

## **Federal Pre-Budget Submission**

**December 2021**

**By Online Submission: [consult.treasury.gov.au](https://consult.treasury.gov.au)**

### **About Mental Health Victoria**

Mental Health Victoria (MHV) is the peak body for mental health in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, professional associations, unions, local governments, and other bodies across the health and related sectors. Our aim is to ensure that people living with mental ill health can access the care they need, when and where they need it. Our view is that all Australians should have access to a core suite of services that they can choose from – be they delivered in the home, the community, or in the hospital.

### **Introduction and Overview**

The 2021/22 federal budget invested a record \$2.3 billion in mental health. This was a momentous commitment from a federal government with a bold and ambitious vision for reform, and a deep appreciation of the profound, population level mental health and wellbeing challenges across Australia.

The 2022/23 federal budget must both maintain and exceed this momentum. The federal government must anticipate and respond to an escalating mental health and social and emotional wellbeing crisis across Australia. At a structural level, the 2022/23 budget must represent a further 'down-payment' on the new standard of investment in the mental health of all Australians unveiled in 2021/22.

In September 2021, the [AIHW reported](#) an increase in psychological distress across Australia in 2021, likely associated with the social, economic, and public health impacts of the COVID-19 pandemic. Sudden loss of employment and social interaction, the extreme polarisation of public discourse, the added stressors of moving to remote work or schooling, and the impacts of sudden, localised 'lockdowns' to prevent further outbreaks have impacted the mental health of many Australians. The emergence of the Omicron variant in late 2021, and the pandemic's uncertain trajectory, will cast a long shadow on the mental health of Australians throughout the 2022/23 fiscal year, and far beyond.

The mental health and wellbeing impacts of the COVID-19 pandemic have been unevenly distributed, exacerbating intersectional vulnerability and disadvantage. Recent evidence suggests that children and young people, women, Aboriginal and Torres Strait Islander people, people on low incomes, people experiencing job loss or living in poor-quality housing conditions are more likely to experience significant

mental health and wellbeing challenges throughout and beyond the COVID-19 pandemic than the 'general population'.

This budget must anticipate the natural continuation of this trend and respond to reasonably foreseeable surge demand for mental health services in 2022/3.

This budget submission is drawn directly from sector consultations undertaken in late 2021 intended to frame MHV's federal advocacy priorities for 2022.

In preparing this submission, MHV has consulted with its membership, its Lived Experience Advisory Network and a broad range of professional and peak bodies through the Victorian Mental Health Peaks Network (VMHPN) – a network of over 40 peak and professional organisations from across the mental health and intersecting sectors. Recommendations are informed by detailed and widespread consultation across the Victorian and national mental health and wider community sectors throughout 2021, targeted consultations in October 2021, and detailed survey responses received in October 2021.

These recommendations are underpinned by extensive and detailed policy analysis. Where specific costs are cited, this reflects detailed cost modelling undertaken by MHV and/or its member organisations; where helpful, further details can be provided to Treasury.

## **Budget Recommendations**

### **1.) Prevention, Promotion, and Early Intervention**

- Commit \$252 million to establish minimum numbers of Mother Baby Units (MBUs) in all jurisdictions to support perinatal mental health (proportional to each state and territory's average number of births per year).
  - When undertreated, mental ill health in the perinatal period is associated with significant costs in addition to poor health outcomes for women and their children and families. In 2012, Deloitte estimated the annual cost to Australia of loss of productivity associated with maternal perinatal depression (only one of various perinatal mental health diagnoses) was \$86.59 million (see [Deloitte Access Economics, 2012](#)).
  - Specialist services are of paramount importance to improving mental health outcomes for our community now as well as into the future.
  - The Royal Australian and New Zealand College of Psychiatrist's (the RANZCP's) recent [Position Statement on Perinatal Mental Health Services](#) recommends introducing public mental health MBUs in all Australian states and territories, with appropriate staffing levels, equating to a minimum of one eight-bedded unit for every 15,000 births.
    - MBUs, while providing inpatient mental health treatment for women, also care for infants; ideal staffing profiles need to represent skills not just in perinatal mental health, but also in parenting.
  - Costing for required additional beds has been calculated based on the [latest ABS birth data](#) and current distribution of publicly funded MBUs open seven days a week

- Embed outreach services within the headspace network.
  - Increase investment in existing headspace centres to enable all centres to provide outreach services to schools and other local services (e.g., community sport, community arts), in line with the Productivity Commission Inquiry Report Recommendation 5, Action 5.8.
  - See the headspace outreach model trialed successfully previously in Pilbara, WA.
- Commit at least \$55 million to continue Early Psychosis Youth Service (EPYS).
  - The EPYS aims to reduce the incidence and severity of psychosis in Australia via early intervention, detection and coordinated care.
  - The EPYS is currently delivered through 14 headspace centres and provides specialist services for young Australians at the early stages or at extreme risk of developing a first episode psychosis. These important services provide clinical as well as practical support, including engagement with education and employment.
- Further expand and scale-up the Individual Placement and Support Program (IPSP).
  - Since 2015/16, IPSP has targeted vulnerable young people with mental ill health who are at risk of long-term welfare dependency because they disengage from education and employment.
  - Currently funded to be operational in 50 headspace sites, the program is currently under capacity, and should be scaled up.
- Establish an Office for Mental Health Promotion and Illness Prevention in the Federal Department of Health.

Draw on the work of the Victorian Government and the WA Mental Health Commission to establish a specialist wellbeing and prevention team in the Department of Health with public health and mental health skills.

## 2.) **Treatment, Innovation, and Equity**

- Expand Head to Health to 70 locations nationally.
  - Fund the establishment of a further 30 Head to Health centres as part of a four-year commitment to embed Head to Health in every federal electorate.
  - For areas with significant populations of specific communities (e.g., LGBTIQ+, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) people), ensure these services are led by relevant community organisations.
- Commit at least \$200 million to exceed state and territory existing investments for psychosocial support services for people across Australia living with severe and persistent mental ill health.
- Commit \$30 million to extend Medicare Benefits Schedule (MBS) subsidised mental health support to June 2023, by *permanently* extending the current

provision of temporary 20 additional Better Access sessions beyond December 2022.

- Promote equal access to digital health services and reduce systemic disadvantage perpetuated by varied access to required technologies or appropriate spaces.
  - Commit to developing physical infrastructure and support staff, including broadband satellites, devices, and (transport to) appropriate spaces co-located within local health services (i.e., assigned consultation rooms in a hospital, GP clinic or Head to Health Centre, supervised by a mental health nurse), in areas of significant disadvantage as well as regional, rural, and remote areas.
- Commit \$6 million to providing ongoing funding for the research, development (including clinical trials), implementation and evaluation of artificial intelligence projects specifically focussed on improving mental health and wellbeing services and outcomes.

### 3.) **Suicide Prevention**

Commit to work with State and Territory governments to establish universal access to safe, effective, and culturally responsive aftercare to anyone presenting to health or mental health services following a suicide attempt.

### 4.) **Targeted Support and Interventions**

- Support the mental health of older Australians.
  - Commit to fund adequate staff to facilitate continued visits to people living in residential aged care by their families and friends
  - Commit to funding training of all residential aged care staff in mental health and suicide prevention skills.
- Support families, supporters and carers of people living with mental ill health.
  - Commit to fund a representative peak body to represent the views, at the national level, of families and carers, and expand the MBS to support carers and families.
- Support the mental health of all carers.
  - Commit to incentivising short-term relief by adjusting the short-term respite accommodation subsidies in residential aged care to be in line with subsidies for permanent places.

- Commit capital funding for the expansion and establishment of dedicated respite facilities (including cottage respite) in the community across Australia.
- Continue to support stigma reduction initiatives.
  - Commit at least \$4 million across eight years from 2022 for the National Mental Health Commission to implement recommendations arising from the National Stigma Reduction Strategy.
  - Commit to guarantee ongoing funding for stigma reduction initiatives including Everymind's media and communications projects and SANE Australia and Mindframe's SANE StigmaWatch initiative.
- Support the mental health of asylum seekers.
  - Commit to expanding the shrinking Status Resolution Support Services (SRSS) program to address urgent mental health and wellbeing needs of and suicide prevention in asylum seekers.

## 5.) **Workforce**

- Commit to multi-year funding for the establishment of a national workforce institute for mental health to action and oversee workforce reforms, development and strategies.
- Commit to multi-year funding for the roll out of evidence-based programs or strategies, such as communities of practice, in all 31 Primary Health Networks (PHNs) in Australia to upskill the existing workforce, provide specialised support to frontline workers, and encourage system wide collaboration.
- Commit to fund and incentivize long term clinical placements in regional, rural and remote university clinics, and to utilising these clinics to trial multidisciplinary, hybrid mental health hubs that integrate digital and face-to-face services.
- Commit to long term funding to incentivise rural and regional workforce growth.
- Support the development of the lived experience (peer) mental health and suicide prevention workforce.
  - Commit to establishing a lived experience office within the Department of Health portfolio to support the growth of a safe, effective and sustainable lived experience (peer) workforce, led by a National Lived Experience Officer.
  - Commit to providing seed funding for the establishment of a national professional association for lived experience (peer) workers, with additional guaranteed funding for the first five years of operation.

**For further information:**

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