Orygen
The National Centre of Excellence in Youth Mental Health

Response to the Draft Fifth National Mental Health Plan

About Orygen, The National Centre of Excellence in Youth Mental Health

Orygen, The National Centre of Excellence in Youth Mental Health (Orygen) is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. The organisation conducts clinical research, runs clinical services (four headspace centres), supports the professional development of the youth mental health workforce and provides policy advice to the Commonwealth Government relating to young people's mental health. Orygen's current research strengths include early psychosis, personality disorders, functional recovery and neurobiology. Other areas of notable research activity include emerging mental disorders, mood disorders, online interventions and suicide prevention. Orygen supplements its clinical research with a developing health economic programme that spans the range of its research areas.

Orygen is a not-for-profit company limited by guarantee. It is a charitable entity with Deductible Gift Recipient Status and is an approved research institute. The Company has three Members: the Colonial Foundation, The University of Melbourne and Melbourne Health.

About this response

Based on pre-consultation materials provided by the Department of Health, and our own position, Orygen's feedback is based around the following scope of what the Fifth National Mental Health Plan (Fifth Plan) should provide:

1. **Principles, protocols and high level governance arrangements which address the relationship between the federal and state/territory governments** in the delivery of mental health and suicide prevention policy, services and programs

2. **Areas of agreed focus (priorities) and schedule of high level activities** across each year of the plan:
   - Joint commitments
   - Federal commitments and responsibilities
   - State/Territory commitments and responsibilities

3. **Detail on the mechanisms** for achieving these commitments
   - Primary Health Networks (PHNs)/ Local Hospital/Health Networks (LHNs)
   - Technology
   - Data collection, aggregation and monitoring
   - Advisory structures

- Intergovernmental/interdepartmental committees
- Workforce development
- Funding
- Frameworks, national resources, state/territory resources

4. **Measures against these commitments** including both annual measures and life of the plan measures.

5. **Reporting mechanisms and accountability**, including a clear role going forward for the National Mental Health Commission to provide independent and transparent monitoring of progress implementing the Fifth Plan.

Overall position:

Orygen welcomes the opportunity to provide feedback on the draft Fifth National Mental Health Plan (the Fifth Plan). While the Fifth Plan aims to address what is described as 'fundamental shortcomings of the existing system' (p3), Orygen has identified significant issues in the plan's structure and content which we believe warrant a substantial redraft and refocus.

There is a lack of attention on early intervention, prevention and young people.

The Fifth Plan recognises: a) that one of the key issues in Australia's mental health system has been the 'insufficient focus on promotion, prevention and early intervention' (p14); and b) the underpinning value of promotion, prevention and early intervention.

However, there is limited detail in this document on how governments will work to deliver effective prevention and early intervention for mental ill-health, early in life and early in onset. The Fourth National Mental Health Plan contained a strong focus (including a priority area) on prevention and early intervention, which does not exist in the Fifth Plan. Early intervention and prevention of mental ill-health has been shown to be effective and cost-effective to governments. As such it should be prioritised by all governments and a cornerstone of all national mental health plans going forward.

How can this be addressed?

An additional priority area on early intervention for children and young people should be included in the Fifth Plan.

The Fifth Plan should encapsulate the key commitments to mental health and suicide prevention announced by the Coalition in the lead up to the 2016 election.

More specifically, the Fifth Plan should also describe headspace and the Early Psychosis Youth Services (EPYS) as the Australian Government's preferred and evidence-based models for youth mental health care. It should identify headspace and EPYS as critical national infrastructure from which governments will continue to build and enhance early intervention services and youth mental health care. There should be a commitment and a plan articulated to ensure all young people (including those experiencing early psychosis) have access to these services.

Council of Australian Governments (COAG), through the Mental Health, Drug and Alcohol Principal Committee (and relevant sub-committees) should also evaluate the Fourth Plan (in this case Priority area 2) to determine what actions and activities are still a priority and develop new actions to reflect recent government commitments as well as population, technological and service system changes that have occurred since the Fourth Plan was released seven years ago.

There is an insufficient response to the 'missing middle'.

The Fifth Plan does not acknowledge or respond to the growing chasm in care between what is funded and provided by the Commonwealth Government and by state/territory governments.

Orygen seeks a clearer road-map in the Fifth Plan which describes how this gap will be responded to. In some states/territories insufficient funding for youth mental health systems have seen many young people with significant mental ill-health and suicide risk deemed 'not unwell enough' to access state-funded systems care. They then present to headspace, a service designed to care for mild-moderate illness or receive no care at all. This is a critical issue requiring a much stronger commitment from governments to address within the Fifth Plan. It will not be fixed through an assumption that primary care will pick-up, at minimal extra cost, those unable to access state-systems.

How can this be addressed?

Reframe Priority Area 2 to deliver a system of care that provides access to appropriate treatment and services dependent on age, stage and severity of illness.

Governments should describe in the Fifth Plan what role they will each play to support this and commit to the development of an evidence-based staging model of mental health care, moving beyond the stepped-care approach.

In the meantime, greater clarity (and consensus between the governments) needs to be articulated in the Fifth Plan to describe what is meant by 'complex and severe' and what happens to those individuals who don't qualify as 'complex and severe' in terms of their access to mental health services and evidence-based treatment.

The Fifth Plan should also articulate the role of each level of government over the next five years to ensure that this issue is addressed and people don't continue to fall through the cracks in the system.

There is a lack of clarity in the roles, responsibilities and accountabilities between and across governments.

Following reforms improving access to mental health care for young people and the ground work laid by the National Mental Health Commission, rather than further improving the delivery of mental health care in Australia the Fifth Plan provides significant uncertainty. While regional integration is clearly the flagship priority of the Fifth Plan, it fails to articulate the individual and shared accountabilities for each level of government (within their policy, service and program development) to achieve this priority. This is also true of the other priorities and actions identified in the Fifth Plan.

In general, the Fifth Plan lacks implementation details. There is no implementation plan. Nor are outcome measures described which would indicate progress towards short/medium term service system changes and improvements, along with progress towards the long-term outcomes (which are articulated). It is possible that accountability within the Fifth Plan could be diminished with the focus solely on 'long-term' outcomes and indicators.

How can this be addressed?

Governments should develop an implementation plan and monitoring framework to be released <u>alongside</u> the plan (not signalled for development after).

This would 'weed-out' actions contained in the plan that are nebulous, vague and difficult to determine whether they have been implemented and what the impact has been. It would also provide a stronger set of performance indicators which relate to measuring incremental policy, service and system changes, along with longer term population health and wellbeing outcomes.

Central to an implementation plan and monitoring framework should be the development of a clearly articulated program logic (or set of logics), which describe the roles, responsibilities, policy and funding levers in each level of government. Where responsibility is shared, it should describe the mechanisms and structures which will support inter-government action.

Importantly the Fifth Plan and an implementation and monitoring framework should also identify how actions will be measured and include a clear description of the role of the National Mental Health Commission in providing independent monitoring and reporting against each of the actions and performance indicators.

<u>It is a 'kick to touch' in responding to service system shortfalls and funding issues.</u>

Devolving responsibility for service system improvements (including follow-up care for high suicide risk following discharge from Emergency Departments and hospitals) to PHN/LHNs with little detail on how they will be supported to deliver this is a shortcoming of the Fifth Plan. While regional responsibility is seen to be a step forward in rectifying the issues of implementing integration in previous plans (p19), the expectation that the PHN/LHNs will regionally respond to gaps in service provision without addressing the higher level Commonwealth and state/territory responsibilities and the resourcing shortfalls across mental health services and systems is concerning.

Further to this, the decision not to evaluate the Fourth Plan is also a concern. There was an opportunity with the Fifth Plan to identify and address outstanding actions and implementation issues from the previous plans.

How can this be addressed?

Include detailed information in the plan about how the PHNs and the LHNs will be supported to achieve integrated service delivery at the regional level.

This includes:

- releasing the National Mental Health Service Planning Framework alongside the Fifth Plan (if not before);
- an agreement on strategies for future alignment of PHN/LHN catchments;
- commitments to data and reporting harmonisation; and
- a clearer acknowledgement that responsibility has not been devolved, as these networks are funded functions and mechanisms of both levels of government.

There is also a need to provide direction and scope to the PHNs on integration with other sectors and systems to deliver activities which recognise and respond to the various social determinants of mental ill-health, particularly important in areas of physical health impacts and other comorbidities.

The Fifth Plan is 'back to the future'.

The Fifth Plan is heavy on rationale for the key reforms announced in late 2015 by the Australian Government in response to the National Mental Health Commission Review of Mental Health Programmes and Services. However, for a plan which will now guide intergovernmental action and investment up to 2022, it lacks detail on the future opportunities and challenges in mental health and suicide prevention and fails to articulate the mechanisms, policy, program and funding levers and timeframes by which governments will respond. In particular, references are almost entirely absent regarding: a) online/technological platforms and transformations, b) workforce development.

While placing 'people and communities at the centre of actions' (p16), the Fifth Plan still remains heavily health system orientated, with governance arrangements centred on health and mental health ministers. As a result it doesn't connect to the other systems central to an individual's wellbeing such as housing, education and employment. This is despite the articulation early in the document of the importance of these systems in mental health and wellbeing outcomes (p17); and that a number of the national indicators identified in the Fifth Plan fall within the responsibility of other portfolios, e.g. early childhood support and employment service data (p67).

How can this be addressed?

Each priority of the strategy should include actions related to a) the role of technologies in service planning, provision and reporting; and b) workforce development to meet future service demands.

It is also important that the plan is clear on whether systems outside of health and mental health are to be included. The role of first ministers across governments (and their portfolios) need to be better defined in relation to delivering on the priorities, actions and indicators in the plan which fall within the responsibility of their portfolio. If this is deemed out of scope for the Fifth Plan then existing performance indicators which sit outside of mental health portfolios need to be re-considered, such as early childhood indicators.

Placing people at the centre also requires a stronger focus on the lived-experience.

The Fifth Plan needs to better articulate how people (including young people) with mental ill-health and their families will be engaged in all the actions and activities to be implemented over the life of the plan. This should include clear description of advisory structures and measurable activities and targets.

Specific feedback on the priority areas (7)

The table below provides specific feedback on each of the existing priority areas of the draft Fifth Plan. In many instances the feedback is provided in the context of meeting the needs of young people in each of the areas.

Priority Area	***Issues***
1. Integrated regional planning and service delivery	1. Responsibilities of PHNs and LHNs are still defined by funding parameters pre-determined by Commonwealth/state/territory governments. If integration is not achieved at this level, it will be difficult to achieve at a regional level. The Fifth Plan provides no detail about the mechanisms, resources and systems that will be provided to regional areas to achieve integration.
	2. 'As part of their leadership role, governments will provide clarity on their roles and responsibilities in the mental health service system' (p23). This is what the Fifth Plan should deliver but doesn't.
	3. '(The) optimal level of integration will be different in different regions and for different populations' (p25). Optimal levels of integration should be defined by the COAG and the Fifth Plan should describe how PHN/LHNs will be supported to achieve this. This will not be a one-size-fits-all approach and should be tailored to each state/territory in recognition that their local health/hospital networks vary in their size and capacity.
2. Coordinated treatment and supports for people with severe and complex mental illness	1. Over simplification of the experiences and stages of mental ill-health in the division of 'complex and severe' and the rest of the population. This only further highlights the absence of prevention, promotion and early intervention within the draft plan.
	2. There is no clear definition around what is 'complex' what is 'severe'. Is this group the 6000 to be eligible for NDIS provision or is it a larger group? If the latter, then it becomes open to interpretation by PHNs and other service planners.
	3. This priority lacks much of what is transformative about the NDIS such as its focus on social and economic participation.
	4. State/territory systems are retreating leaving numbers of young people who are particularly unwell without access to specialist care. headspace centres are seeing more of these young people and many are falling through the gaps entirely. This needs to be addressed urgently.
3. Suicide prevention	1. There is a need for a clear commitment to a new national suicide prevention strategy which also involves the development of a separate Youth Suicide Prevention Implementation Plan, recognising that a different approach is required for this age group than others.

3. Suicide prevention (cont.)	2. Concerning that the post-discharge care issue (which in the response to the National Mental Health Commission review was going to be addressed by COAG in this plan) is now a matter for the PHNs/LHNs, who will 'seek to prioritise' this (p34). The Fifth Plan should articulate how this will be done and when. The plan also needs to commit to ensuring what is done is evidence-based.
	3. The actions are health-centric in their approach, whereas evidence suggests suicide prevention is best responded to through multiple systems and services outside of health. If the agreed scope for the plan is only mental health and health then this will be an issue.
	4. Need to include self-harm and suicide-related behaviours as a greater focus for actions and reporting within the Fifth Plan. The development of monitoring systems in hospitals across the country, linked to an aggregated national data set for presentations to Emergency Departments is one action that should be included.
4. Aboriginal and Torres Strait Islander mental health and suicide prevention	1. The Fifth Plan recognises the need to locate mental health services for Aboriginal and Torres Strait Islander people within a broader understanding of social and emotional wellbeing. To achieve this improved coordination between cultural programs and mental health services is required. The Fifth Plan does not address the complexity of achieving this outcome.
	2. The establishment of a clearinghouse for evidenced-based mental health interventions will, despite stating it will not duplicate or replace existing infrastructure, compete with the Australian Government's existing Closing the Gap Clearinghouse. A more important step would be to include mental health within the *Indigenous primary health care national key performance indicators* collated by the Australian Institute of Health and Welfare. Beyond this step is the challenge of measuring the outcomes of social and emotional wellbeing programmes to develop a robust evidence base. Evidence is required if the coordination of wellbeing and mental health services and programmes is to be achieved to the benefit of Aboriginal and Torres Strait Islander people.
	3. Self-determination is named as essential to overcoming disadvantage faced by Aboriginal and Torres Strait Islander people, yet there is no mention in the Fifth Plan about self-determination in delivering mental health services. There is no mention of the role for Aboriginal Community Controlled Health Organisations within the regionalised break-up of health services.
5. Physical health of people living with mental health issues	1. Guidelines for health services to improve the physical health of people living with mental health issues (Action 16) are important. There is also a need for guidance on how to plan mental health services for young people specifically which includes evidence-based early intervention, screening and treatment for physical health issues.

5. Physical health of people living with mental health issues (cont.)	2. Data collection on the mental, physical and sexual health of young people needs to be improved by expanding existing health surveys or developing a targeted survey. Governments should define in the Fifth Plan who will be responsible for this and through what mechanism.
	3. Training in monitoring and treatment of physical health in mental health service delivery should be named in the Fifth Plan and included in all Commonwealth and state/territory mental health workforce plans. The Positive Cardiometabolic Health monitoring matrix developed by the Health Education and Training Institute (NSW Government) provides a ready resource for increasing physical health monitoring of people experiencing mental ill-health. The matrix is available in an adult and youth version.
6. Stigma and discrimination reduction	1. There needs to be a stronger focus on reducing stigma and discrimination in the broader community, not just in the professional health workforce. This should include a stronger role for the media to report responsibly on stories which involve someone with mental ill-health and the use of both traditional and social media to combat stigma and discrimination.
	2. Responding to stigma within the health workforce needs to include the development of national standards of care, agreed to by all levels of government and implemented through a commitment to training the workforce every two-three years in responding empathetically and effectively. This is particularly important for responses to those presenting in Emergency Departments (and to other first responder workforces) as a result of self-harm and suicide attempts.
	3. Racism adds to the experience of mental ill-health and to the public and systemic stigma and discrimination young people can already experience. The Fifth Plan needs to make this connection and outline how systemic racism will be addressed.
7. Safety and quality in mental health care	1. Targets are needed to eliminate all avoidable harm in mental health and health services and systems (as proposed by Duckett report, the review of hospital safety and quality assurance in Victoria, 2016).
	2. An evaluation and research agenda needs to be described here to demonstrate a much stronger commitment to monitoring the impacts that activities implemented under this plan have on patient care and safety.
	3. Many issues with patient safety stem from insufficient funding and resources which in turn has diminished departments and public health provider's ability to oversee and monitor safety and quality. Governments need to articulate their responsibilities and actions for addressing this nationally.

Further information

For any questions or additional information on the issues raised in this response, please contact Kerryn Pennell, Director Strategy and Development on 0419 535 567 or email kerryn.pennell@orygen.org.au.