parts of the education system would be expected to work towards achieving these targets. (Action 5.3)
 - To implement this, Governments should develop guidelines for initial teacher education and professional development programs, to incorporate social and emotional development and mental health. State and Territory teacher regulatory authorities should use the guidelines to accredit providers. (Actions 5.3, 5.4)
 - All schools should be required to report on their progress against wellbeing outcomes, as set out in an updated National School Reform Agreement. Schools would be able to apply for special purpose grants to strengthen their wellbeing policies. (Action 5.6)

Additional reforms within the education system that should be considered:

- Special purpose grants should be established to enhance the ability of early childhood education and care services to support the social and emotional development of children. Grants should be allocated based on need, to fund professional development for staff, and to enable services to access advice from mental health professionals. (Action 5.2)
- Governments should develop national guidelines for the accreditation of social and emotional learning programs delivered in schools. (Action 5.5)
- The upcoming evaluation of the Disability Standards for Education should review the effectiveness of disability funding structures for children with social-emotional disability. State and Territory Governments should review outreach programs for children who have disengaged from their schooling due to mental illness. (Action 5.8)

Additional reforms within the health system that should be considered:

- State and Territory Governments should expand routine health checks in early childhood to include social and emotional wellbeing. (Action 5.2)
- State and Territory Governments should collect data on children’s mental health and use of mental health services, and use this data for ongoing improvement of both mental health services and school mental health programs. (Action 5.7)

Recommendation 6 – SUPPORT THE MENTAL HEALTH OF TERTIARY STUDENTS

The accountability of tertiary education providers should be strengthened with expanded mental health support to their students, including international students.

Reforms that should be considered:

- Tertiary education institutions should continue to expand online mental health services to meet student needs. These services should incorporate de-identified data collection on the mental health of students to enable ongoing improvements in the effectiveness and relevance of mental health support services. (Action 6.1)
- Tertiary education institutions (or their representatives) should make arrangements with insurers providing Overseas Student Health Cover to their international students to ensure there is adequate coverage for any required mental health treatment (including the scheduled fees for treatment and potentially some portion of the student's out-of-pocket expenses). They should also ensure their counselling services are able to meet the language and cultural diversity needs of their international students. (Action 6.2)
- The Australian Government should require all tertiary education institutions to have a student mental health and wellbeing strategy that includes, but is not limited to, staff training. This strategy would be a requirement for registration and would be assessed by the Tertiary Education Quality and Standards Agency or Australian Skills Quality Authority as part of the registration process. (Action 6.3)
- The Australian Government should develop or commission guidance for non-university higher education providers and Vocational Education and Training providers on how they can best meet students' mental health needs. (Action 6.4)
- The Tertiary Education Quality and Standards Agency and the Australian Skills Quality Authority should monitor and collect evidence from interventions initiated by tertiary education providers to improve mental wellbeing and mental health of students and staff. They should then disseminate information on best practice interventions to tertiary education providers. (Action 6.3)

Recommendation 7 – EQUIP WORKPLACES TO BE MENTALLY HEALTHY

There are benefits to workers, employers and the wider community from improvements to workplace mental health that lower employee absenteeism, increase productivity and reduce mental health related compensation claims.

As a priority:

- Australian, State and Territory Governments should amend Workplace Health and Safety arrangements in their jurisdiction to make psychological health and safety as important in the workplace as physical health and safety. (Action 7.1)
- Workers compensation schemes should be amended to provide and fund clinical treatment and rehabilitation for all mental health related workers compensation claims for up to a period of 6 months, irrespective of liability. (Action 7.4)

Additional reforms that should be considered:

- Workplace Health and Safety authorities should develop Codes of practice to assist employers, particularly small businesses, meet their duty of care in identifying, eliminating and managing risks to psychological health in the workplace. (Action 7.2)
- Workers compensation schemes should be permitted to provide more flexibility in premiums for employers who implement workplace initiatives and programs that are considered highly likely to reduce the risks of workplace related psychological injury and mental illness for that specific workplace. (Action 7.3)
- Employee assistance program providers and their industry bodies, along with employers and employee representatives, should develop minimum standards for employee assistance programs and for the evaluation of these programs. (Action 7.5)
- Workplace Health and Safety agencies should monitor and collect evidence from employer-initiated interventions to create mentally healthy workplaces and improve and protect the mental health of their employees and advise employers of effective interventions that would be appropriate for their workplace. (Action 7.6)

Recommendation 8 – SUPPORT THE SOCIAL INCLUSION OF PEOPLE LIVING WITH MENTAL ILLNESS

People with mental illness are particularly likely to experience social exclusion. There are a number of actions that would improve the ability of people with mental illness to participate socially and experience inclusion.

As a priority:

- The National Mental Health Commission should develop and drive a National Stigma Reduction Strategy designed to reduce stigma towards people with mental illness. (Action 8.1)

Additional reforms that should be considered:

- Best practices for partnerships between traditional healers and mainstream mental health services for Aboriginal and Torres Strait Islander people should be evaluated. (Action 8.3)
- To better support people to live fulfilling lives, changes should be made to improve how the insurance sector interacts with people with mental illness. (Action 8.2)
 - The Financial Services Council should update insurance sector training requirements to ensure an improved understanding of mental illness across the sector.
 - Insurance industry Codes of Practice and industry standards that relate to the provision of services to people with mental illness should be evaluated by the Australian Securities and Investments Commission to ensure that the insurance industry has removed blanket exclusions, differentiates between different types of mental illness and has implemented standardised definitions of mental illness.
 - The Australian Law Reform Commission should review whether protocols for insurer access to clinical records have led to better targeted requests for clinical information and whether they sufficiently protect people with clinical histories that include seeking psychological treatment or counselling.

Recommendation 9 – TAKE ACTION TO PREVENT SUICIDE

Suicide and attempted suicide create enormous social, emotional and economic impacts on individuals, families and the broader Australian community.

As a priority:

- The Australian, State and Territory Governments should offer effective aftercare to anyone who presents to a hospital, GP or community mental health service following a suicide attempt. Effective aftercare should include culturally capable support before people are discharged or leave a service, and proactive follow-up support within the first day, week and three months of discharge. (Action 9.1)
- Indigenous communities should be empowered to prevent suicide. (Action 9.2)
 - The Australian, State and Territory health ministers should initiate and implement a renewed Indigenous-led National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Implementation Plan to guide suicide prevention in Indigenous communities.
 - Commissioning bodies should ensure that Indigenous organisations are the preferred providers of suicide prevention activities for Aboriginal and Torres Strait Islander People.

Additional reforms that should be considered:

- Structural changes can be made by governments to improve the delivery of interventions to prevent suicide across Australia (Action 9.3), including:
 - extending the National Suicide Prevention Implementation Strategy to include strategic direction for non-health government portfolios that affect suicide prevention activities
 - identifying responsibilities for suicide prevention across different levels of governments and portfolios in order to create a whole-of-government approach to suicide prevention
 - having the National Mental Health Commission assess the evaluations of current suicide prevention with the aim of implementing successful approaches across Australia.

Recommendation 10 – INCREASE INFORMED ACCESS TO MENTAL HEALTHCARE SERVICES

Gateways to mental healthcare should be accessible, affordable, and empower people to make informed choices between a range of service and provider options that are evidence-based and clinically recommended for the individual, given their condition and circumstances.

As a priority:

- The Australian Government should fund the development and ongoing provision of a national digital mental health platform, to be co-designed with consumers and clinicians. (Action 10.4) The platform should provide:
 - a tool for free person-centred assessment and referral, to be used by GPs and by individuals to access mental health clinician-supported online assessment and referral
 - ... it should provide clearer guidance on evidence-based interventions and services that would and would not be recommended to meet an individual's needs, given their current circumstances
 - ... it should replace the Mental Health Treatment Plan as a requirement for accessing MBS-rebated Psychological Therapy Services and Focused Psychological Strategies.
 - digital low-intensity services that are low-cost, accessible and evidence-based; initially this should include supported online treatment (Action 11.1) and short-course, structured therapy delivered by videoconference or phone
 - provide a gateway to other clinical treatment and non-clinical support services, delivered digitally or face-to-face, and in time, connect to the recommended navigation portals. (Action 15.2)
- The Australian Government should require that all mental health prescriptions include a prominent statement saying that clinicians have discussed possible side effects and evidence-based alternatives to medication, prior to prescribing. (Action 10.2)

Additional reforms that should be considered:

- The Australian Government should introduce a Medicare item for GPs and paediatricians to get advice from a psychiatrist about a patient under their care. (Action 10.3)
- All referrals to specialist mental health clinicians should include a statement advising people that they can choose their provider, with referring clinicians to support people in choosing. To help consumers choose, the Australian Government Department of Health should include more information about mental health clinicians on the Medical Costs Finder website. (Action 10.1)
- The Australian Government should commission a review into off-label prescribing of mental health and other medications in Australia. (Action 10.2)

Recommendation 11 – EXPAND SUPPORTED ONLINE TREATMENT

For many people, supported online treatment can provide a convenient, clinically effective, low-cost way for them to manage their mental illness. It should be an option that is available to people as a choice, while recognising that some people will prefer other treatment options or a combination of options.

As a priority, the Australian Government should:

- increase funding to expand supported online treatment for people with mental illness (Action 11.1)
- instigate information campaigns for consumers and health professionals to increase the awareness of supported online treatment as an effective and convenient treatment option. (Action 11.1)

Additional reforms that should be considered:

- To facilitate ongoing service improvement, the Australian Government should commission an evaluation of the performance of online treatment services. (Action 11.1)

Recommendation 12 – ADDRESS THE HEALTHCARE GAPS: COMMUNITY MENTAL HEALTHCARE

People with mental illness often cannot access the services that are right for them — because the services are not available, they do not know about them, or their location or cost mean they cannot access them. In addition, some services are not as effective for consumers as they should be.

As a priority:

- The Australian Government should commission a rigorous evaluation of MBS-rebated psychological therapy, including trials to test whether consumers would benefit from more sessions in a year, and to test the value to consumers of feedback-informed practice. (Action 12.3)
- The shortfall in community ambulatory services (including the shortfalls both in resources, and in how much time staff are spending on consumer-related activities) should be estimated and published at a State, Territory and regional level. Over time, State and Territory Governments, with support from the Australian Government should increase funding for community ambulatory services to the level required to meet population needs. (Action 12.4)
- State and Territory Governments should investigate and address the reasons for disparity between the amount of time clinical staff are spending on consumer-related activities and what is considered optimal. (Actions 12.4)
- The Australian Government should improve access to low-intensity mental health treatments through:
 - providing supported online treatment and short-course, structured therapy by telephone or videoconference across Australia, under a prominent and trusted brand, as part of the national digital mental health platform (Action 10.4)
 - making changes to Medicare to encourage the provision of more group therapy. (Action 12.1)
- The Australian Government should make permanent the changes to expand access to psychological therapy and psychiatric treatment by videoconference and telephone introduced during the COVID-19 crisis. (Action 12.2)

Recommendation 13 – IMPROVE THE EXPERIENCE OF MENTAL HEALTHCARE FOR PEOPLE IN CRISIS

Hospitals and crisis response services play a vital role in the continuum of care for people with severe and persistent mental illness. It is critical that these services are able to support the recovery of the person in a safe environment which meets their needs.

As a priority:

- To minimise unnecessary presentations to hospital emergency departments, State and Territory Governments should provide alternatives for people with mental illness, including peer- and clinician- led after hours services and mobile crisis services. (Action 13.1)

Additional reforms that should be considered:

- The shortfalls in mental health bed-based services should be estimated at a State, Territory and regional level. Over time, State and Territory Governments, with support from the Australian Government, increase funding to provide mental health bed-based services to meet population demand. (Action 13.3)
- In considering the safety of children, adolescents, and women within inpatient services, State and Territory Governments should work to ensure that hospitals have the capacity to provide mental health beds for children and adolescents that are separate from adult mental health wards, and configure adult wards to allow gender segregation. (Action 13.2)
- To improve the experience of people with mental illness who present at an emergency department:
 - public and private hospitals should take steps to ensure the emergency department environment does not escalate the severity of mental illness, such as through provision of separate spaces for people with mental illness
 - over time, governments should design emergency departments to take into account the needs of people with mental illness. (Action 13.1)
- Best practice approaches to the interactions of paramedics with people with mental illness — including providing paramedics with access to mental health resources when undertaking clinical assessments in the field — should be adopted by Governments in order to improve outcomes for both people with mental illness and paramedics. (Action 13.1)

Recommendation 14 – IMPROVE OUTCOMES FOR PEOPLE WITH COMORBIDITIES

Many people with mental illness and comorbid physical health problems or substance use disorders do not receive integrated care, leading to poor outcomes, including premature death. Action is needed to improve the care provided to people with comorbidities.

As a priority:

- The Australian, State and Territory Governments should agree to an explicit target to reduce the gap in life expectancy between people with severe mental illness and the general population, and develop a clear implementation plan with annual reporting against the agreed target. (Action 14.1)

Additional reforms that should be considered:

- All Governments should implement all the actions in the Equally Well Consensus Statement, including releasing clear statements covering how they intend to implement the initiatives, including time frames and outcomes against which progress can be measured. (Action 14.1)
- State and Territory Governments should integrate the commissioning and provision of mental illness and substance use disorder services at a regional level. (Action 14.2)
- Mental health services should be required to ensure treatment is provided for both mental illness and substance use disorder for people with both conditions. (Action 14.2)
- Mental health and alcohol and other drug services should jointly develop and implement operational guidelines covering screening, referral pathways, and training, guidelines and other education resources for mental health and alcohol and other drugs workers. (Action 14.2)
- The National Mental Health Commission should report annually on Australian, State and Territory Governments' progress in implementing the Equally Well Consensus Statement. (Action 14.1)

Recommendation 15 – LINK CONSUMERS WITH THE SERVICES THEY NEED

The overly complex and disjointed nature of the mental health system hampers consumers' ability to access the services they require. Reforms are needed to make the system easier to navigate and improve consumers' access to services.

As a priority:

- Governments and regional commissioning bodies should assess the number of people who require care coordination services and ensure that care coordination programs are available to match local needs. (Action 15.4)

Additional reforms that should be considered:

- The Australian Government should continue to develop and improve Head to Health and use it to inform the recommended national digital mental health platform. (Action 15.1)
- The Australian, State and Territory Governments should ensure that government funded real time consumer assistance services (provided by voice or text) are receiving sufficient funding to meet consumer demand, and require these services to implement warm referral processes, including a verbal handover. (Action 15.1)
- Regional commissioning bodies should develop and maintain online navigation portals that include detailed clinical and non-clinical referral pathways, which can be accessed by clinical and non-clinical service providers (Action 15.2). In time, these portals should be linked in with the national digital mental health platform (Actions 10.4, 15.2).
- Governments support the development of single care plans for consumers with moderate to severe mental illness who are receiving services from multiple providers. (Action 15.3)

Recommendation 16 – INCREASE THE EFFICACY OF AUSTRALIA’S MENTAL HEALTH WORKFORCE

The efficiency and effectiveness of Australia’s mental health workforce can be improved by placing greater emphasis on the recovery needs of mental health consumers and considering new ways of delivering health services.

Reforms in workforce planning that should be considered:

- The Australian Government aligns the skills, costs, cultural capability, availability and location of mental health practitioners with the needs of consumers through the forthcoming National Mental Health Workforce Strategy. Workforce planning should factor in the potential for substitution between occupations and consider new ways of meeting consumer needs. (Action 16.1)
- The Australian Government in collaboration with stakeholders, should develop a new curriculum standard for a three-year direct-entry undergraduate degree in mental health nursing. In addition, a discrete unit on mental health should be included in all nurse training courses. (Action 16.4)
- Australian, State and Territory Governments develop a national plan to increase the number of psychiatrists in clinical practice — particularly those practising outside major cities and in sub-specialities with significant shortages. (Action 16.2)

Reforms to established workforce practices and sector perceptions that should be considered:

- The Australian Government should act to improve practitioners’ training on medications and non-pharmacological interventions. (Action 16.3)
- The Australian Government should strengthen the peer workforce by providing once-off, seed funding to create a professional association for peer workers, and in collaboration with State and Territory Governments, develop a program to educate health professionals about the role and value of peer workers in improving outcomes. (Action 16.5)
- The Australian, State and Territory Governments, in collaboration with professional bodies, should incorporate mental health stigma reduction programs into the initial training and continuing professional development requirements of all health professionals. (Action 16.6)
- The Australian, State and Territory Governments, in collaboration with specialist medical colleges, should take further steps to reduce the negative perception of, and to promote, mental health as a career option. (Action 16.7)

Recommendation 17 – IMPROVE THE AVAILABILITY OF PSYCHOSOCIAL SUPPORTS

The delivery of psychosocial supports — including a range of services to help people manage daily activities, rebuild and maintain social connections, build social skills and participate in education and employment — has been hampered by inefficient funding arrangements and service gaps. This is affecting the recovery of people with mental illness and their families, who can benefit substantially from improved access to psychosocial supports.

As a priority:

- Governments should ensure that all people who have psychosocial needs arising from mental illness receive adequate psychosocial support. To achieve this:
 - The shortfall in the provision of psychosocial supports outside the National Disability Insurance Scheme (NDIS) should be estimated at a regional and State and Territory level. (Action 17.3)
 - Over time, State and Territory Governments, with support from the Australian Government, should increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall. (Action 17.3)

Additional reforms that should be considered:

- As contracts come up for renewal, commissioning agencies should extend the length of the funding cycle for psychosocial supports from a one-year term to a minimum of five years. Commissioning agencies should ensure that the outcome for each subsequent funding cycle is known by providers at least six months prior to the end of the previous cycle. (Action 17.1)
- State and Territory Governments and the National Disability Insurance Agency should streamline access to psychosocial supports both for people eligible for supports through the NDIS and for people who choose not to apply for the NDIS or are not eligible. (Action 17.2)
- State and Territory Governments should continue working with the National Disability Insurance Agency to clarify the interface between the mainstream mental health system and the NDIS. (Action 17.3)

Recommendation 18 – SUPPORT FOR FAMILIES AND CARERS

Governments assist families and carers by funding support services and income support payments. There is scope to improve access to these supports and to improve how families and carers are included by mental health services.

As a priority:

- All mental health services should be required to consider family and carer needs, and their role in contributing to the recovery of individuals with mental illness. (Action 18.1)
 - State and Territory Governments should be collecting and reporting on the Carer Experience Survey to encourage carer-inclusive practice.
 - The Australian Government should amend the Medicare Benefits Schedule to provide rebates for family and carer consultations.
 - State and Territory Governments should ensure the workforce capacity exists in each region to implement family- and carer-inclusive practices within their mental healthcare services.

Additional reforms that should be considered:

- The recommended National Mental Health and Suicide Prevention Agreement (Action 23.3) should state that State and Territory Governments will be responsible for planning and funding carer support services related to the mental health caring role and family support services for families affected by mental illness. (Action 18.2)
- The Australian Government Department of Social Services should evaluate the outcomes achieved for mental health carers from its carer support program. (Action 18.2)
- The Australian Government should amend the eligibility criteria for the Carer Payment and Carer Allowance to reduce barriers to access for mental health carers. (Action 18.3)

Recommendation 19 – TAILOR INCOME AND EMPLOYMENT SUPPORTS

Employment can be important for maintaining good mental health for people. There is considerable scope to reduce barriers to employment faced by people with mental illness and increase their workforce participation.

As a priority:

- All governments should act to extend the Individual Placement and Support (IPS) model of employment support beyond its current limited application through a staged rollout to community ambulatory mental healthcare services. (Action 19.4)
 - The rollout should be staged to allow Governments to thoroughly test and review how to tailor the IPS program in a cost effective manner to particular demographic groups and for people with different types of mental illness.
 - The program should initially be open to all non-employed working age consumers of community ambulatory mental healthcare services who express a desire to participate. Participation in the program should be considered to fulfil any mutual obligation requirements for income support recipients.
 - At each stage of the rollout, data should be shared between IPS sites, with a mechanism put in place to share lessons and best practice between programs on what works for particular targeted groups of participants. If the net benefits of the program apparent on a small scale to date are not replicated as the program is scaled up, its design (and if necessary, its desirability) should be re-appraised.

Additional reforms that should be considered:

- Processes for streaming of participants into employment support programs via improved employment support assessment tools should be tailored to people with mental illness by relevant governments. (Action 19.1)
- The Department of Education, Skills and Employment should ensure that the New Employment Services program includes design features that explicitly consider the needs of participants with mental illness as it is developed and later rolled out as a national program. (Action 19.2)
- For job seekers with complex needs, employment support providers should be required to assist with personalised Job Plans that go beyond meeting compliance obligations. (Action 19.3)
- Over time, the Australian Government should improve the work incentives for Disability Support Pension recipients and recipients should be well informed of their entitlement to work for a period without losing access to the Disability Support Pension by Services Australia. (Action 19.5)

Recommendation 20 – SUPPORTIVE HOUSING AND HOMELESSNESS SERVICES

Housing and homelessness services help prevent people with mental illness from experiencing housing issues and support people with mental illness to find and maintain housing in the community. But their current capacity falls well short of need.

As a priority:

- State and Territory Governments should, with support from the Australian Government, commit to a nationally consistent policy of no exits into homelessness for people with mental illness who are discharged from institutional care, including hospitals and correctional facilities. (Action 20.2)
 - People with mental illness who exit hospitals, correctional facilities or institutional care should receive a comprehensive mental health discharge plan and have ready access to transitional housing.

Additional reforms that should be considered:

- State and Territory Governments should provide mental health training and resources to social housing workers, and work with the relevant bodies, including the real estate institutes, to assist them in organising training and resources on mental health for private sector real estate agents. (Action 20.1)
- State and Territory Governments should review housing policies to better consider the needs of people with mental illness. This should include information sharing between housing authorities, acute mental healthcare facilities and correctional facilities. (Action 20.1)
- Tenants with mental illness who live in the private housing market should be provided the same ready access to tenancy support services as those in social housing. (Action 20.1)
- The effects of forthcoming reforms to residential tenancy legislation, including ‘no grounds’ evictions, should be assessed by State and Territory Governments to better understand the implications for people with mental illness. (Action 20.1)
- With support from the Australian Government, State and Territory Governments should address the shortfall in the number of supported housing places and the gap in homelessness services for people with severe mental illness. (Action 20.3)
- The National Disability Insurance Agency should continue to amend its Specialist Disability Accommodation strategy and policies to encourage development of long-term supported accommodation for National Disability Insurance Scheme recipients with severe and persistent mental illness. (Action 20.3)
- As part of the next negotiation of the National Housing and Homelessness Agreement, there would be benefit from governments increasing the quantum of funding for housing and homelessness services, including for the expanded provision of services for people with mental illness. (Action 20.3)

Recommendation 21 – IMPROVE MENTAL HEALTH OUTCOMES FOR PEOPLE IN THE JUSTICE SYSTEM

People with mental illness are over-represented throughout the justice system, including in correctional facilities and as victims of crime. There is considerable scope for improved mental healthcare for people in all parts of the justice system, and improved access to justice for people with mental illness and legal needs.

As a priority:

- State and Territory Governments should implement a systematic approach for responding to mental health related incidents to support all parties involved. Mental health professionals should be embedded in police communication centres and police, mental health professionals and/or ambulance services should be able to co-respond to mental health related incidents. (Action 21.2)
- State and Territory Governments should ensure that people appearing before mental health tribunals, and other tribunals hearing matters arising from mental health legislation, have a right to access legal representation. To facilitate this, State and Territory Governments should adequately resource legal assistance services for this purpose. (Action 21.8)

Additional reforms for people in the justice system that should be considered:

- An early intervention approach should be introduced to identify people with mental illness at high risk of contact with the criminal justice system, and provide supports to reduce the risks of them offending. (Action 21.1)
- State and Territory Governments should work to ensure that people with mental illness who would benefit from mental health court diversion programs, are able to access them. (Action 21.3)
- The Australian Commission on Safety and Quality in Health Care should review the National Safety and Quality Service Standards to determine how they can be implemented in correctional settings. (Action 21.4)
- State and Territory Governments should ensure that people with mental illness in correctional facilities have access to timely and culturally capable mental healthcare. (Actions 21.4, 21.6)
- The forensic mental health component of the National Mental Health Service Planning Framework should be completed and used by governments to inform planning and funding. (Action 21.5)

Additional reforms to improve access to justice that should be considered:

- State and Territory Governments should develop disability justice strategies and work towards integrating legal and health services (including through health justice partnerships) so that people with mental illness are better supported to resolve legal matters and participate in the justice system. (Action 21.7)
- Supported decision making by and for people with mental illness should be promoted through improved access to individual non-legal advocacy services (Action 21.9) and mental health advance directives. (Action 21.10)
- Governments should ensure that treatment orders in mental health legislation are mutually recognised between States and Territories. (Action 21.11)

Recommendation 22 – BEST PRACTICE GOVERNANCE TO GUIDE A WHOLE-OF-GOVERNMENT APPROACH

Governments should, in collaboration with consumers and carers, commit to a more strategic and cross-portfolio approach to mental health that promotes genuine accountability and that prioritises prevention, early intervention and recovery.

As a priority:

- The Australian, State and Territory Governments should develop a new whole-of-government National Mental Health Strategy that aligns the collective efforts of health and non-health sectors. (Action 22.1)
- The Australian Government should expedite the development of an implementation plan for the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023. (Action 22.2)
- The Australian, State and Territory Governments should establish a clear, ongoing role for consumers and carers in all aspects of mental health system planning, design, monitoring and evaluation. (Action 22.4)
- The National Mental Health Commission should have statutory authority. It should lead the evaluation of government-funded mental health and suicide prevention programs, and other government-funded programs that have strong links with mental health outcomes, including those in non-health sectors. (Action 22.7)

Additional reforms that should be considered:

- The Australian, State and Territory Governments should establish a Special Purpose Mental Health Council to facilitate mental health reforms across health and non-health portfolios. (Action 22.3)
- The Australian Government should fund separate representative peak bodies to represent the views, at the national level, of people with mental illness, and of families and carers. (Action 22.4)
- A national, independent review of Australia's system for handling consumer complaints that relate to the use of mental healthcare services and supports should be instigated. (Action 22.5)
- Where a body does not exist, State and Territory Governments should each establish a body (such as a mental health commission) that is responsible for strengthening government capability to pursue continuous policy and program improvement and fostering genuine accountability for mental health reform. (Action 22.6)

Recommendation 23 – FUNDING ARRANGEMENTS TO SUPPORT EFFICIENT AND EQUITABLE SERVICE PROVISION

Mental health planning and funding arrangements should be reformed to remove existing distortions, clarify government responsibilities and support regional decision making.

As a priority:

- Governments should strengthen cooperation between Primary Health Networks (PHNs) and Local Hospital Networks (LHNs) by requiring comprehensive joint regional planning and formalised consumer and carer involvement.
 - The National Mental Health Commission should independently monitor and report on compliance by PHNs and LHNs against their commitments. (Action 23.1)

The Australian Government should support State and Territory Governments that choose to establish regional commissioning authorities (RCAs) to administer mental health funding as an alternative to PHN-LHN groupings. (Action 23.4)

Additional reforms to clarify government roles that should be considered:

- State and Territory Governments should take on sole responsibility for psychosocial supports outside of the National Disability Insurance Scheme. (Action 23.2)
- All Governments should develop a National Mental Health and Suicide Prevention Agreement to clarify responsibilities and the new role of the National Mental Health Commission. It should also specify additional mental health and psychosocial support funding contributions by each level of government. (Action 23.3)

Additional reforms to funding arrangements that should be considered:

- The Australian Government Department of Health should reform the way that it allocates funding to PHNs (or RCAs) to support greater regional equity and remove incentives to engage in cost shifting. (Action 23.5)
- The Australian Government Department of Health should:
 - provide guidance on the evidence base that underpins different types of interventions and require PHNs (and RCAs) to demonstrate that they have commissioned evidence-based services that meet their catchment's needs
 - permit regional commissioning bodies to redirect to alternative services funding hypothecated to particular providers, if these providers are shown to not be meeting the service needs identified in regional plans
 - position Aboriginal Community Controlled Health Services as the preferred providers of services to Aboriginal and Torres Strait Islander people. (Action 23.6)
- The Independent Hospital Pricing Authority should review the Australian Mental Health Care Classification and develop an interim (simplified) model to allow State and Territory Governments to use activity-based funding for community ambulatory mental healthcare. (Action 23.7)
- The Australian Government Department of Health should establish a Mental Health Innovation Fund to trial new system organisation and payment models. (Action 23.8)
- The Australian Government should review the regulations that prevent private health insurers from funding community-based mental healthcare activities, and permit life insurers to fund mental health treatments for their insurance clients on a discretionary basis. (Actions 23.9, 23.10)

Recommendation 24 – DRIVE CONTINUOUS IMPROVEMENT AND PROMOTE ACCOUNTABILITY

A robust information and evidence base is needed to improve programs, policies, and outcomes for people with mental illness and carers. This requires that governments support data collection and use, transparent monitoring and reporting, program evaluations and practical research.

As a priority:

- The Australian, State and Territory Governments should agree on a set of targets and timeframes that specify key mental health and suicide prevention outcomes.
 - These targets should be co-designed with consumers and carers and include both quantitative and qualitative evidence and data.
 - Aboriginal and Torres Strait Islander people and the National Federation Reform Council Indigenous Affairs Taskforce should be included in discussions about any targets that may affect Aboriginal and Torres Strait Islander people (Action 24.4).
- The Australian, State and Territory Governments should require monitoring and reporting at the service provider level that is focused on consumer and carer outcomes (Action 24.5).
- The Australian Institute of Health and Welfare should publish data on mental health services at a national, State and Territory, and regional level that is aligned with the National Mental Health Service Planning Framework (NMHSPF); and gap analyses against NMHSPF benchmarks. Each regional commissioning body should report a regional-level gap analysis in their joint regional plan (Action 24.8).

Additional actions that should be considered:

- The Australian Government should fund regular national surveys of mental health and wellbeing (Action 24.2) and the establishment of a national clinical trials network in mental health and suicide prevention (Action 24.12).
- The National Mental Health Commission should include outcomes, activities and reforms from all relevant health and non-health portfolios in its national monitoring and reporting (Action 24.10).
- The Australian, State and Territory Governments should:
 - develop a strategy to improve the usability of data collections (Action 24.1) and ensure prioritised data and information gaps are addressed, including data on non-government organisations that provide mental health services (Action 24.3).
 - develop standardised and outcome-focused reporting requirements for service providers and report all data relating to the performance of services at a regional level (Actions 24.6, 24.7).
 - enhance and make all parts of the NMHSPF publicly available (Action 24.9).
 - require funding applications for mental health programs to include an assessment of their expected cost-effectiveness and require all new programs to have been trialled as pilots, before they can be scaled up (Action 24.11).