
RECOMMENDATIONS

The Mental Health Council of Australia and Brain and Mind Research Institute recommend:

1. Leadership and governance

- a. a whole of government service model must be developed and agreed to by the Heads of Australian Governments (through the Council of Australian Governments – COAG) based on collaboration, integration, community need, accountability, flexibility and innovation;
- b. that leadership for mental health reform be primarily vested in the Federal Cabinet Minister for Health;
- c. that new governance arrangements be developed to ensure true collaboration between government, non-government and private sectors and the participation of consumers and carers; and
- d. inter-government service agreements (such as those recently developed under COAG leadership for delivering real outcomes in Indigenous communities) should be developed to provide an improved basis for whole-of-government responses to address the issues raised in this report.

2. Policy framework

- a) that a fundamental shift occur from a preoccupation with process and statutory relationships to providing services under a re-invigorated National Mental Health Strategy (NMHS);
- b) that national prevalence studies to determine and monitor the extent of mental health problems and mental illness within the Australian community must be undertaken on a tri-annual basis thus enabling informed, on-going policy decision-making;
- c) that national strategies and policies relating to alcohol and other drugs be reviewed and aligned to ensure they are effectively integrated with the NMHS and National Mental Health Plans (NMHP); and
- d) that the NMHS and associated policy documents be reviewed and simplified to address the recommendations of this report.

3. Funding

- a) that all Australian governments increase expenditure on mental health care services by 1% per annum for each of the next five years such that by 2010 expenditure will be equivalent to 12% of total health care funding in real terms;
- b) that funding to NGO service providers be significantly increased from the current national average level of less than 6% to around 15% of mental health funding;
- c) that a greater proportion of new funds for mental health care be allocated to special needs populations (youth, Culturally and Linguistically Diverse, rural and remote, Indigenous), early intervention and other forms of community-based assessment and care;
- d) that funding to support integrated drug and alcohol and mental health services become a high priority;

- e) that funding be increased for community education to raise the level of mental health literacy and overcome continuing widespread stigma;
- f) that new funding be allocated to enhance the role of consumers and carers in the development and implementation of the NMHS;
- g) that research funding be increased from the current level of less than 4% of health research funding to around 10% to ensure that more effective diagnostic and treatment options are available to the Australian community; and
- h) that specific funds be allocated through a non-medical organisation to conduct research into effective care and improving outcomes for people with a mental illness.

4. Legal and Human Rights

- a) that all governments work to achieve the highest attainable standard of mental health care as required by the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child and apply the UN 'Principles for the protection of persons with mental illness and the improvement of mental health care';
- b) that as a matter of urgency all jurisdictions develop nationally consistent guidelines on the assessment, sentencing and provision of specialised mental health care (according to the NMHS) for mentally ill people in contact with the justice and/or detention systems; and
- c) that all Australian jurisdictions provide specialised legal services, diversionary and reintegration programs for people with a mental illness in contact with the justice and/or detention systems.

5. Workforce

- a) that all governments recognise the need for urgent and resolute action to address the declining morale and chronic skills shortages now evident in the mental health care workforce;
- b) that programs and additional resources to attract and retain staff in mental health care services are implemented in all jurisdictions in the forthcoming year;
- c) that there be better use of and access to the psychology workforce, which is available and skilled, and can reduce pressure on other areas of the workforce;
- d) that training programs to integrate the drug and alcohol and mental healthcare workforces be undertaken in all states/territories; and
- e) that consumers become part of the mental health care workforce.

6. Accountability

- a) that the Commonwealth Government establish an annual formal reporting mechanism (The National Mental Health Report Card) to the Prime Minister and Heads of all Australian Governments on specific key indicators;
- b) that the National Mental Health Report Card include real 10-year targets for mental health outcomes as well as more intermediate outcomes and impact measures based on consumer, carer and service provider needs;
- c) that responsibility for The National Mental Health Report Card be vested in an independent national office with direct access to the Prime Minister;
- d) that independent monitoring of the experiences of care and the experiences of treatment should be undertaken by the Mental Health Council of Australia on an annual basis; and
- e) that funding agreements at national, state, territory and area service levels be based on the principles of other successful pay-for-performance models.