



Mental Health
Australia

Statement of Priorities for Health and Mental Health Ministers Meeting

16 August 2024

Immediate actions

As leading Australian mental health organisations, we call on Australian, State and Territory Governments to come together to address the gap in mental health services between primary care and acute and emergency services.

As the first steps and outcomes from this meeting, we call on Ministers to:

1. Agree to immediate **public release of the national Analysis of unmet need for psychosocial support** outside the NDIS¹, and recommend to National Cabinet a co-funding agreement to fully address unmet need for psychosocial supports.
2. Commit to **ongoing twice-yearly mental health minister meetings** to discuss sector and reform priorities at an intergovernmental level, established as a governance function of the National Mental Health and Suicide Prevention Agreement (National Agreement).²
3. Commit to a **national accord to co-fund a system of supports bridging primary and acute care** – to be:
 - a. human rights-based and person-centred and led;
 - b. co-produced by people with lived experience and their family, carers and supporters, and the broader mental health sector;
 - c. culturally safe, through a social and emotional wellbeing lens;
 - d. funded through the next National Health Reform Agreement (NHRA) to increase investment in community managed mental health services;
 - e. integrated and complementary to the National Disability Insurance Scheme (NDIS); and
 - f. supported by appropriate data.

Key priorities

Mental Health Australia has identified four key priority areas for intergovernmental agreement at the upcoming Ministers meeting, based on consultation with members and review of unfinished business from the National Agreement:

1. System reform and integration
2. Psychosocial supports
3. Mental health workforce
4. Infant, child and youth services

1. System reform and integration

Governments affirmed through the National Agreement their shared responsibility to “address existing gaps over time in the funding and delivery of new and additional community-based mental health services to support equitable access to treatment, care and support”.³ However, there is an ongoing gap in supports between primary care and acute and emergency services, and fragmentation between services, jurisdictions and portfolios that makes the mental health (and associated disability and social support) system very difficult to access and navigate.

Governments must work together to create a contemporary mental health system, which ensures all people in Australia can easily and safely access the support they need, when and where they need it. This requires improved national data, reporting and accountability mechanisms, regional planning, leveraging new technologies, intentional integration and market stewardship. **Governments should commit to a new national accord to co-fund a system of supports bridging primary and acute care, to be co-produced by people with lived experience and their family, carers and supporters, and the broader mental health sector.**

Governments should also ringfence mental health funding through the next NHRA to expand access to existing mental health services and deliver ongoing investment in a system of community-based mental health supports, which complement and integrate with those provided through the NDIS and clinical systems. Community-managed, person-centred services will provide greater choice for people seeking support and reduce pressure on emergency departments and inpatient facilities.⁴



2. Psychosocial supports

At least 154,000 people are missing out on the psychosocial supports they need, with a fundamental gap in these services outside the NDIS.⁵ Through the National Agreement, Governments committed to undertake further analysis of this unmet need and work together to “develop and agree future psychosocial support arrangements”.⁶ Psychosocial services have been shown to improve personal recovery, reduce the number and length of hospital admissions, and improve housing, health, social inclusion, and employment outcomes as well as outcomes for carers.⁷

Governments must immediately publicly release the national Analysis of Unmet Need for Psychosocial Support, and subsequently commit to co-funding services to fully address unmet need for psychosocial supports outside the NDIS - through the NHRA or a similarly structured ongoing agreement.

3. Mental health workforce

There is a critical shortfall across the breadth of the mental health workforce, as well as a range of professions which remain under-utilised.⁸ Successful implementation of reforms depends on growth of the workforce to deliver these services.

Governments acknowledged in the National Agreement “shared responsibility to ensure a sustainable, sufficient and appropriately skilled mental health workforce”.⁹

Governments must together invest in fully funding implementation of the National Mental Health Workforce Strategy - to attract, train and retain the mental health workforce.¹⁰ This should begin with year-by-year targets for increasing access to training through increased subsidies, placements and traineeships, and must include targeted actions to grow and ensure sustainability of the community-managed mental health and lived experience workforces.

4. Infant, child and youth services

The rate of young people experiencing mental health conditions has increased by an alarming 50% over recent years.¹¹ In the last year, 1 in 2 young women have experienced a mental health condition.¹² During COVID, in-patient admissions of children and adolescents for deliberate self-harm increased by 80%, and by 75% for eating disorders.¹³ Governments have begun to establish a network of new children’s mental health and wellbeing hubs, and the Australian Government has recently funded a consultation program to explore new models of care for youth mental health services.¹⁴ **Governments must commit to further sustainable funding for youth mental health services, which should continue to evolve to better respond to community needs, as well as a fully funded implementation plan for the National Children’s Mental Health and Wellbeing Strategy.**¹⁵ This must be done to enable capacity building so that the needs of children and youth with mild to severe mental health issues can be properly addressed.

Mental health is an urgent national health issue

Total health spending has grown to 17% of overall government expenditure.¹⁶ Mental health conditions and substance use disorders were the leading cause of poor health in Australia in 2023 (26% of non-fatal “burden of disease”).¹⁷

Mental health issues remain the most common health issue managed by GPs, and the health issue most concerning GPs when looking to the future.¹⁸ People presenting to Emergency Departments with mental health needs routinely wait longer and experience longer treatment periods than people presenting with other urgent health challenges.¹⁹ There is a huge gap in recovery supports in the community – for example with at least 154,000 people missing out on the psychosocial supports they need.²⁰

Government investment in prevention, treatment and support for mental ill-health is simply not matching this level of need. Governments spend only 7% of total health expenditure on mental health (down from 8% in 2019-20).²¹ Further, there is a 32% shortfall across the mental health workforce, anticipated to grow to 42% by 2030 without action.²²

Ministers must act together, now

We commend Health and Mental Health Ministers’ leadership in convening this meeting and call on you to make the most of this precious opportunity – ahead of upcoming state and federal elections – to secure bold new agreement on reform that will make real change for people needing mental health support in Australia.

Governments have already agreed through the National Agreement on areas of shared responsibility for change – and have the opportunity to now deliver a new collaborative approach to mental health that provides better outcomes for people, families and communities and more efficient use of health resources. Health and Mental Health Ministers must champion a whole of government approach to mental health, including addressing issues such as housing, employment, cost of living, early childhood development and family and domestic violence.

This is a unique moment in time with simultaneous negotiation of the next NHRA and design of Foundational Supports outside the NDIS, which the NDIS Review recommended include psychosocial services. We welcome Governments’ ambition to establish the next NHRA as a truly whole of health system agreement, increasing the focus on support in the community and prevention of unnecessary hospitalisation. As the NHRA Mid-Term Review found, greater focus on mental health in the next NHRA is a crucial aspect of this.²³

As leading Australian mental health organisations, we look forward to working with governments to deliver immediate action and ongoing reform following this meeting, to improve access to mental health support now and into the future.



Signatories



Signatories



Supporting Mental Health & Wellbeing



MENTAL HEALTH FIRST AID

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Signatories



Mental Health Australia is the national, independent peak body for the mental health sector. We unite the voices of the mental health sector and advocate for policies that improve mental health. To find out more, visit: <https://mhaustralia.org>

Endnotes

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