



Online response to

***Ten Year Roadmap for National Mental
Health Reform***

January 2012

To the Australian Government Department of Health and Aging:

<[www.http://health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-t-roadmap](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-t-roadmap)>

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Part A. About you

1. Have you read the draft Roadmap?

Yes

2. Are you responding as an individual, or representative of an organisation?

Representative of an organisation

Comments

This response represents an Agency viewpoint, that of Anglicare Tasmania. As one of Tasmania's largest community organisations, Anglicare Tasmania is committed to social justice and to supporting people in need to reach fullness of life. As part of our commitment to supporting disadvantaged Tasmanians towards greater social inclusion, we deliver a range of services that aim to connect people with the social and economic life of their community, including in areas of family support and counselling, alcohol and other drug services, disability and aged care support, mental health, accommodation support, employment services and training.

Our responses to the Draft Roadmap encompass our experience of being a social service provider (including a mental health provider), a social research agency (including research on experiences of mental health), and an agency that values consumer participation at all levels of service delivery.

3. Which option best represents you?

Other

4. Please select the type of organisation you represent

Non-government organisation

Part B. Your views about the vision

5. Do you think this is the right vision for the Roadmap?

Overall, I agree with the vision identified in the draft Roadmap, but some changes are needed

6. You have indicated that changes to the Roadmap are needed. Please tell us what you think is needed to improve the vision for the Roadmap in the space below.

We are generally satisfied with the stated vision, yet we feel the statement 'full and rewarding life' would benefit from further clarification. For example, our ultimate aim is to support greater participation in the social and economic life of the Australian community for people experiencing mental health difficulties

Part C. Your views about the principles

7. Are these the right principles to be promoted by the Roadmap? Please select the option below that best describes your views.

- Overall, I agree with the principles set out in the draft Roadmap, but some changes are needed.

8. You have indicated that changes to the Roadmap are needed. Please tell us what you think is needed to improve the principles in the space below.

Anglicare Tasmania generally agrees with the sentiment expressed within the nine principles, but believes they remain too vague to provide direction and accountability. For example frequent use of the term 'recognise' in the nine principles is not a helpful way of charting a direction or progress. 'To recognise' does not necessarily lead to improvements, and is not easily measurable. Instead of a vague intention to 'focus on early intervention and prevention', we suggest that the Roadmap address health promotion and prevention across the spectrum of need, including evidence-based early detection and intervention.

Where mention is made of employment, work or education, we suggest replacing such terms with the term 'economic participation', which includes all levels and forms of participation and can be matched to individual capacity, interest and need. For example, a broader definition of economic participation will include: development of personal and social skills, vocational training, education, apprenticeships, volunteering, and employment. From our perspective, economic participation also includes subjective definitions of the kinds of activities that connect individuals with the social and economic life of their community, including roles that bring a sense of purpose and belonging.

Principle 9 states 'improve access and reduce inequality for Australians in regional, rural and remote areas' – but does not specify 'to what', or in which ways. This principle needs further development.

Part D. Your views about the key directions

9. To what extent do you agree that the proposed Key Directions of the Roadmap should be national priorities for mental health reform?

9.1. Promoting Good Mental Health and Wellbeing and Preventing Mental Illness and Suicide

- Strongly Agree

9.2. Early Detection and Intervention

- Strongly Agree

9.3. Consumers and Carers at the Heart of Services and Support

- Strongly Agree

9.4. Supporting People to Participate in Society

Strongly Agree

9.5. Making Services Work for People – Access, Quality, Integration and Coordination

Strongly Agree

10. Are there any other areas that should be the focus of national mental health reform over the next ten years that are not currently included in the draft Roadmap?

Yes

Comments

In their current form, the proposed Directions 1-3 are concise and clear. In contrast, whilst we agree Directions 4 and 5 are essential priorities, we suggest they need further refinement and targeting. Key direction #4 is too vague. We suggest adding 'supporting people to participate in the social and economic life of their community'. In order to ensure the Roadmap does not contribute to existing stigma, we suggest that throughout the document, the Roadmap promote that mental health and wellbeing is 'good for every body'.

Throughout the document, mention is made of consumers and carers. Based on research and consumer feedback, we recommend that a wider separation be made between the views of consumers and carers; both perspectives are important, but different. Based on feedback from carers who prefer to be identified by the relationship they have with a service user, we recommend that use of the term 'carer' be replaced by 'family members, friends, neighbours, peers and support networks (including carers)'.

In addition to the views of consumers and 'carers', we suggest more note be made of the important perspective that service providers offer. We suggest that all three perspectives are valid and necessary for the development of effective and efficient services. We are aware that these three stakeholders may hold contrasting perspectives; in such cases, we would choose to hold the views of consumers (people living with the difficulties of mental ill health) as most important. We suggest that this priority needs to be made explicit throughout the Roadmap.

Part E. Your views about actions, directions and progress

11. Key Direction 1 Actions - Promoting Good Mental Health and Wellbeing and Preventing Mental Illness and Suicide

11.1 Reduce stigma and discrimination; improving mental health literacy through national stigma reduction and anti-discrimination campaigns

Strongly Agree

11.2 Utilise existing evidence to identify and target services for populations for whom adequate psychological support has the potential to mitigate some risk factors (for example, children of parents with mental illness, children of prisoners, children with conduct disorders and victims of bullying and harassment)

Strongly Agree

11.3 Increase public awareness and improve frontline services responses so that individuals, carers, families and employees feel safe and secure, and employers feel confident enough to ask for help

Agree

11.4 Protect mental health, build resilience and decrease exposure to known risk factors across the lifespan

Agree

11.5 Develop integrated and collaborative approaches for people at risk of suicide, including prompt and assertive follow-up in the community following presentation at hospital emergency departments

Strongly Agree

Comments

To ensure the Roadmap serves its intended purpose, we suggest that each of the key directions, when refined, should include short-term (3 year), medium-term (5 year) and long-term (10 year) goals, along with identified performance measures for each. All of the above Actions need refinement. They remain vague, inconsistent and too broad to be of use. For example no 'Action' adequately identifies for whom, in what timeframe, nor how a specific Direction will be achieved. We support evidence-based practice, and suggest that an intention to support evaluations of a broad range of interventions (using a wide-range of consumer-directed research methods and tools) be implemented across the full spectrum of mental health, and that this direction should be included within the Roadmap. We suggest that wherever mention is made of community awareness and recognition, that community education be included.

The Draft Roadmap flips between focusing on prevention (upstream) and treatment (downstream) language. We suggest that the emphasis be on building the resilience of the whole community to understand, identify, act and support people experiencing mental health difficulties (i.e. pay attention to both upstream and downstream needs, and all needs in between).

12. Please select the option below that best describes your views on these performance indicators

Overall, I have significant concerns about the use of these indicators to measure governments' performance

13. You have indicated that changes to the Roadmap are needed. Please tell us what you think is needed to improve the indicators for Key Direction 1: Promoting Good Mental Health and Wellbeing and Preventing Mental Illness and Suicide.

None of the indicators have an aim that is measurable. For example, at a basic level, each indicator needs to identify if we are seeking increases or decreases, and must qualify what we are measuring (i.e. in what way can each aim be measured?). This feedback relates to 'Measuring Progress' for all 5 Key Directions.

We are concerned that throughout the Roadmap, where mention is made of work, employment and education, that these terms must be contextualized within the predominant aim of seeking to create more opportunities for participation in the social and economic life of a person's community. Rather than leading to an aim of quantifying how many people in the workforce have mental ill health (based on

prevalence statistics, at least one person in five in the workforce 'should' be experiencing mental ill health) we need to qualify that economic participation (in whatever form) protects mental health – and ideally, is health-promoting for each individual.

We also have concerns with the last Progress Measure – that 'three- and four- year olds be screened for behavioural disturbance and emotional health problems'. We understand the need to detect early signs and symptoms of mental ill health, but believe this point needs to be made in a way that directs us towards the general population becoming more educated on noticing the signs and symptoms of mental ill health risks, as well as on resiliency, and how to refer parents towards appropriate support. This shared role in identifying early signs may be supported by child health nurses and school teachers but should not, we believe, lead to rigorous intrusive psychological assessment of the behaviours of all three and four years olds. Our predominant hope is that whole communities become engaged in the role of supporting early detection, and in referral to appropriate support for early intervention. Overall, this Direction could be much better developed, and include much more detail about aims of mental health promotion, prevention and early intervention.

14. Key Direction 2: Early Detection and Intervention

14.1 Increase access to early intervention services and support, including through national coverage of child and youth mental health services, and promoting collaborative practice, e-mental health and home-based supports.

Neither Agree or Disagree

14.2 Build better connections between schools, early childhood services, families and service providers

Strongly Agree

14.3 Build better connections between mental health and health services, agencies providing income, welfare and social supports, community groups, education and training providers, employers, the corrections and justice system

Agree

Comments

This Key Direction is severely lacking in content. Some aims relate more to Key Direction 5. Because this area is of such importance, we recommend reworking this Direction and developing clear, effective, outcome-oriented aims.

15. Please select the option below that best describes your views on these performance indicators

Overall, I have significant concerns about the use of these indicators to measure governments' performance

16. You have indicated that changes to the Roadmap are needed. Please tell us what you think is needed to improve the indicators for Key Direction 2: Early Detection and Intervention.

Overall, these actions will be difficult to measure, and may not provide an accurate indication of the effectiveness of early detection and intervention strategies. We suggest more emphasis be placed on supporting and measuring effects relating to:

social supports (both informal and formal), help-seeking behaviours, levels of stigma, and reductions in the pressures experienced by mental health treatment services (e.g. hospital beds).

Again, indicators do not offer a measurable aim (are the statements seeking increases or decreases?), nor any information on what, who, and when these aims might be achieved. These details, mapped across short-term, medium-term and long-term goals, would greatly strengthen the Roadmap.

17. Key Direction 3: Putting Consumers and Carers at the Heart of Services and Supports

17.1 Establish a national organisation for consumers to strengthen and consolidate a national mental health consumer voice in mental health planning, policy and program directions and that this organisation is supported by similar and consistent organisations at the jurisdictional level

Strongly Agree

17.2 Consultation and engagement with consumers and carers in design of new programs and measures

Agree

17.3 Enhance opportunities for consumers and their families and carers to be involved with services and to get the support they need, including through recognising the contributions of carers and the impact of the caring role on their lives; increasing involvement of consumers (and their families and carers) in determining their treatment options, and increasing the number of peer support workers and improving their training, skill development and support

Agree

Comments

This is indeed a worthy Direction to include in the Roadmap; however more could be done to describe how this Direction could be supported to happen. Given existing funding and service contracts, it is important that this Direction include specific and accountable aims, in order to guide Governments towards supporting greater consumer and carer involvement in services. Whilst we agree with the principles expressed in Points 2 and 3, they are less refined and targeted than Point 1. For example, consultation and engagement with consumers and carers needs to include involvement in: developing strategic priorities, developing initiatives and programs, developing research and evaluation, and participating in performance reviews of funded services.

We wish to emphasise that use of the term 'carer' is not preferred by many people, who see themselves as primarily a family member, friend, neighbour or peer. Wherever this term is mentioned, it needs to be qualified to include people in caring roles who do not identify as carers. As mentioned earlier, ideally this term would be replaced by a more inclusive set of terms. Where the perspectives of consumers contrast with the views of 'carers', we recommend prioritising the views of consumers. We recommend that the NDIS be broadened to include mental ill health.

18. Please select the option below that best describes your views on these performance indicators

- Overall, I have significant concerns about the use of these indicators to measure governments' performance

19. You have indicated that changes to the Roadmap are needed. Please tell us what you think is needed to improve the indicators for Key Direction 3: Putting Consumers and Carers at the Heart of Services and Supports.

Again, statements made in Measuring Progress are vague, undefined, poorly qualified, poorly quantified, and do not provide direction nor accountability for the aims of the Roadmap. We question use of the term 'clinical outcomes' in the context of this Roadmap. From our perspective, the positive impacts of treatment, including positive experiences of treatment settings and staff, are not always best quantified or qualified by clinical outcome measures. Service users are the best people to qualify the quality of the mental health treatment they have received. From our experience, measures of treatment impact need to include broader measures and descriptions of mental health and wellbeing - not simply the presence or absence of 'clinical symptoms'.

From our perspective, one of the necessary improvements that needs to be made in mental health care across the spectrum of need over the next 10 years is greater involvement by peer support workers, including an active presence in clinical treatment settings, active involvement in staff training, and a key role in performance review.

20. Key Direction 4: Supporting People to Participate in Society

20.1 Expand and ensure sustainability of community mental health, primary health and specialised non-government services to assist consumers with their daily living, housing, social support, employment and further education

- Agree

20.2 Increase the number of consumers who can find and stay in work, by recognising employment as part of recovery; targeting stigma reduction activities in workplaces, and improving the skills of people with mental illness who are consumers seeking work

- Agree

20.3 Assist consumers with severe and persistent mental illness and complex care needs, who are often at high risk of homelessness, to live, study and work successfully in the community

- Agree

20.4 Increase access to mental health services for refugees and other humanitarian entrants, including torture and trauma counselling, to assist with integration and participation in the community and to remove barriers to attaining ongoing employment

- Agree

Comments

The wording and definitional inconsistencies in this Key Direction need attention; current lists and examples are incomplete and 'loose'. For example, we suggest that any mention of work or education be replaced by the term 'economic participation'. We believe that a use of this term (defined broadly, as described in our earlier responses) will help to ensure that all activities perceived by people living with mental ill health to provide them with greater participation in the social and economic life of their community will be valued subjectively and equally (not just an aim of 'work' or 'employment', which will remain unachievable for some).

Where this Direction lists 'live, study and work successfully', we suggest the Roadmap come back to an aim of 'supporting greater participation in the social and economic life of their community'.

21. Please select the option below that best describes your views on these performance indicators

- Overall, I support these indicators, but there may be better ways to measure performance for Key Direction 4.

Comments

Again, we find this list of indicators vague and lacking usefulness – the list would become more useful if it included targeted goals, with specific details on what, how, when, in adequate detail to make a quantitative or qualitative assessment of how we are progressing towards the achievement of each aim. We find indicator 2 is useful and clear.

22. You have indicated that changes to the Roadmap are needed. Please tell us what you think is needed to improve Key Direction 4: Supporting People to Participate in Society in the space below.

We believe that measuring the proportion of people employed or enrolled in education 'by mental health' is a method that lacks coherency with the Roadmap's vision and intentions. Such measures risk working against aims of seeking to reduce stigma and discrimination. We recommend that an alternative measure should be the establishment of a new funding stream to support the delivery of evidence-based initiatives, programs and interventions offering opportunities for social connection, skill development and economic participation (in all its forms) for people living with mental ill health. We believe that such an action would better support a de-stigmatised enhancement of opportunities for people living with mental ill health to participate in the social and economic life of their community. Evaluation of the effectiveness of such a funding stream could provide detailed and useful information on 'participation levels' of people living with the full range of mental ill health and wellness.

23. Key Direction 5: Making Services Work for People – Access, Quality, Integration and Coordination

23.1 Establish national bodies that will encourage improvement and change towards an integrated approach, including a National Mental Health Commission, a national organisation for mental health consumers and the establishment of the National Disability Insurance Scheme Advisory Group

- Agree

23.2 Improve provision of holistic primary health services for consumers, acknowledging the effects mental health problems have on physical health (and vice versa).

Agree

23.3 Improve the accessibility of culturally and linguistically appropriate mental health services and support

Agree

23.4 Address service access gaps and ensure mental health services are of high quality and supported by evidence, including through developing integrated medical and psychological support for older Australians, developing robust and standardised data collections to enable the formulation of evidence based policy and program decisions, and embed team-based workforce approaches

Neither Agree or Disagree

23.5 Change the way governments, non government organisations, providers and the private sector do business with each other and the community to remove service access barriers, improve effectiveness, remove duplication, and drive integrated, coordinated and, flexible local solutions

Agree

Comments

The title of this Direction appears worthwhile, yet because the Direction itself lacks detail, direction and clarity, the Direction loses direction (lacks usefulness) in the context of a 10 year Roadmap. We recommend that wherever mention is made of health services (including primary health services), that mention also be made of social networks and supports (both formal and informal). Research evidence demonstrates that these supports are equally important in aims of effective mental health promotion, prevention, early intervention, treatment and continuing care.

Point 4, 'Address service access gaps' needs redevelopment. Currently, this Action includes an ad hoc mix of intentions. We suggest separating out support for older Australians and team-based approaches from an aim of supporting the development of evidence-based practices.

As mentioned earlier, we suggest that support for development of research and evaluation across the spectrum of mental health interventions be established, including the development of research methods and tools to evaluate existing and new interventions. We recommend that research priorities, methods and tools be developed in partnership with people living with mental ill health, to ensure relevance.

The list provided in Point 5 appears long and vague. We suggest that identifying the specific measurable intentions of this point will help to target the progress measure further.

24. Please select the option below that best describes your views on these performance indicators

- Overall, I have significant concerns about the use of these indicators to measure governments' performance.

Comments

Again, these measures are vague and are yet to be qualified, quantified or made useful as a way of tracking progress towards achieving the vision of the Roadmap. Several indicators need further clarification and/or definition in order to ascertain their usefulness (in their current form, they could mean many things).

25. You have indicated that changes to the Roadmap are needed. Please tell us what you think is needed to improve Key Direction 5: Making Services Work for People – Access, Quality, Integration and Coordination in the space below.

This Direction is very important, and relates to Government accountability relating to existing (and new) funding and service agreements as much as any other aim; yet service accountability, along with other appropriate actions are not included within the details of this Direction. We believe the Roadmap would benefit from a closer examination of this Direction, in light of seeking to improve both effectiveness and efficiency, guided by consumer and carer input, and the input of service providers.

Part F. Other comments on the draft Roadmap

26. Please indicate the extent to which you agree with the following statements

26.1 The proposed draft Roadmap provides a suitable strategic framework for progressing mental health reform in Australia over the next 10 years.

- Neither Agree or Disagree

26.2 The proposed draft Roadmap provides enough detail to understand what is expected to be done by governments over the next ten years, and the immediate and longer term priorities.

- Disagree

26.3 The proposed draft Roadmap gives sufficient recognition to the 'whole of government' responsibility for improving mental health.

- Disagree

27. Do you have any other comments on the draft Roadmap you would like to make?

- Yes

Comments

This Roadmap offers a 'good start', but is in need of further refinement and clarification before it will become useful. We encourage the Australian Government to further develop the Roadmap with input from people who live with difficulties

associated with mental ill health, including people who use mental health services, along with input from families, friends, neighbours and peers. The views of those service providers judged as 'effective and efficient' by service users should also help to shape a refined version of the 10 Year Roadmap.

The Roadmap currently lacks strategic prioritisation of intended aims. We suggest development of short-term, medium-term and longer-term goals, matched to each strategic direction. Current indicators of progress towards the Roadmap's intended vision are notably lacking in detail – no measurable indicators are offered.

As yet, no one body or service can be held to account for achieving any one of the intended actions - progress can neither be quantified nor qualified. From our perspective, the inclusion of funding and resourcing allocations would strengthen the impact and usefulness of the Roadmap.

The current Roadmap does not discriminate between actions that are already underway (many are), and those that will be established in the future. We suggest the Roadmap would benefit from such delineation, in order to clarify what has been done, what is already underway, and what new steps will be enacted in order to move towards the stated vision.

We suggest that more work be done to ensure the Roadmap supports its own stated aims of reducing stigma and discrimination. For example, the Roadmap could both tacitly and overtly encourage movement towards a culture where 'everybody' is valued, regardless of their mental health status. This includes encouraging a culture within mental health services and Australian communities that embraces the strengths and difficulties associated with experiences of mental ill health. We need to focus on building the mental health and resilience of all community members, not just focus on 'symptom management' - the Roadmap would be strengthened if these aims were made more explicit throughout.

Recovery involves movement towards greater participation in the social and economic life of our local and wider communities. Development of a comprehensive, action-oriented, and accountable Roadmap will be strengthened by a consultation process that seeks to embed the views of consumers (service users), carers (family members, friends, neighbours, peers and support networks) and service providers (in that order of priority) within stated Directions, Actions and Measures. These voices appear to be lacking in the current version of the Roadmap.

We encourage the Australian Government to develop a bold, clear, innovative and accountable Roadmap for National Mental Health Reform - reform that will hopefully benefit the mental health and wellbeing of all Australians.