

## Productivity Commission Inquiry into Mental Health, Final Report November 2020

### *Initial Snapshot*

The Productivity Commission's [Inquiry into Mental Health](#), final report was released 16 November 2020. Prior to the release of the final report, [MHCT provided an initial submission](#) to the Productivity Commission in January 2019 and [a response to the Commission's Draft Report](#) in January 2020.

The Productivity Commission's final report has provided 20 high-level recommendations to government with detailed actions based on their findings from their inquiry into mental health. The Federal Government is yet to respond to the Productivity Commission report, however MHCT looks forward to providing further analysis on the implementation of key actions and recommendations when the federal government makes their response.

In the meantime, a snapshot of several pertinent themes addressed in the Productivity Commission's final report are outlined below:

### **Prevention and early intervention**

The Productivity Commission highlighted the under-investment in prevention and early-intervention, explaining that this has resulted in too many people living with mental ill-health for too long. The Productivity Commission recommends a person-centred approach to mental health reform, with consideration to the broader social determinants of mental health and action taken to implement a whole-of-government approach to mental health and wellbeing.

The Productivity Commission also addresses early intervention - earlier in life, with recommended actions to support the wellbeing of infants in the first 3 years of life, along with the improvement of wellbeing in schools through accreditation of student wellbeing programs, consistent measurement of student wellbeing and equipping teachers with skills to support student's social and emotional development.

#### *Related activity in Tasmania:*

- ▶ A focus on prevention and early intervention is equally reflected in the Tasmanian Government's [Child and Student Wellbeing Strategy](#) with actions to measure and monitor student wellbeing in all Tasmanian Government schools.
- ▶ The [Children and Young People Commissioner](#) additionally advises on greater investment in the first 1000 days of life to improve children's wellbeing in the long term.
- ▶ A focus on early intervention continues with [Reform direction 2 of Rethink 2020](#) focused on the promotion of positive mental health, prevention of mental health problems and early intervention.
- ▶ MHCT has equally focused on the importance of promotion, prevention and early intervention with our submissions to the [Productivity Commission](#) and [BPS 2020/21](#) both suggesting strategies to support early intervention for young people.

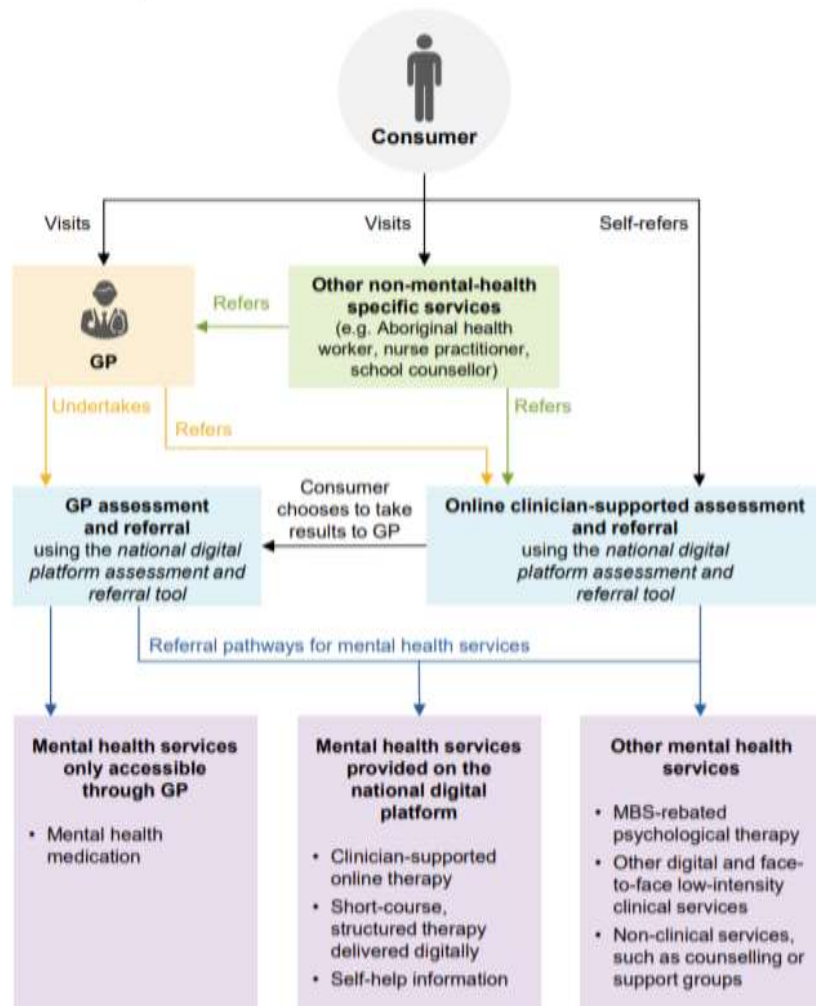
## Access and referral

The Productivity Commission recognises that there has been a narrow focus for people seeking mental health support, with limited consideration to potential underlying causes and context that may be contributing to mental ill-health. The Productivity Commission recommends that an *initial assessment and referral tool* is designed to assess mental health symptoms alongside the contextual factors that may be contributing to mental ill-health.

In accessing mental health supports and treatment, the Productivity Commission recommends two pathways; via a GP or self-referral through a national digital mental health platform. Both streams would utilize *the initial assessment and referral tool* to identify appropriate mental health supports.

Additionally, the Productivity Commission suggests that low-intensity online treatment options should be expanded to support greater accessibility and choice for consumers along with alleviating some of the pressure on mental health professionals. Figure 10.3 provides a flowchart of the proposed access and referral process:

Figure 10.3 **The new assessment tool will give consumers and GPs new options for assessment**



### Related activity in Tasmania:

- ▶ Primary Health Tasmania in partnership with the Tasmanian Government is currently considering options for broader implementation of the Initial Assessment and Referral Framework in Tasmania.

## NDIS Transition

The Productivity Commission recognises that the transition to the NDIS has led to uncertainty for both service providers and consumers resulting in a significant gap in service provision. The Productivity Commission recommends that individuals should be supported throughout the transition to the NDIS with the National Psychosocial Support Measure (NPS-M) extended until states and territories take full responsibility for psychosocial supports outside of the NDIS.

The Productivity Commission also highlights the issue of thin markets within the NDIS and points to the responsibility of the NDIA to address insufficient market supply. The Productivity Commission report explains that the NDIA is currently developing a *Provider of Last Resort* (POLR) framework which will be a mechanism to directly commission and procure disability supports for participants if no other supports are available.

### *Related activity in Tasmania:*

- ▶ Primary Health Tasmania has commissioned Baptcare to deliver the NPS-M in Tasmania. The service supports people who are not suited to the NDIS or have not previously received psychosocial support.
- ▶ To encourage individuals in testing their eligibility for the NDIS, [Primary Health Tasmania](#) is currently actioning the recommendations in the [Barriers to Testing for the NDIS report](#).
- ▶ To support individuals in making an access request application for the NDIS, the [TasConnect](#) service provides information and access to trained peer workers that can support individuals in preparing their application.

## Workforce

The Productivity Commission report highlights the limited workforce data related to community mental health and peer workers, suggesting that standardised data should be collected on the CMMH workforce (including peer workers). The report recognised the role of the community mental health workforce and highlights several challenges for the workforce:

- retention difficulties – particularly in relation to low NDIS pricing, but also short-term contracts
- funding scarcity leading to challenges in providing training and professional development
- increased pressure on workers due to funding constraints and increase in complexity of consumer needs – leading to stress and burnout

The Productivity Commission identified no shortage of GPs or Psychologists; however, the report identifies a reduced overall mental health workforce in regional and remote areas. The Productivity Commission's final report discusses workforce 'geographical mismatch' in further detail although there are no actions to specifically address the issue.

The importance of the peer workforce is also recognised in the Productivity Commission's final report, with several challenges highlighted in the development of a peer workforce:

- insufficient recognition of the value of peer workers
- inadequate supervision and support
- poor professional development and career advancement
- the absence of a representative professional body

### *Related activity in Tasmania:*

- ▶ The findings from the Productivity Commission report reflect the challenges that MHCT has identified from our members. In 2021 MHCT intends to take a detailed focus on addressing workforce challenges with workforce being a priority area in [MHCT's 2021-2023 Strategic Plan](#).
- ▶ [Rethink 2020](#) additionally recognises workforce challenges with activity identified to develop a joint workforce development strategy.
- ▶ MHCT has developed the [Peer Workforce development strategy](#) which includes an action plan to address the challenges reflected in the Productivity Commission's final report. The action plan is designed to be implemented by a Peer Workforce Coordinator, however the position is yet to be funded.

## **System integration and improvement**

### **Coordination of care at the service level:**

The Productivity Commission highlights the necessity to transition to a collaborative and integrated approach to mental health care. The report suggests that integration requires action on a number of fronts along with mechanisms to improve integration, including:

- co-location of services
- partnerships, networks and alliances
- memorandums of understanding (MOUs)

The Productivity Commission report suggests that a coordinated approach should include information sharing, single care plans, and care coordination services. The report emphasized that, *'information sharing between sectors and providers can improve efficiency and ensure that consumers and carers experience continuity of care'*. However, barriers exist including perceived limitations related to legislation, information management systems that do not support data sharing, cultural barriers to sharing information, and consumer and carer privacy concerns.

### *Related activity in Tasmania:*

- ▶ The Australian Government is funding a trial [adult mental health centre in Launceston](#) with Primary Health Tasmania responsible for implementation. The centre aims to improve access to mental health and related support services and connect individuals to appropriate care.
- ▶ The Tasmanian Government is currently tasked with implementation of the Government Response to the Mental Health Integration Taskforce Report and Recommendations. This includes the operationalisation of [Mental Health Integration Hubs](#) in the south of the state.

### **Funding arrangements:**

The Productivity Commission identifies that the regional planning process is the primary mechanism for improved cooperation between PHNs and LHNs. However, the Productivity Commission suggests that the National Mental Health Commission (NMHC) should monitor the regional planning process with consideration to the effectiveness of cooperation between the agencies. The Productivity Commission suggest indicators of weak cooperation would include failure by the PHN-LHN to:

- address gaps indicated by gap analyses within the National Mental Health Service Planning Framework (NMHSPF)
- commission/provide services in accordance with their joint regional plan commitments
- engage effectively with consumers and carers, and/or improve outcomes for consumers and carers, as indicated by outcome measures.

In the event cooperation between the PHN-LHN is insufficient, the Productivity Commission suggests that transition should be made to a *Regional Commissioning Authority (RCA)* which would clarify responsibility for mental health service commissioning and thereby reduce gaps in service provision to consumers.

*Related activity in Tasmania:*

- ▶ The regional planning process continues in Tasmania with cooperation between Primary Health Tasmania, the Department of Health and the Tasmanian Health Service.
- ▶ The [Rethink 2020](#) document provides a basis for the regional planning process. The document takes stock of key actions identified in the initial Rethink mental health and wellbeing plan, and highlights new areas of focus for the years ahead.
- ▶ The regional planning process will now lead into consultation to inform the implementation plan for Rethink 2020.


**Data collection and service monitoring processes:**

Along with improvements to workforce data, the Productivity Commission highlights the following data gaps and limitations in figure 24.2:

**Figure 24.2 Data gaps in areas of mental health service provision<sup>a,b,c,d,e,f</sup>**

	NGOs	GPs	MBS-rebated providers	PHNs	Specialised community care	Public hospital care	Private hospital care
<b>Who receives</b> Consumer information							
<b>What services</b> Interventions							
<b>From whom</b> Workforce							
<b>At what cost</b> Government expenditure							
<b>To what effect</b> Outcomes or experiences							

Nationally consistent data  
 Data available but needs improvement  
 Partial data available  
 Data in initial development  
 No data



The Productivity Commission suggests that a national dataset on NGO mental health services should be established with data points reflecting outcomes for consumers and enabling capacity to identify service gaps. The Productivity Commission suggests that AIHW should be tasked and funded to lead this work to ensure nationally consistent data is collected.

Additionally, the Productivity Commission identifies the importance of continued quality improvement and suggests that a person-centered, outcomes-focused approach is taken to monitoring and reporting of service provision.

*Related activity in Tasmania:*

- ▶ [Rethink 2020](#) highlights a key action for the development of key performance indicators to measure service efficiency and consumer outcomes.
- ▶ Additionally, Primary Health Tasmania and the Tasmanian Department of Health have commissioned work to map mental health services and programs against the National Mental Health Service Planning Framework (NMHSPF). Outcomes of the work will assist in benchmarking optimal service delivery and in identifying where gaps in service delivery exist.
- ▶ MHCT recognizes that better and consistent data is required to support a responsive and seamless service system, MHCT supported the collection of better data in our [BPS 2016/17](#), recommending an NGO based 'YES' survey to collect outcomes and identify service gaps.

*Mental Health Council of Tasmania  
18 December 2020*