



Response to the 4th National Mental Health Plan Discussion Paper

Development of the 4th National Mental Health Plan

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Executive Summary

The Australian Association of Social Workers (AASW) is the professional body representing social workers in Australia. The AASW is the accrediting body for all tertiary social work programs in Australia and also for the assessment of overseas qualified social workers. The *AASW's Mental Health Educations and Accreditation Standards* ensures that all universities provide a high standard of mental health curriculum in the qualifying courses for social workers.

The Association commends the commitment of Health Ministers to a 4th National Mental Health Plan. We note that the Discussion Paper for development of the Plan canvasses many potential areas for reform. All are laudable, but clearly not all could be achieved within the timeframe of the Plan due to timing or resource constraints, and/or cross-jurisdictional complexities.

It is our view that the 4th NMH Plan must focus on specific, measurable goals and targets, with a staged approach to reform across the five years of the Plan. Priority should go to reforms likely to have maximum system-wide impact in the direction sought by the new National Mental Health Policy. These reforms should be both achievable and sustainable. An example would be for all States and Territories to introduce step-up/step-down bed-based services in each of their area-based adult services. The Commonwealth could facilitate the change by providing one-off incentive funding for start-up costs.

It is beyond the scope of this submission to comment on each area identified in the Discussion Plan. Instead, we have identified areas of particular importance to the values and goals of the social work profession. These include measures to enhance the social inclusion of people with mental health problems, particularly targeted stigma-reduction campaigns, and programs to ensure access to employment, vocational training and adequate housing. Expansion is also sought for the range of services which assist consumers in the process of recovery, especially those provided by the non-government community support and rehabilitation sector. In addition, initiatives which target at-risk groups are supported.

The Association encourages development of a national service blueprint which identifies the functions to be covered in a comprehensive mental health service system. This should include benchmarks for levels of per capita cover for both bed-based and community-based ('ambulatory') services. Given existing barriers due to lack of disposable income and geographic location, improved access to treatment for people with high prevalence disorders should be included.

The national mental health workforce strategy needs extending to include the full range of workers who contribute, including consumer and carer peer workers, as well as community support workers. Also, social workers are one of the five core disciplines in the mental health workforce, and social work recruitment would be facilitated if incentives such as scholarships and a change to the band level for funding to Universities were made available.

1. Wellbeing and Recovery

Amongst the key areas identified in the Discussion Paper for consideration as national activity under this heading, the following should be given priority:

- Stigma reduction campaigns targeting all health professionals with an emphasis on mental health staff, and front-line workers in emergency services such as police, ambulance officers and Emergency Departments of public hospitals.
- Expansion of supported employment/vocational programs linked to clinical and community support services, drawing on well-tested models documented in the Mental Health Council of Australia's 2007 publication *Let's Get to Work: A National Mental Health Employment Strategy for Australia*.
- Expansion of community support and rehabilitation services including accommodation and disability support, home based outreach, day programs, carer respite and vocational support services, with national benchmarks established for the proportion of state and territory mental health budgets allocated to these services.
- Expansion of supported housing and accommodation options, with national benchmarks set for the number of places per capita. This will require a strong partnership with relevant housing portfolios as allocation of resources from other than health budgets will be necessary.
- Development of consumer and of carer (peer worker) employment opportunities in clinical and NGO settings. The Commonwealth could take a lead role here by funding a data base of programs already underway. This could include consumer employment programs such as the peer specialists in SA, consumer companions in Queensland, and consumer consultants in Victoria, and carer employment programs such as carer consultants in Victoria and NSW. This should be done in close collaboration with both clinical and NGO sectors.

2. Prevention and Early Intervention for At Risk Groups

Amongst the areas identified in the Discussion Paper for consideration as national activity, the following should be given priority:

- Targeted programs to address prevention and intervention for at-risk groups, especially children and families. An example would be funding for a national rollout of the nurse visiting program for new parents identified as being at risk, modelled on the program developed by David Olds in the US and introduced last year in the Northern Territory.
- Place-based and flexible treatment and support programs for people who are homeless or at risk of homelessness, those exiting prison, and others facing crisis due to loss of employment or family breakdown. Again, the provision of housing will require a whole of government commitment because it will necessitate funding from, and collaborative partnerships with, housing and other non-health portfolios, such as justice at the State level, and Centrelink and DEWR at the Federal level.

3. Improved Access to Services

The following should be given priority:

- Establishment of national benchmarks for adequate levels of provision of bed-based services, including acute, long stay, step-up/step-down, forensic and support accommodation, and of non-bed based services, including acute and continuing home treatment, continuing community treatment and home-based outreach support. Substitutability should be part of this national service blueprint. For example, it may be that one acute inpatient bed could be 'cashed out' to fund provision of two step-up/step-down beds. The national blueprint should identify what service functions should be provided, but not necessarily specify how they should be delivered, as methods of service delivery need to reflect local conditions, such as travel times in rural areas.
- Expansion of the ATAPS program in outer suburban, rural and remote areas to increase access to allied health services for groups whose access has been constrained due to lack of disposable income or geographical location.
- National pilots of the use of care packages for people with complex needs including ongoing serious mental illness and associated disability, drawing on the experience of the Multiple and Complex Needs Initiative in Victoria.

4. Quality and Innovation

The following should be given priority:

- Expansion of the national mental health workforce strategy to include private practitioners registered as Medicare Providers under the Better Access program, allied health staff employed through ATAPS and MAHS, community support workers, and consumer and carer paid positions.
- Provision of incentives such as scholarships to all of the core allied health disciplines making up the clinical mental health workforce. To date, scholarships have only been allocated to nursing and psychology students, and not social work and occupational therapy as well. This oversight needs to be rectified.
- A change to the band funding paid to Universities for social work students to bring it up to the level paid for Nursing. Such a change would recognise the lengthy clinical placements and the intensive skills training required in Bachelor of Social Work courses.
- Use of existing bodies like the Centre for Clinical Effectiveness at Monash University to identify and promulgate innovation in mental health care, and service delivery.

5. Monitoring, Evaluation and Reporting

The following should be given priority:

- Establishment of an agreed set of outcome indicators with clear and measurable targets.

Reference List

Australian Association of Social Workers (AASW) (2008), *Australian Social Work Educations and Accreditation Standards: Statement of specific mental health curriculum content for social work qualifying courses*. AASW Canberra, ACT

Mental Health Council of Australia (2007), *Let's Get to Work: A National Mental Health Employment Strategy for Australia*. MHCA, Canberra, ACT.