

CANBERRA MENTAL HEALTH FORUM

Submission 2 to Productivity Commission's Inquiry into the Social and Economic Impacts of Improving Mental Health, January 2020

Concerns about the PC's treatment of issues related to the poor physical health of people with serious mental illness in its draft report

Recommendation

That to help with identifying and developing effective models of care to improve both the physical and mental health of people with serious mental illnesses, you broaden your draft recommendation 24.4 below to:

- include innovative, integrated, physical health services for people with mental illness; and
- to change the title to an Integrated Services Innovation Fund.

DRAFT RECOMMENDATION 24.4 — TOWARD MORE INNOVATIVE PAYMENT MODELS

The Australian Government should establish a Mental Health Innovation Fund to trial innovative system organisation and payment models.

Commissioning agencies (PHNs or RCAs) could apply for additional funding to trial new models under the proviso that they have them independently evaluated and share the findings.

As part of these trials, and with appropriate governance arrangements in place, commissioning agencies (PHNs or RCAs) should be permitted to cash-out Medicare Benefits Schedule rebates for allied mental health professionals in their regions and administer this funding through a means of their choosing.

Canberra Mental Health Forum provided a submission (No 62) to the Commission focussed primarily on the very poor physical health and high premature mortality from chronic physical illnesses of many people with complex and enduring mental illness. At the Canberra public hearing for your inquiry into aspects of mental health, one of our members raised concerns, based on a quick review of the *Overview and Recommendations* of your draft report, that it seemed very limited in its coverage of the poor physical health of this group.

Improving the physical health of this very vulnerable group must be a priority. This is a human rights issue with major economic consequences. The costs to individuals, their relatives and friends and to governments are enormous. The Commission's own estimate of approximately \$130 billion cost to the economy from the diminished health and reduced life expectancy for those living with mental ill-health demonstrates the magnitude of the problem.

We subsequently read your coverage of this issue in Volume 1 of your draft Report. We welcome your recognition of its importance and your wide-ranging summary of related matters.

Given this and the importance in both economic and social terms of reducing premature mortality from readily preventable and treatable chronic diseases, we were shocked that you offered no recommendations to improve the situation. It is all very well to suggest that your proposed structural reforms will reduce barriers and facilitate a more integrated approach to mental and physical health care. Your proposed structural reforms would, however, take several years to develop and implement, even if accepted by all governments. Meanwhile greater urgency is required for this matter.

Paradoxically, as part of your structural reforms, you are proposing to:

“separate funding and governance arrangements of mental health from those of physical health to strengthen the accountability of individual jurisdictions for mental health outcomes” (p896, Vol 2, PC draft Report).

It is hard to see how this will encourage and facilitate holistic, integrated care for people with both a complex and enduring mental illness and chronic physical illness(es).

In its *Fifth National Mental Health and Suicide Prevention Plan, 2018 Progress Report*, the National Mental Health Commission identified a number of positive developments to improve the physical health of people with mental illnesses. It also stated that:

Funding was reported as a barrier by a number of PHNs, particularly in relation to the lack of a clear funding mechanism to address physical health issues. PHNs also reported limitations of existing funding structures and segmented funding arrangements as barriers to improving physical health for people living with mental illness, through programs and initiatives.

Your proposals could further worsen this situation.

It will be some considerable time before the PC’s recommendations will be fully implemented, especially in such difficult areas as Commonwealth/State Agreements.

Meanwhile, problems will remain in developing, funding and implementing more effective approaches for this type of care.

We therefore propose that you broaden your draft recommendation 24.4 below to:

- include innovative physical health services for people with mental illness; and
- to change the title to an Integrated Services Innovation Fund.

These amendments would enable the Fund to help with identifying and developing effective models of care and appropriate funding mechanisms to improve both the physical and mental health of people with serious mental illnesses.

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21 January 2020