Parliament of New South Wales

Parliamentary Research Service

Mental health: Mapping the current reform landscape

Key issues for the 58th Parliament

Nicola Dunbar, BSc(Hons), PhD, MPS
Senior Manager, Parliamentary Research Service

May 2023

Key points

- Mental health issues are common in the Australian population and have a significant impact on people's lives, society and the economy as a whole.

- The mental health system in Australia is complex, with the delivery of services and funding split between the Australian government, state and territory governments, private providers and community organisations.

- There have been a number of in-depth inquiries and reviews into the mental health system in recent years that have made more than 200 recommendations for reform.

- Key themes across all these recommendations are prevention and early intervention, accessibility, integrated and coordinated care, involving people who have experienced mental illness in the design and delivery of services, workplaces and the workforce, and outcomes-driven systems.

- The introduction of a new Mental Health and Wellbeing Act in Victoria may provide lessons for NSW regarding reforms that could further improve the mental health system in this state.

Contents

1. Introduction

Almost half (44%) of Australians aged between 16 and 85 are estimated to have experienced a mental illness or disorder at some time in their life, and an estimated 21% will experience a mental disorder within any 12 month period (see Box 1 for definitions of key terms).[1] When they occur, mental disorders have a significant impact on people's lives, and are one of the most common reasons for people living with ill health.[2] People with mental disorders are more likely to experience poor physical health outcomes and are also at higher risk of outcomes such as being unemployed, homeless or in prison.[3] Compared to the remainder of the population, higher rates of mental illness and psychological distress are experienced by Aboriginal and Torres Strait Islander people, people who identify as LGBTQI+, and people with a disability.[4] Mental illness and suicide are estimated to cost the Australian economy approximately $70 billion per year.[5] Demand for mental health services is increasing, with more young people reporting high levels of psychological distress, an increase in the number of mental-health related worker's compensation claims, and many psychologists reporting that they are not able to see new clients.[6]

There is a similar profile of mental ill-health in NSW. For example:

- In 2021 16.9% of NSW adults experienced high or very high levels of psychological distress, with higher levels experienced by younger people, women, people with higher levels of disadvantage, and people who are Aboriginal.[7]

- In 2020−21 more than 120,000 people in NSW visited a hospital emergency department for a reason related to mental health (a rate of 1495.3 visits per 100,000 people). The highest rate of visits, and the group with the greatest increase since 2019−20, was females aged 12−17, particularly for visits related to self-harm and suicidal ideation.[8]

- Compared to people without a mental health condition, people in NSW with a mental health condition feel they wait longer than acceptable to get an

---

[1] Australian Institute of Health and Welfare, *Mental health*, last updated 10 March 2023, accessed 12 April 2023.

[2] Australian Institute of Health and Welfare, *Australian Burden of Disease Study 2022*, last updated 4 January 2023, accessed 12 April 2023.

[3] Australian Government Department of Health, *About mental health*, last updated 8 March 2022, accessed 12 April 2023.

[4] Australian Institute of Health and Welfare, *Mental health*, last updated 10 March 2023, accessed 12 April 2023.

[5] Productivity Commission, *Mental health*, Report No. 95, Productivity Commission, 2020.

[6] Lefebvre M, *Under pressure: Australia's mental health emergency*, McKell Institute, 2023.

[7] HealthStats NSW, *High or very high psychological distress in adults*, 2021, accessed 4 April 2023.

[8] HealthStats NSW, *Mental health related emergency department visits*, 2021, accessed 4 April 2023.

appointment with a general practitioner (23.5% compared to 17.1%) and a medical specialist (30.8% compared to 20.6%).[9]

- Almost half (45.9%) of clients of NSW specialist homelessness services have a current mental health issue.[10]

> **BOX 1: Key terms**
>
> **Mental health** is a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.
>
> **Mental illness or mental disorder** is a health problem that significantly affects how a person feels, thinks, behaves and interacts with others. It is diagnosed according to standardised criteria.
>
> **Mental health problem** refers to a combination of diminished cognitive, emotional, behavioural and social abilities, but not to the extent of meeting the criteria for a mental illness or disorder.
>
> **Mental ill-health** refers to diminished mental health from either a mental illness/disorder or a mental health problem.

Source: Productivity Commission, *Mental health*, Report no. 95, Productivity Commission, 2020, p89.

The mental health system in Australia is complex, with care provided in a variety of different ways, and funding for care coming from a range of different sources. Navigating this system is not easy, and people do not always receive the services they need when they need them. The importance of the mental health system has been brought into sharp relief in recent years by the impact of the COVID-19 pandemic and a series of natural disasters, including droughts, bushfires and floods. As well as having a direct impact on mental health and wellbeing, these events are associated with mental health risk factors including prolonged unemployment, financial stress and debt.[11]

The challenges faced by people with a mental illness, and those working in the mental health system are well known, and there has been a significant policy focus on mental health at both state and national levels for many years. Since 2020 there have been a

---

[9] Mental Health Commission of NSW, *People waited longer than felt acceptable to get an appointment with a health professional by mental health status*, last updated 20 December 2022, accessed 4 April 2023.

[10] Mental Health Commission of NSW, *Specialist homelessness services by mental health status*, last updated 20 December 2022, accessed 4 April 2023.

[11] House of Representatives Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention – Final Report*, Parliament of Australia, 2021; National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022.

number of in-depth reviews and inquiries of the mental health sector that have informed recent mental health reforms and government agreements. Together these reviews made more than 200 recommendations covering a wide range of overlapping, multifaceted and complex issues.

The purpose of this paper is to provide an overview of this important sector, with a particular focus on explaining the key themes for reform that cut across all the recent reviews and inquiries, and which are reflected in many national and NSW mental health policies and strategies. The paper:

- Provides an overview of the mental health sector in Australia, including the roles and responsibilities of the Australian government, state and territory governments, and other stakeholders
- Describes six key reform themes, summarising what was recommended for each theme, and highlighting some initiatives that have been put in place to address the issue nationally and in NSW
- Discusses mental health reform in NSW, identifying an area for potential future legislative reform in this state.

2. The Australian mental health system

The Australian mental health system is a complex mix of care delivered in acute, primary and community settings by public and private providers, and funded by the Australian Government, state and territory governments, insurers and through direct payments from individuals.

State and territory governments spend the most on mental health related services. Of the estimated $11.6 billion spent nationally in 2020–21, state and territory governments spent $7 billion (60%), the Australian Government spent $4 billion (35%) and insurers spent $0.6 billion (5%). The largest components of spending for specialised mental health services in NSW were for specialised psychiatric units or wards in public acute hospitals (38%), followed by community mental health services (35%).[12]

When people receive care for a mental health problem, the majority of that care is provided in the community, from health professionals such as general practitioners, psychiatrists, psychologists and counsellors.[13] For people with serious mental disorders care may be required in a public or private hospital. As well as providing inpatient care, these acute services also provide care in the community.

Mental health services are linked to other parts of the health sector, such as emergency departments, Aboriginal health services and drug and alcohol services. They are also linked to services in other sectors, such as housing, education, social services and criminal justice.[14]

2.1 Roles and responsibilities for mental health
Table 1 provides an overview of the various roles and responsibilities the Australian Government, state and territory governments and other organisations have regarding mental health in Australia.

As with other parts of the health system, the primary responsibilities of the Australian Government are associated with national policy development and as the sole funder of Medicare payments. The Australian Government and state and territory governments are jointly responsible for co-funding public hospitals, with the state and territory governments responsible for delivering these services. In mental health many services are delivered by

---

[12] Australian Institute of Health and Welfare, *Mental health − Expenditure*, last updated 20 March 2023, accessed 11 April 2023.
[13] Australian Institute of Health and Welfare, *Australia's mental health services*, last updated 16 January 2023, accessed 12 April 2023.
[14] Legislative Assembly Public Accounts Committee, *Inquiry into the management of health care delivery in NSW Report 8/56*, NSW Parliament, 2018.

community-managed organisations, which can be funded by the Australian Government, primary health networks (PHNs) and state and territory governments.

Table 1: Roles and responsibilities regarding mental health in Australia

Component	Australian Government	State and territory governments	Other organisations
Policy, strategy, and engagement	Leads national policy development, including through the National Mental Health and Suicide Prevention Plan Established the National Mental Health Commission to monitor and report on investment in mental health and suicide prevention initiatives, provide evidence-based advice and disseminate information on ways to continuously improve	Through state and territory mental health commissions, focus on strategy and community engagement, set performance standards and coordinate government action across portfolios (in NSW this is the Mental Health Commission of NSW) Set legislative, regulatory and policy frameworks for mental health service delivery	Non-government organisations such as Mental Health Australia (and in NSW the Mental Health Coordinating Council among others) engage with people with lived experience of mental health and contribute to policy and strategy development
Service delivery	Manages the Primary Health Network (PHN) program, including monitoring performance Provides access to mental health services for veterans through partnership and contracting arrangements Provides access to support services through organisations and platforms such as Head to Health Administers the National Disability Insurance Scheme (NDIS)	Administer and deliver hospital and emergency services Deliver specialised community mental health services (including community-based ambulatory care, outpatient services and day clinics) and community-based residential care Provide state-based mental health hotlines	Private health care providers such as GPs, specialists and psychologists deliver mental health services PHNs coordinate regional primary health care and commission mental health services Community-managed organisations deliver a range of different mental health services Organisations such as Beyond Blue and Lifeline provide crisis support websites and telephone support Private hospitals and clinics deliver mental health services NDIS providers provide mental health services to NDIS participants

Component	Australian Government	State and territory governments	Other organisations
Funding	Funds Medicare subsidies for consultations with GPs, specialists, psychologists and other allied health professionals	Co-fund public hospitals with the Australian Government	Private health insurance funds and other insurers co-fund mental health services
	Co-funds public hospitals with state and territory governments	Fund specialised community mental health care services	Individuals can be required to pay out of pocket costs for their services
	Funds PHNs through a grant mechanism	Co-fund national hotlines and mental health crisis and support services, and fund state-based services	
	Funds veterans' mental health services	With the Australian Government, co-fund the NDIS	
	Funds some community mental health services such as headspace		
	With the states and territories, co-funds the NDIS		
	Funds subsidised prescriptions through the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme		
	Co-funds helplines and mental health crisis and support services		

Source: Adapted from Hewett R & Vines E, *Mental health services in Australia: A quick guide*, Parliament of Australia, Parliamentary Library, 2022.

2.2 Recent reviews, inquiries and reports

There have been a number of recent reviews and inquiries in Australia about mental health that have been important influences on current mental health reforms. Of particular significance are the following:

- **Productivity Commission mental health inquiry (2020):** examined the effect of mental illness on people's ability to participate in the community and the workplace and discussed the implication of mental illness on the economy and productivity.[15] The report found that reform of the mental health system would bring significant benefits to society and the economy and identified 5 areas of priority reforms: focussing on prevention and early intervention, improving people's experiences with mental health care, improving people's experiences of services beyond the health care system, supporting mentally healthy workplaces and improving accountability for mental health outcomes.[16] The 21 recommendations made by the Productivity Commission informed the National Mental Health and Suicide Prevention Agreement and the National Mental Health and Suicide Prevention Plan (see section 2.3).

- **National Suicide Prevention Adviser (2020):** worked with the National Suicide Prevention Taskforce to prepare advice for the Australian Government as part of the government's commitment to 'zero suicides'.[17] The process involved extensive engagement with people who have lived experience of suicide to understand the needs of people who experience suicidal distress, and to identify the changes that could be made within governments, services and the health system to address these needs. The National Suicide Prevention Adviser concluded that opportunities to reduce suicide and suicidal distress were often missed because they focussed on the point of crisis, rather than identifying issues and intervening earlier. Eight recommendations were made, underpinned by 27 priority actions.

- **Royal Commission into Victoria's mental health system (2021):** was asked to make recommendations to improve the mental health system in Victoria to prevent mental illness and better deliver care, treatment and support.[18] The Royal Commission found that the mental health system in Victoria had 'catastrophically failed to live up to expectations and was underprepared for current and future challenges.'[19] The final report made 65 recommendations to redesign Victoria's

---

[15] Productivity Commission, *Mental health*, n.d. accessed 13 April 2023.

[16] Productivity Commission, *Mental health*, Report No. 95, Productivity Commission, 2020.

[17] National Suicide Prevention Adviser, *Compassion first: Designing our national approach from the lived experience of suicidal behaviour*, Australian Government, 2020; National Suicide Prevention Adviser, *Connected and compassionate: Implementing a national whole of governments approach to suicide prevention*, Australian Government, 2020.

[18] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Volume 1: A new approach to mental health and wellbeing in Victoria*, 2021.

[19] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021, page 3.

mental health system, in addition to the 9 recommendations that had been made in the interim report. Implementation of the recommendations from the Royal Commission is underway in Victoria.[20]

- **House of Representatives Select Committee on Mental Health and Suicide Prevention inquiry into mental health and suicide prevention (2021):** reviewed recommendations from other recent reports in the light of the 2019 bushfires and COVID-19 pandemic, and also examined issues including the emerging evidence base for care, system-wide strategies for building resilience and improving understanding, workforce, funding and use of telehealth and online services.[21] The inquiry had a particular focus on workforce shortages and training and was of the view that the Australian Government should act decisively on the recommendations of the Productivity Commission inquiry. The report made 44 recommendations. As at 1 May 2023 there was no response from the government to this inquiry report.[22]

- **57th Parliament Mental Health Select Committee inquiry into the opportunities to improve mental health outcomes for Queenslanders (2022):** examined opportunities to improve the economic and social participation of people with mental illness through comprehensive, coordinated and integrated mental health services across the care continuum and different types of services and sectors.[23] The inquiry identified significant opportunities to improve mental health and wellbeing in Queensland and made 57 recommendations. The Queensland Government supported 46 of these recommendations and supported the remaining 11 in principle.[24]

2.3 Key national policies and strategies

New South Wales is a party to key national policies and plans that guide the provision of mental health services in Australia (see section 4 for more detail about the policies in place in NSW). These include the:

- **Fifth National Mental Health and Suicide Prevention Plan (2017–22) (Fifth Plan):** committed all governments to coordinated action to achieve integration in planning and service delivery at a regional level, with consumer and carers central to the way that services are planned, delivered and evaluated.[25] The National Mental Health

---

[20] Victorian Department of Health, *Mental health and wellbeing reform*, reviewed 20 January 2023, accessed 13 April 2023.

[21] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021.

[22] Select Committee on Mental Health and Suicide Prevention, *Government response*, n.d., accessed 13 April 2023.

[23] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[24] Queensland Government, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders – Queensland Government final response*, n.d., 13 April 2023.

[25] Australian Government Department of Health, *Fifth national mental health and suicide prevention plan*, Commonwealth of Australia, 2017.

Commission published annual progress reports on the implementation of the Fifth Plan, with the most recent published in 2020.[26] A sixth plan is currently in development.[27]

- **National Mental Health and Suicide Prevention Plan (2021−):** builds on the Fifth Plan, the Productivity Commission inquiry and advice from the National Suicide Prevention Adviser and sets out the investments and priorities for national action.[28]

- **National Mental Health and Suicide Prevention Agreement (2022−26):** an agreement between the Australian Government and all of the state and territory governments to work in partnership to improve mental health and reduce suicide.[29] Mental health had previously been included in the National Health Reform Agreement that sets out the agreement between the Australian Government and all state and territory governments for the whole health sector on issues including roles and responsibilities, funding, and governance.[30] The new mental health agreement is one of the responses to the Productivity Commission inquiry and includes national objectives, outcomes and outputs for mental health and suicide prevention. It is supported by bilateral agreements between the Australian Government and each state and territory that include details of the initiatives to be implemented and specific financial arrangements.[31]

---

[26] National Mental Health Commission, *Monitoring mental health and suicide prevention reform, Fifth National Mental Health and Suicide Prevention Plan, 2020: Progress Report 3*, NMHC, 2020.

[27] Australian Institute of Health and Welfare, *Australia's mental health services*, last updated 16 January 2023, accessed 13 April 2023.

[28] Australian Government, *National mental health and suicide prevention plan*, Commonwealth of Australia, 2021.

[29] Federal Financial Relations, *National mental health and suicide prevention agreement*, n.d., accessed 13 April 2023 2023.

[30] Federal Financial Relations, *Addendum to National health reform agreement 2020-2025*, n.d., accessed 13 April 2023.

[31] Federal Financial Relations, *Bilateral schedule on mental health and suicide prevention: New South Wales*, n.d., accessed 13 April 2023.

3. Current reform priorities in mental health

The National Mental Health Commission identified six reform themes arising from the reports and inquiries into mental health that require a sustained focus to ensure the mental health system in Australia is effective, connected and functions well to achieve its aims.[32] These themes are:

- Prevention and early intervention
- Accessibility
- Integrated and coordinated care
- Lived experience participation
- Workplaces and the workforce
- Outcomes-driven systems.

This section discusses each of these themes, and for each describes the issues that contribute to the theme being on the reform agenda, key recommendations from the recent reports and inquiries, and some of the initiatives that have been put in place to address the issues raised. The initiatives described here are not exhaustive; they are included to provide a picture of some of the current national and NSW policies, strategies and programs that aim to improve outcomes and experiences for people with mental health issues.

3.1 Prevention and early intervention
3.1.1 What is this about?
There are effective interventions to prevent mental disorders from arising; to promote good mental health, wellbeing and resilience; and to intervene early to help people displaying early signs and symptoms of a mental health problem, or experiencing their first episode of a mental disorder (see Box 2).[33] These interventions have the potential to 'reduce the incidence, prevalence and recurrence of mental health conditions and lessen the severity and impact of illness when it does occur.'[34]

Prevention activities can be broadly based and aim to improve the overall mental health of a population (such as social inclusion programs for schools) or focussed on specific at-risk groups (such as programs targeting young people at risk of depression). Early intervention

---

[32] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022.

[33] Public Mental Health Implementation Centre, *Summary of evidence on public mental health interventions*, Royal College of Psychiatrists, 2022.

[34] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022, p43.

programs aim to prevent progression to a diagnosed mental health disorder, and for those with a first episode, aim to reduce the impact of the disorder.[35]

BOX 1: Prevention and early intervention activities with the strongest evidence base

1. Interventions during pregnancy and immediately after birth to prevent child mental disorder

2. Interventions to prevent and treat parental mental disorder and parental drug/alcohol misuse

3. Parenting programs which prevent child mental disorder, substance use, antisocial behaviours and unintentional injury and improve child behavioural outcomes, parenting and parental mental health

4. Home visiting and parenting programs to improve child-parent attachment and prevent child adversity

5. School-based interventions to prevent mental disorder and alcohol/tobacco/drug use, reduce child adversity, promote mental wellbeing and resilience, and improve social-emotional skills

6. Workplace-based interventions to reduce employee mental disorder, increase wellbeing and promote recovery from mental disorder

7. Interventions to reduce smoking, alcohol, drug use, physical inactivity, COVID-19 infection and promote appropriate care of physical health conditions, including among people with mental disorder.

Source: Public Mental Health Implementation Centre, _Summary of evidence on public mental health interventions_, Royal College of Psychiatrists, 2022, p 4.

Although there are effective interventions that can prevent or minimise the impact of mental illness, there is also consistent evidence that there is insufficient emphasis on the promotion of good mental health and wellbeing, that prevention programs are not as widely available as they could be, that early intervention does not always occur when it should, and that many people do not have to access to services when they begin to experience mental ill-health.[36] According to the Productivity Commission:

> … up to one million people with mental illness have never accessed mental health services nor seen their GP about their condition. This may not be a significant problem for some people with mild mental illness, which can dissipate as the individual's risk factors subside.

---

[35] Senate Select Committee on Mental Health, _A national approach to mental health – from crisis to community: First report_, Commonwealth of Australia, 2006.

[36] State of Victoria, Royal Commission into Victoria's Mental Health System, _Final report, Summary and recommendations_, 2021; Select Committee on Mental Health and Suicide Prevention, _Mental health and suicide prevention_, Commonwealth of Australia, 2021; Productivity Commission, _Mental health_, Report no. 95, 2020.

> But for others, untreated mental illness may percolate throughout their life, reducing the wellbeing and standard of living of the affected individuals and often those around them.[37]

There are some programs and initiatives to address prevention and early intervention for at risk and vulnerable groups such as Aboriginal and Torres Strait Islander people, people experiencing homelessness, and people in the judicial system. Overall, however, it appears that targeted funding for supporting good mental health and early intervention is limited for a range of vulnerable groups.[38]

3.1.2 What was recommended?
Priority reforms identified by the Productivity Commission included:[39]

- Introducing universal screening of mental ill-health for all new parents
- Updating the National School Reform Agreement to include student wellbeing as an outcome for the education system
- Offering effective aftercare to anyone who presents to a health service or health care provider after a suicide attempt
- Empowering Indigenous communities to prevent suicide.

The National Suicide Prevention Adviser recommended that all governments should work together to develop and implement responses that provide outreach at the point of suicidal distress to reduce the onset of suicidal behaviour.[40]

Core recommendations from the Royal Commission into Victoria's mental health system (Royal Commission) included the development of a mental health wellbeing and outcomes framework, the establishment of a Mental Health and Wellbeing Promotion Office and implementation of a new Mental Health and Wellbeing Act to drive a whole-of-government approach to mental health and wellbeing, and to embed it in all aspects of health care and service delivery at a local level.[41]

Recommendations from the House of Representatives Select Committee on Mental Health and Suicide Prevention inquiry into mental health and suicide prevention (House of Representatives inquiry) about prevention and early intervention were mainly focussed on

---

[37] Productivity Commission, *Mental health*, Report no. 95, 2020, p 17.
[38] Productivity Commission, *Mental health and suicide prevention stocktake*, Australian Government, 2021.
[39] Productivity Commission, *Mental health*, Report no. 95, 2020.
[40] National Suicide Prevention Adviser, *Connected and compassionate: Implementing a national whole of governments approach to suicide prevention*, Australian Government, 2020.
[41] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.

wellbeing in schools, including that a national prevention and wellbeing strategy be implemented through the Australian curriculum.[42]

The Queensland Parliament Mental Health Select Committee inquiry into the opportunities to improve mental health outcomes for Queenslanders (Queensland inquiry) included recommendations about:[43]

- Improving state-wide health and wellbeing services for people from culturally and linguistically diverse backgrounds and the LGBTQI+ community

- Developing a mental health and wellbeing strategy that works across human services

- Expanding services such as aftercare for people following a suicide-related presentation, and health care providers in schools.

3.1.3 What has occurred?

The National Mental Health and Suicide Prevention Agreement includes a principle that notes the need for an increased focus on prevention and early intervention, and an objective that prioritises further investment in prevention and early intervention.[44] This focus is reflected in the bilateral agreement between the Australian Government and the NSW Government that includes funding for the establishment of Head to Health services for adults and children, headspace sites for young people, perinatal mental health screening, and aftercare for people who have been discharged from hospital following an attempted suicide.[45]

The importance of good mental health and wellbeing for children and the impact that their social and emotional development has throughout life is well known.[46] While funding for mental health and suicide prevention programs targeting children and adolescents is higher than for other population groups, these programs have generally not been coordinated, consistently monitored or shared.[47] To help address this issue the National Mental Health Commission released the *National Children's Mental Health and Wellbeing Strategy* in 2021.[48] The strategy provides a framework to guide critical investment in the mental health

---

[42] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021.

[43] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[44] Federal Financial Relations, *National mental health and suicide prevention agreement*, n.d., accessed 13 April 2023.

[45] Federal Financial Relations, *Bilateral schedule on mental health and suicide prevention: New South Wales*, n.d., accessed 13 April 2023.

[46] Productivity Commission, *Mental health*, Report no. 95, 2020.

[47] Productivity Commission, *Mental health and suicide prevention stocktake*, Australian Government, 2021; Productivity Commission, *Mental health*, Report no. 95, 2020.

[48] National Mental Health Commission, *National children's mental health and wellbeing strategy*, NHMC, 2021.

and wellbeing of children and families and has 4 focus areas: family and community, the system for health and social services, education settings, and evidence and evaluation.

The Productivity Commission recommended that the National School Reform Agreement be updated to include student wellbeing as an outcome for the education system.[49] The current National School Reform Agreement notes that wellbeing is essential for students to succeed in education but does not include measurable wellbeing targets that could be monitored and reported on.[50] A panel has been established by the Australian Government to advise on targets for the next National School Reform Agreement, which is due to commence in January 2025. This process provides an opportunity to address this recommendation.[51]

More than 3000 people died by suicide in 2021 in Australia, and despite the ongoing work to reduce rates of suicide over many years, there has been no significant reduction in these rates for more than a decade.[52] Following the work of the first National Suicide Prevention Adviser in 2021 a National Suicide Prevention Office was established within the National Mental Health Commission. It has a role in coordinating national whole-of-government action to reduce rates of suicide.[53] The establishment of the National Suicide Prevention Office also involves the establishment, with the Australian Institute of Health and Welfare, of the first national suicide and self-harm monitoring system.[54]

Suicide prevention has been a key focus of the Mental Health Commission of NSW, which released its first whole-of-government strategic framework for suicide prevention in 2018, followed by an updated framework for 2022-2027.[55] The core focus of the framework is prevention and early intervention, aftercare and support for people who have attempted suicide and post-suicide support for families. NSW also established a suicide monitoring system in 2020 that collects data on suspected and confirmed suicides. Data about suicide is reported publicly, and feeds into the national system.[56]

[49] Productivity Commission, *Mental health*, Report no. 95, 2020.

[50] Federal Financial Relations, *National school reform agreement*, n.d., accessed 13 April 2023.

[51] Savage GC, *What is the National School Reform Agreement and what does it have to do with school funding?*, *The Conversation*, 30 March 2023.

[52] Australian Bureau of Statistics, *Causes of Death, Australia*, released 19 October 2022, accessed 18 April 2023; Australian Government Department of Health, *Fifth national mental health and suicide prevention plan*, Commonwealth of Australia, 2017.

[53] National Mental Health Commission, *About the National Suicide Prevention Office*, 2023, accessed 13 April 2023.

[54] National Mental Health Commission, *National Suicide and Self-Harm Monitoring System*, 2023, accessed 13 April 2023.

[55] Mental Health Commission of NSW, *Strategic framework for suicide prevention in NSW 2018–2023*, NSW Government, 2018; Mental Health Commission of NSW, *Shifting the landscape for suicide prevention in NSW: A whole-of-government community response 2022–2027*, State of NSW, 2022.

[56] NSW Health, *NSW suicide monitoring system*, current as at 24 March 2023, accessed 13 April 2023.

3.2 Accessibility

3.2.1 What is this about?

Being able to access the mental health system is an essential precursor for people to receive the support, care and treatment that they need. When services are not accessible there can be significant and long-lasting consequences for individuals, their families and friends and the broader health system. The House of Representatives inquiry noted that:

> Accessibility is a multi-facetted concept. It encompasses the availability of mental health and suicide prevention services, the appropriateness of the services and their delivery, and the barriers impacting entry and navigation of the system.[57]

Key issues regarding the accessibility of mental health and suicide prevention services include that:[58]

- Overall, there are insufficient high-acuity and low-acuity services to provide all the care and treatment that people need, which can lead to delays and increasing levels of illness and distress

- The lack of services means that people often have to be seen in settings that are not appropriate, unnecessarily expensive and which can increase trauma (for example, hospital emergency departments as gateways to mental health services)

- There is a large and growing group of people whose needs are too severe or complex to be managed in primary or community settings, but which are not severe enough to meet the strict criteria for entry into specialist services – this group is known as the 'missing middle'

- Access to services is not equitable, with inequities of access associated with factors such as people's income, where they live, and whether they are a member of a particular group in the community (such as Aboriginal and Torres Islander people and people with a disability)

- People lack informed choice about their care options and providers, and knowing where and how to enter the system is often unnecessarily complex and a barrier that prevents people from seeking care.

3.2.2 What was recommended?

Priority reforms identified by the Productivity Commission included:[59]

---

[57] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021, p39.

[58] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021; Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021; Productivity Commission, *Mental health*, Report no. 95, 2020; 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[59] Productivity Commission, *Mental health*, Report no. 95, 2020.

- Developing a national stigma reduction strategy

- Using mental health assessment and referral processes that help people find the services that are right for them

- Expanding supported online treatment, group therapies and access to mental health care via telehealth

- Reviewing limits on psychological treatment funded through Medicare

- Ensuring there are alternatives to emergency departments that are designed for people with mental illness

- Expanding community-based mental health care, including hospital outpatient clinics and outreach services.

The National Suicide Prevention Adviser recommended providing integrated digital and face-face supports to improve the accessibility of suicide prevention services and other service options.[60]

Recommendations about accessibility from the Royal Commission primarily related to increasing the number of available and appropriate services, minimising the need for people to travel, improving referral pathways and providing more access points, and improving communication about available services.[61]

The House of Representatives inquiry made an overarching recommendation about the importance of the principle of accessibility:

> The Committee recommends that the Australian Government ensure the principle of accessibility is at the forefront of all policy and funding programs for the mental health and suicide prevention sector, with a focus on:
> - increased funding for specialist services, such as forensic, perinatal and autism services, to innovate, expand and meet demand
> - frameworks that include consumer co-design and community partnership requirements to ensure equitable access for priority populations
> - Indigenous-led and culturally appropriate models improving Aboriginal and Torres Strait Islander experiences with mental health and suicide prevention services.[62]

---

[60] National Suicide Prevention Adviser, *Connected and compassionate: Implementing a national whole of governments approach to suicide prevention*, Australian Government, 2020.

[61] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.

[62] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021, p71.

The House of Representatives inquiry also made recommendations to increase the use of digital mental health services.[63]

The primary approach of the Queensland inquiry to improve access was to recommend the expansion of a range of acute and community services including for infants, adults and older people; those in rural and regional areas; and Hospital in the Home services.[64] Other recommendations related to a public campaign to reduce stigma and expanding alternative entry points and diversion services for emergency departments.

3.2.3 What has occurred?

One of the objectives of the National Mental Health and Suicide Prevention Agreement is to address gaps in the mental health system to ensure that services are, among other things, accessible to all population groups, irrespective of location.[65] The additional Head to Health and headspace services included in the bilateral agreement between the Australian Government and NSW Government will increase the accessibility of services, as will collaborative work to improve initial assessment and referral services.[66]

The natural disasters that occurred in NSW in recent years, together with the pandemic, have had a significant impact on mental health and prompted calls for increased investments in mental health services.[67] Funding for mental health services has been provided by both the Australian and NSW Governments through their disaster recovery arrangements.[68] An initiative under these programs that aims to enable easy access to mental health services is the establishment of Safe Haven hubs in 4 towns on the north coast of NSW.[69] The hubs are drop in centres that do not require a referral and are designed to help people with mental health concerns, as well as other factors that affect wellbeing, such as housing and finance.

One way of addressing accessibility barriers, particularly for low cost, low risk, and easy to access services, is through online and digital services. These services can increase choice for people, allow them to access the treatment they need in a way that is convenient, and complement other face-to-face treatments. These kinds of services have existed in some

---

[63] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021.

[64] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[65] Federal Financial Relations, *National mental health and suicide prevention agreement*, n.d., accessed 13 April 2023.

[66] Federal Financial Relations, *Bilateral schedule on mental health and suicide prevention: New South Wales*, n.d., accessed 13 April 2023.

[67] Impact Economics and Policy and NSW Council of Social Services, *Aftershock: Addressing the economic and social costs of the pandemic and natural disasters. Report 1 – Mental health*, NCOSS, 2022.

[68] Department of Health and Aged Care, *Mental health support for NSW floods* [media release], 18 August 2022; NSW Government, *2021 Storm and flood recovery programs*, last updated 23 February 2023, accessed 5 April 2023.

[69] Safe Haven, *Safe Haven North Coast*, 2023, accessed 5 April 2023.

form for many years, and there is now evidence of their effectiveness as a treatment for some conditions.[70] Funding has been provided by the Australian Government to expand existing digital mental health services such as Beyond Blue, Lifeline and Mindspot.[71] To support easy access to digital and online mental health resources the Head to Health website brings together evidence-based apps and online programs from trusted organisations.[72] While these services can improve accessibility, barriers can remain for people who have limited access to the internet, or who may be concerned about privacy. Issues such as equitable access, standards, and privacy will need to continue to be monitored and addressed to support large scale use of these types of services.[73]

An issue that has an impact on the accessibility of services for individuals is the stigma and discrimination that can be associated with mental health. Almost 3 out of 4 people with mental illness report experiencing stigma, and this stigma can compound issues for people who are already marginalised and experience other forms of discrimination, such as Aboriginal and Torres Strait Islander people.[74] People report experiencing negative responses and reactions from others about their mental illness, as well as experiencing self-stigma, for example, a feeling of letting down their colleagues if they take time off work for mental health reasons.[75] To address this issue the National Mental Health Commission is developing a *National Stigma and Discrimination Reduction Strategy*.[76] The strategy aims to reduce self-stigma, reduce public stigma by changing attitudes and behaviours in the general community, and contribute to eliminating structural stigma and discrimination towards those affected by mental ill health.

3.3 Integrated and coordinated care
3.3.1 What is this about?
Integrated care has been identified as one of the cornerstones of a successful health system that delivers good health outcomes, high quality care and a positive experience for people.[77] It involves systems, organisations and individuals working together to deliver

---

[70] Productivity Commission, *Mental health*, Report no. 95, 2020

[71] Australian Government, *National mental health and suicide prevention plan*, Commonwealth of Australia, 2021.

[72] Department of Health and Aged Care, *Head to health*, n.d., accessed 13 April 2023.

[73] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022; Productivity Commission, *Mental health*, Report no. 95, 2020.

[74] Australian Government Department of Health, *Fifth national mental health and suicide prevention plan*, Commonwealth of Australia, 2017.

[75] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National Report 2021*, NMHC, 2022; Productivity Commission, *Mental health*, Report no. 95, 2020.

[76] National Mental Health Commission, *Stigma and discrimination reduction strategy*, 2023, accessed 13 April 2023.

[77] Productivity Commission, *Integrated care, Shifting the dial: 5 year Productivity review, Supporting paper No. 5*, 2017.

person-centred, seamless, accessible, and efficient care. Integrated care can involve a number of different dimensions, including integration between:[78]

- Different levels of health care, such as between primary care delivered by general practitioners and hospital services

- Different sectors and providers, such as between mental health and physical health services

- Different sectors, such as health and housing services.

The Productivity Commission noted that:

> There is no single model of integration. There are multiple ways to make a system more integrated and integration generally exists on a continuum, from informal information sharing and communication right through to a fully integrated system with one organisation meeting all consumer needs ... Coordination is a form of integration, which refers to different entities or providers working together to ensure that a consumer receives all the different types of care they need in an organised and efficient manner. There are different models of care coordination — some may involve only referrals and exchanges of information between clinicians, while in other cases a dedicated coordinator or care team helps the consumer to navigate the mental health system and connect them with all the supports they require ... .[79]

Although integration and coordination of care has been a policy focus since the 1990s, evidence provided as part of the recent reviews and inquiries indicates that services remain fragmented and complicated to navigate, care is not person-centred, and people can fall through the cracks.[80] Key issues include:[81]

- Service models can be rigid in the way they work, with certain steps and gateways required before care can be provided. While these may be important to manage demand, they can also present a barrier for people needing care.

- Physical health services, mental health services and other allied health services can be established as separate silos, and not be integrated around the needs of the person. Where services 'wrap around' the person there is a greater likelihood of successful outcomes.

- Where services are not integrated information is not shared and links between providers and services do not occur. This can place an unnecessary burden on an

[78] Productivity Commission, _Mental health_, Report no. 95, 2020.

[79] Productivity Commission, _Mental health_, Report no. 95, 2020, p 660.

[80] National Mental Health Commission, _Monitoring mental health and suicide prevention reform: National report 2021_, NMHC, 2022.

[81] State of Victoria, Royal Commission into Victoria's Mental Health System, _Final report, Summary and recommendations_, 2021; Select Committee on Mental Health and Suicide Prevention, _Mental health and suicide prevention_, Commonwealth of Australia, 2021; Productivity Commission, _Mental health_, Report no. 95, 2020; 57th Parliament Mental Health Select Committee, _Inquiry into the opportunities to improve mental health outcomes for Queenslanders_, Report No. 1, 2022.

individual to navigate the system, to repeatedly provide the same information, and to be aware of service options and know how to access them.

- People with mental disorders have poorer physical health outcomes, which can be associated with factors such as lack of health service integration and lack of clarity about who is responsible for monitoring the physical health of people living with a mental illness.

- The social determinants of mental health and wellbeing are broad, and can include a wide range of social, economic, cultural and environmental conditions. This means that effective care for people with mental disorders can require collaboration with social and service providers in sectors such as housing and employment.

- Services are often structured around a traditional clinical or medical model, and there may be less connection with services that address the cultural or community needs of specific groups in the population such as Aboriginal and Torres Strait Islander people.

3.3.2 What was recommended?

Priority reforms identified by the Productivity Commission related to:[82]

- Reducing the gap in life expectancy between people with severe mental illness and the general population

- Ensuring that care coordination services available at a regional level match local needs

- Ensuring that people with mental illness are not discharged into homelessness

- Improving mental health care for people in the justice system

- Strengthening the cooperation between PHNs and local health networks (LHNs) at a regional level

- Developing a whole-of-government approach to mental health care.

The National Suicide Prevention Adviser recommended that:

> … all governments work together to progress service reform to achieve integrated, connected and quality services for people experiencing suicidal distress, people who have attempted suicide as well as caregivers and people impacted by suicidal behaviour.[83]

---

[82] Productivity Commission, *Mental health*, Report no. 95, 2020.

[83] National Suicide Prevention Adviser, *Connected and compassionate: Implementing a national whole of governments approach to suicide prevention*, Australian Government, 2020, page 11.

The overall aim of all recommendations from the Royal Commission is for a responsive and integrated system.[84] A core way to achieve this is through the establishment of regional mental health and wellbeing boards that would undertake planning, engagement and commissioning for mental health and wellbeing, and also hold individual providers to account to improve the outcomes and experiences of people who use their services.[85] The Royal Commission also recommended the establishment of a multiagency panel to coordinate the delivery of multiple mental health and wellbeing services.

Recommendations of the House of Representatives inquiry regarding integration primarily related to the commissioning of mental health services by PHNs and support for multidisciplinary case conferencing through the Medicare Benefits Schedule.[86]

The Queensland inquiry recommended taking a whole-of-government approach to share information and enhance services for people with mental disorders no matter where they might engage with government.[87] The committee also recommended that regional mental health care plans be developed involving state government services (including those outside health), PHNs, private hospitals, people with lived experience, families and carers, non-government organisations, community controlled organisations and local governments.

3.3.3 What has occurred?
Key principles of the National Mental Health and Suicide Prevention Agreement relate to integration and coordination of care, and the objectives of the bilateral agreement between the Australian Government and NSW Government include addressing gaps in the mental health and suicide prevention system, and ensuring that it is comprehensive, coordinated, person-centred and compassionate.[88] One of the ways in which this will occur is the through the establishment of more Head to Health hubs which are designed to provide integrated and coordinated care through processes such as 'warm referrals' where the referrer speaks directly to the service and introduces the person they are referring.[89]

Integration of services at a regional level was a focus of many recommendations. The organisations that have the greatest role to play in this process are PHNs and LHNs (local

---

[84] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.

[85] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.

[86] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021, p71.

[87] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[88] Federal Financial Relations, *National mental health and suicide prevention agreement*, n.d., accessed 13 April 2023; Federal Financial Relations, *Bilateral schedule on mental health and suicide prevention: New South Wales*, n.d., accessed 13 April 2023.

[89] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022, page 70.

health districts (LHDs) in NSW). These organisations are part of a larger network where action at all levels is required for successful and sustainable integration and coordination (Table 2).

Table 2: Roles in supporting integrated and coordinated care

	National, state and territory level	Regional level	Local level
Leads	Governments	Primary health networks and local health networks	Health care providers
Focus of action	Facilitating integration through leadership Enabling levers such as structural reforms, funding mechanisms, infrastructure and other supports	Understanding local needs Commissioning services Facilitating action on the ground through integration of services	Working with health, social and other relevant providers to deliver integrated and person-centred care

Source: Adapted from Australian Government Department of Health, *Fifth national mental health and suicide prevention plan*, Commonwealth of Australia, 2017.

Under the bilateral agreement the Australian Government and the NSW Government:

> … agree to continue to support the development, implementation and monitoring of joint regional mental health and suicide prevention plans between PHNs, LHDs, consumers, carers and service providers. This includes undertaking activities in accordance with these plans and supporting the joint service planning and commissioning of services to meet local needs and establish governance to enable shared decision making and evaluation.[90]

Examples of joint activities between PHNs and LHDs in NSW include the development of 'HealthPathways' and 'collaborative commissioning'. HealthPathways are clinical management pathways that include advice for local health services that are developed jointly.[91] Collaborative commissioning involves PHNs and LHDs working together with community representatives and organisations to commission services and develop care pathways based on local needs.[92]

Integrated and coordinated care is essential to ensure that all the health needs of people living with mental illness are met. There is consistent evidence that people living with mental illness have poorer physical health than the general population, and this tends to

---

[90] Federal Financial Relations, *Bilateral schedule on mental health and suicide prevention: New South Wales*, n.d., accessed 13 April 2023, p9.
[91] NSW Health, *HealthPathways*, current as at 15 February 2022, accessed 13 April 2023; WentWest, *HealthPathways*, n.d., accessed 13 April 2023.
[92] NSW Health, *Role of patient-centred co-commissioning groups (PCCGs),* current as at 8 June 2021, accessed 13 April 2023.

result in earlier death, and increases health care use and costs (Box 3).[93] Factors that contribute to this gap include that many people with a mental disorder do not receive integrated care and are less likely to receive treatment for their physical ill-health than people with only a physical health condition.[94]

To address this issue the National Mental Health Commission developed the *Equally Well Consensus Statement* 'to improve the quality of life of people living with mental illness by providing equity of access to quality health care, with the ultimate aim of bridging the life expectancy gap between people living with mental illness and the general population'.[95] The consensus statement sets out 48 actions to achieve this aim under 6 broad elements:

1. A holistic, person-centred approach to physical and mental health and wellbeing
2. Effective promotion, prevention and early intervention
3. Equity of access to all services
4. Improved quality of health care
5. Care coordination and regional integration across health, mental health and other services and sectors which enable a contributing life
6. Monitoring of progress towards improved physical health and wellbeing.

Equally Well is a call to action, and more than 90 organisations have committed to it, including all Australian governments and key professional, peak and non-government organisations.[96] Further funding for Equally Well was provided by the Australian Government for the period 2021–22 to 2023–24.[97]

---

[93] National Mental Health Commission, *Equally well – Improving the physical health and wellbeing of people living with mental illness in Australia*, NHMC, 2016; Productivity Commission, *Mental health*, Report no. 95, 2020.

[94] Productivity Commission, *Mental health*, Report no. 95, 2020.; Kaine C et al, *Review of physical and mental health care in Australia*, Lived Experience Australia Ltd, 2022.

[95] National Mental Health Commission, *Equally well – Improving the physical health and wellbeing of people living with mental illness in Australia*, NHMC, 2016, p7.

[96] Equally Well, *Equally well*, 2022, accessed 13 April 2023.

[97] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022.

> **Box 3: Evidence about the physical health outcomes of people with living with mental illness**
>
> Four out of every five people living with mental illness have a co-existing physical illness. Compared to the general population, people living with mental illness are:
>
> - Two times more likely to have cardiovascular disease
> - Two times more likely to have respiratory disease
> - Two times more likely to have metabolic syndrome
> - Two times more likely to have diabetes
> - Two times more likely to have osteoporosis
> - 65% more likely to smoke
> - Six times more likely to have dental problems
> - Comprise around one third of all avoidable deaths.
>
> People with severe mental disorders such as psychosis are particularly at risk and are:
>
> - Six times more likely to die from cardiovascular disease
> - Four times more likely to die from respiratory disease
> - Five times more likely to smoke
> - Likely to die between 14 and 23 years earlier than the general population.

Source: National Mental Health Commission, *Equally well − Improving the physical health and wellbeing of people living with mental illness in Australia*, NHMC, 2016.

3.4 Lived experience participation

3.4.1 What is this about?

The importance of partnerships and collaboration with people who have experienced mental illness or suicidal thoughts or behaviour, or their carers, is well-recognised, and there is now a growing body of literature about the benefits that can arise from involving people with lived experience in the delivery of mental health services, including as peer workers.[98] The use of language in this area has varied over time and in different contexts, and the terms patient, consumer, carer, family and service user have, among others, also been used for people with lived experience (Box 4).

---

[98] National Mental Health Commission, *Vision 2030 for mental health and suicide prevention in Australia*, NMHC; Byrne L, *Promoting lived experience perspective discussion paper*, Queensland Mental Health Commission.

> **Box 4: Definitions of lived experience**
>
> **Lived experience (mental illness):** People with lived experience are people who identify either as someone who is living with (or has lived with) mental illness or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness. People with lived experience are sometimes referred to as consumers and carers.
>
> **Lived experience (suicide):** People who think about suicide, people who have attempted suicide, people who care for someone with suicidal behaviour, people who are bereaved by suicide, and people who are affected by suicide in some other way, such as a workplace incident.

Source: Australian Government Department of Health, _Fifth national mental health and suicide prevention plan_, Commonwealth of Australia, 2017, p67.

According to the National Mental Health Commission:

> Partnerships with people with lived experience in mental health and suicide prevention—through co-design, co-production and co-delivery of systems and services—lead to better health and wellbeing outcomes, aid recovery, and achieve better experiences for service users and service providers ... An optimal mental health system is one that focuses on listening to people with lived experience and acting on their insights. Services designed in conjunction with lived experience add significant value to design and implementation of services and systems...[99]

There are different kinds of partnerships and collaboration with people with lived experience in mental health. These are not mutually exclusive; all are necessary and need to be integrated to achieve the best outcomes. The three key levels where partnerships are needed are:[100]

- At an **individual level**, where partnerships can relate to the interaction between people receiving care, and those providing care or supporting people with lived experience. Elements may include ensuring care is respectful, providing relevant information, and supporting people with lived experience to make decisions and participate in their own care to the extent that they choose and are able to do so.

- At the **level of a mental health service**, where partnerships can relate to the planning, design, monitoring and evaluation of care and services. Elements may include people with lived experience partnering in the co-design of services to

---

[99] National Mental Health Commission, _Monitoring mental health and suicide prevention reform: National report 2021_, NMHC, 2022, p73.
[100] Australian Commission on Safety and Quality in Health Care, _Partnering with consumers standard_, ACSQHC, 2022, accessed 18 April 2023; Australian Commission on Safety and Quality in Health Care, _National safety and quality mental health standards for community managed organisations_, ACSQHC, 2022.

maximise their accessibility and usability. People with lived experience can also play a role as a peer workers, providing support for people with mental illness.

- At a **system level**, where partnerships can relate to overall governance, policy, strategy and planning. Elements may include people with lived experience participating as full members of boards or other governance groups and identifying needs and co-designing solutions to address them.

All of the recent reviews and inquiries of mental health in Australia noted the crucial contributions made by people with lived experience. They also all noted that the voices of people with lived experience were frequently not heard.[101] According to the Royal Commission:

> Power imbalances throughout the system mean that the experiences, perspectives and expertise of people with lived experience of mental illness or psychological distress are not valued, understood or recognised. There are limited opportunities for people with lived experience of mental illness or psychological distress to truly lead, participate in and promote change, and the mental health system falls behind other social sectors in this regard.[102]

3.4.2 What was recommended?

The Productivity Commission recommended that governments should establish a clear ongoing role for people with lived experience in all aspects of mental health system planning, design, monitoring and evaluation. It also recommended that the peer workforce be strengthened, including through the establishment of a professional association of peer workers.[103]

A similar recommendation was made by the National Suicide Prevention Adviser regarding the involvement of lived experience knowledge in all stages of the design and delivery of suicide prevention programs.[104]

Participation by people with lived experience was reflected in many of the recommendations from the Royal Commission.[105] As well as recommending that people with lived experience be involved in areas such as governance, planning, research and

---

[101] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021; Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021; Productivity Commission, *Mental health*, Report no. 95, 2020; 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[102] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021, p11.

[103] Productivity Commission, *Mental health*, Report no. 95, 2020.

[104] National Suicide Prevention Adviser, *Connected and compassionate: Implementing a national whole of governments approach to suicide prevention*, Australian Government, 2020.

[105] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.

education across the mental health system, the Royal Commission recommended the establishment of a new agency led by people with lived experience that would develop and deliver training, provide services and support wider shared learning.[106]

The House of Representatives inquiry recommended that the Australian Government Department of Health establish a lived experience office to support the 'growth of a safe and effective lived experience (peer) workforce', and that seed funding should be provided for a national professional association for peer workers.[107]

The Queensland inquiry recommended better involvement of people with lived experience in the care and treatment of individuals, in service delivery reform, and in regional planning. The Queensland inquiry also recommended that Queensland's peer workforce be expanded and regulated.[108]

3.4.3 What has occurred?

The participation of people with lived experience in mental health design, planning, delivery and reform is now built into national agreements between all governments, national strategies and standards, and national committees and forums. This ensures that lived experience participation is built into the more detailed implementation plans, such as those arising from the Royal Commission, as well as into the day-to-day operation of health and other services.[109] To support the participation of people with lived experience the National Mental Health Commission has developed guidance for people working in the mental health system, and for people with lived experience to partner in the design, governance, delivery and evaluation of services, programs and policies.[110] The Mental Health Commission of NSW also has a lived experience framework to support mental health and social services embed lived experience in the way they operate.[111]

One of the key areas covered in the recommendations for this theme is the peer workforce. Peer workers are people with lived experience of mental health issues who are employed to

---

[106] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021, p65.

[107] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021, p183.

[108] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[109] Federal Financial Relations, *National mental health and suicide prevention agreement*, n.d., accessed 18 April 2023; Australian Commission on Safety and Quality in Health Care, *Partnering with consumers standard*, ACSQHC, 2022, accessed 18 April 2023; National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022; Victorian Department of Health, *Mental health and wellbeing reform*, reviewed 20 January 2023, accessed 18 April 2023.

[110] National Mental Health Commission, *Consumer and carer engagement: A practical guide*, NMHC, n.d.; National Mental Health Commission, *Mental health safety and quality engagement guide*, NMHC, n.d..

[111] Mental Health Commission of New South Wales, *Lived experience framework for NSW*, Mental Health Commission of NSW, 2018.

explicitly use those experiences to contribute to the mental health sector.[112] Peer workers can have a range of different roles (Box 5); irrespective of their particular role their lived experience complements the skills and expertise of other mental health professionals and brings an understanding of what people accessing mental health services and their families and carers are experiencing.[113] Use of peer workers brings benefits for people receiving care, and gives mental health services a better understanding of the challenges they face.[114]

The use of peer workers is embedded in mental health strategies nationally and in NSW, and the Australian and NSW governments have agreed to work collaboratively to build structures and supports for the lived experience workforce.[115] The National Mental Health Commission and the Mental Health Commission of NSW have also developed guidelines and tools to support mental health services increase the use of peer workers.[116]

In 2022 the National Mental Health Commission noted that there was variability in the way peer worker roles were implemented across Australia, and that there was no clearly mandated national peak body for peer workers.[117] Progress towards this was made in January 2023 when the Australian Government allocated $7.5 million to establish two national lived experience peak bodies, one representing people with mental health issues, and one representing carers, family and kin.[118]

[112] Gillard S & Holley J, Peer workers in mental health services: literature overview, *Advances in psychiatric treatment*, 2014, 20(4), 286-292, doi:10.1192/apt.bp.113.011940; Byrne L et al, *National lived experience workforce guidelines*, NMHC, 2021; Mental Health Commission of New South Wales, *Employer's guide to implementing peer workforce*, NSW Government, 2016.

[113] Mental Health Commission of New South Wales, *Employer's guide to implementing peer workforce*, NSW Government, 2016.

[114] Gillard S & Holley J, Peer workers in mental health services: literature overview, *Advances in psychiatric treatment*, 2014, 20(4), 286-292, doi:10.1192/apt.bp.113.011940; NMHC, 2021; Mental Health Commission of New South Wales, *Employer's guide to implementing peer workforce*, NSW Government, 2016; Bryne L, *Promoting lived experience perspective*, Queensland Mental Health Commission.

[115] Mental Health Commission of New South Wales, *Living well in focus 2020-2024*, State of NSW, 2020; Federal Financial Relations, *Bilateral schedule on mental health and suicide prevention: New South Wales*, n.d., accessed 18 April 2023.

[116] Byrne L et al, *National lived experience workforce guidelines*, NMHC, 2021; Mental Health Commission of New South Wales, *Employer's guide to implementing peer workforce*, NSW Government, 2016.

[117] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022.

[118] Department of Health and Aged Care, *Elevating people with lived experience of mental ill-health to drive reform* [media release]. Australian Government, 30 January 2023, accessed 18 April 2023.

Box 5: Examples of peer work roles and functions

- **Individual advocacy:** Assisting with resolving issues at an individual level. This may include helping someone to ask about medication issues or helping a family member to obtain benefits and other entitlements.

- **Peer support:** Helping to restore hope and inspire people to move forward with their lives. This may include sharing stories of recovery with a person accessing mental health services or facilitating a peer support group.

- **Systemic advocacy and leadership:** Attempting to resolve collective issues at an organisational, systemic, community and/or leadership level. This may include advocating for changes to policies and procedures within a service or representing the interests of consumers or carers as part of a policy development process.

- **Health promotion:** Assisting with improved mental health, social and emotional wellbeing, and physical health. This may include physical health coaching or supporting access to health and fitness services in the community.

- **Education and training:** Providing education from a lived experience perspective for consumers and carers, people working in mental health services and/or general community members. This may include co-producing and co-facilitating courses with other mental health professionals in education settings.

- **Research and innovation:** Leading or co-producing research projects. This may include researching the impact of peer support for family and friends or effective models of support for different age groups or culturally and linguistically diverse communities.

- **Coordination and management:** Coordinating service delivery, managing budgets and other resources, managing peer workers and other staff, and service and program evaluation. This may include managing businesses or private services, or working in management and coordination positions in public, private or non-government organisations.

- **Practice supervision:** Providing coaching, mentoring or supervision to other peer workers, as well as to others working in mental health services.

Source: Mental Health Commission of NSW, *Employer's guide to implementing peer workforce*, NSW Government, 2016.

3.5 Workplaces and the workforce

This theme includes two issues: the role of workplaces in supporting good mental health, and the mental health workforce.

3.5.1 The role of workplaces in supporting good mental health
3.5.1.1 What is this about?

There are strong interactions between workplaces and mental health. A workplace can be a risk factor that contributes to poor mental health; it can support people experiencing mental illness; it can promote good mental health for all its workforce; and it can assist someone with a mental illness to live a positive and contributing life.[119]

A mentally healthy workplace 'protects and promotes mental health and responds to people who may be experiencing mental ill-health in a supportive way' (Box 6).[120] As well as ensuring compliance with legislative obligations such as work health and safety, a mentally healthy workplace can bring benefits in terms of better staff engagement, performance and productivity and reduced costs (including for workers compensation claims).[121] The Productivity Commission found that absenteeism and presenteeism (where a staff member remains at work despite experiencing symptoms that result in reduced productivity) costs up to $17 billion per year.[122]

---

[119] National Mental Health Commission, *Vision 2030 for mental health and suicide prevention in Australia*, NMHC; National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022.

[120] Mentally Healthy Workplaces, *What is a mentally healthy workplace?,* NMHC, 2023, accessed 18 April 2023.

[121] Mentally Healthy Workplaces, *Benefits of a mentally healthy workplace*, NMHC, 2023, accessed 18 April 2023.

[122] Productivity Commission, *Mental health*, Report No. 95, 2020.

> ### Box 6: Key features of a mentally healthy workplace
>
> - **A proactive approach to health and safety:** People can raise issues and concerns about psychosocial hazards and controls without experiencing any adverse consequences.
>
> - **A zero-tolerance approach to discrimination:** People are protected from discrimination, which encourages a diverse workforce.
>
> - **Realistic work demands for all staff:** People have reasonable workloads, realistic and clear expectations and deadlines, good lines of communication and feel secure about their job. Managers and supervisors work with people to keep work demands in check.
>
> - **People experiencing mental ill-health are supported:** People who have experienced mental health issues are helped to stay at work or return to work when they are able.
>
> - **Adequate level of mental health literacy:** The workplace invests in training to help people recognise the signs of mental ill-health to reduce stigma and encourage people to seek help if they need it.
>
> - **People feel safe to disclose mental ill-health:** People feel comfortable talking about mental health or raising other concerns and know where they can go for support if they need.
>
> - **Positive workplace culture:** People feel valued, supported respected and involved, and good about coming to work. They tend to feel encouraged, supported, respected and included.

Source: Mentally Healthy Workplaces, *What is a mentally healthy workplace?,* NMHC, 2023, accessed 18 April 2023.

3.5.1.2 What was recommended?

Reforms recommended by the Productivity Commission related to work health safety arrangements and workers compensation schemes to support employers and provide them with guidance and standards about managing psychosocial risks in the workplace.[123] As a priority the Productivity Commission recommended that:

- Governments should amend the workplace health and safety arrangements in their jurisdiction to make psychological health and safety as important as physical health and safety

---

[123] Productivity Commission, *Mental health*, Report No. 95, 2020.

- Workers compensation schemes be amended to provide and fund clinical treatment and rehabilitation for all mental health related workers compensation claims for up to a period of 6 months, irrespective of liability.

The Royal Commission recommended that the Victorian Government foster and provide support resources for businesses to promote good mental health and inclusive workplaces, address workplace barriers to good metal health, and support people experiencing mental illness at work.[124]

The House of Representatives inquiry recommended that the Australian Government require potential suppliers to demonstrate minimum standards of mental health support and care in their workplace.[125]

The Queensland inquiry made recommendations about the expansion of existing mental health and suicide prevention workplace programs, delivery of mental health services to first responders after they leave the workplace, and use of bereavement leave.[126]

3.5.1.3 What has occurred?
Although there are an increasing number and range of workplace mental health programs across a range of industries, there is a lack of evidence about what practices work, particularly for some industries, such as small businesses.[127] To address this issue the National Workplace Initiative has been established to provide a nationally consistent approach to mental health.[128] The New South Wales Government also has a mentally healthy workplaces strategy that aims to provide support to employers to create mentally healthy workplaces.[129] The strategy focusses on provision of coaching, the needs of regional businesses, small businesses and high-risk industries.

3.5.2 Mental health workforce
3.5.2.1 What is this about?
The mental health workforce is diverse, encompassing a wide range of specialist and generalist professions and roles, 'from generalists such as GPs, Aboriginal health workers and allied health professionals; to highly specialised clinicians such a psychologists,

---

[124] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.

[125] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021.

[126] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[127] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022.

[128] National Mental Health Commission, *National Workplace Initiative*, 2023, accessed 18 April 2023.

[129] NSW Government, *Mentally Healthy Workplaces Strategy*, last updated 20 January 2023, accessed 18 April 2023.

psychiatrists, mental health social workers and mental health nurses … to non-clinical workers such as counsellors and peer workers.'[130]

For the mental health system to operate effectively and achieve the best possible outcomes, there needs to be sufficient people who enter and are retained in the workforce, they need to be located in the right places, they need to have appropriate skills and experience, and they need to be supported to deliver appropriate care. Issues with the mental health workforce were a consistent theme in the recent reports and inquiries, and the National Mental Health Commission has identified issues that affect the ability of the workforce to deliver quality mental health services across the diversity of Australian communities. Challenges include:[131]

- Defining the mental health workforce, and recognising that the specialist, generalist and lived experience workforces are distinct but inter-related and need their own focus for development

- Ensuring that the workforce can adapt to the changing needs and expectations of a diverse population, with increasingly complex conditions

- Addressing mental health workforce shortages, with a shortage of new recruits, an ageing workforce and high staff turnover

- Providing services in rural and remote settings when there can be a shortage of appropriately trained and qualified staff in some locations

- Being responsive to emerging challenges such as the COVID-19 pandemic and natural disasters, and opportunities such as digital technologies

- Having processes to monitor and evaluate implementation to support ongoing improvement.

3.5.2.2 What was recommended?
The recommendations from the Productivity Commission related to workforce planning and changes to existing workforce practices and perceptions of mental health.[132]

The National Suicide Prevention Adviser recommended that all governments prioritise and resource evidence-based training to improve the capacity and capability for all parts of the workforce involved in suicide prevention.[133]

---

[130] Productivity Commission, *Mental health*, Report No. 95, 2020, p701.

[131] Cleary A et al. *National mental health workforce strategy – A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of mental health reviews and inquiries*, University of Queensland, Institute for Social Science Research, 2020.

[132] Productivity Commission, *Mental health*, Report No. 95, 2020.

[133] National Suicide Prevention Adviser, *Connected and compassionate: Implementing a national whole of governments approach to suicide prevention*, Australian Government, 2020.

The importance of training and supporting the mental health workforce was embedded in many of the recommendations from the Royal Commission. Recommendations focussing specifically on workforce related to the provision of incentives for mental health workers to work in rural and regional areas, development and implementation of a workforce plan, development of a capability framework and provision of training, and supporting the safety and wellbeing of the workforce.[134]

The mental health workforce was a strong focus of the House of Representatives inquiry. Recommendations related to:[135]

- Establishing a national workforce institute for mental health

- Funding university placements in regional, rural and remote areas

- Promoting careers in mental health for Aboriginal and Torres Strait Islander peoples

- Including suicide prevention in the National Mental Health Workforce Strategy

- Supporting mental health education for medical students, general practice trainees, pharmacists and pharmacy staff

- Maximising use of the skills of psychiatrists

- Supporting the growth and diversity of psychology specialities

- Developing standards for counsellors and psychotherapists

- Strengthening the role of allied health professions in mental health.

The recommendations about workforce from the Queensland inquiry related to supporting clinical supervision, the mental health and drug and alcohol workforce, incentives to work in rural and regional areas, scholarships for pursuing mental health qualifications, supporting the workforce to work to their full scope of practice and leveraging the counselling workforce in community settings.[136]

3.5.2.3 What has occurred?
In 2020 Australian Government established the National Mental Health Workforce Strategy Taskforce to oversee the development of a ten-year national mental health workforce strategy.[137] Consultation on the draft occurred in 2021. As at 1 May 2023 the final strategy has not been released.

---

[134] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.

[135] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021.

[136] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.

[137] Department of Health and Aged Care, *National mental health workforce strategy taskforce*, last updated 1 October 2021, accessed 18 April 2023.

New South Wales has a workforce plan embedded in its strategic framework for mental health. The plan includes actions regarding:[138]

- Integrating mental health workforce planning with local service and facility planning

- Improving the availability of and access to mental health workforce data

- Recruitment and retention

- Collaborative ways of working with service partners, consumers and carers

- Growing and supporting a skilled workforce, including for new staff, emerging workforces, partner workforces and mental health leaders.

3.6 Outcomes-driven systems

3.6.1 What is this about?

For people to have the best possible mental health outcomes, each of the elements that have been discussed in this paper need to be in place and operating effectively and efficiently. In addition, there need to be processes in place to monitor performance, including outcomes and costs, and to support continuous improvement.

Although there have been data and information plans in mental health for some time, evidence indicates that existing mental health data and data arrangements are not sufficient to support a comprehensive understanding of the effectiveness of the mental health system in Australia.[139] According to the Productivity Commission:

> Inadequate data and information to guide decision making and promote accountability generate significant costs. They can lead to expenditure on ineffective and costly interventions, which reduce public confidence in the mental health system, and to unnecessary data collection…[140]

The National Mental Health Commission has proposed the development of an outcomes framework where the outcomes and data elements are driven by the priorities from all stakeholder groups, are clearly defined and consistent across all parts of the system, and have clear lines of accountability and governance arrangements that support continuous improvement.[141]

---

[138] New South Wales Government, *NSW Strategic framework and workforce plan for mental health 2018-2022*, NSW Ministry of Health, 2018.

[139] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022; Productivity Commission, *Mental health*, Report No. 95, 2020.

[140] Productivity Commission, *Mental health*, Report No. 95, 2020, p1185.

[141] National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National report 2021*, NMHC, 2022.

3.6.2 What was recommended?

Recommendations from the Productivity Commission related to agreeing on a set of targets and timeframes that specify key mental health and suicide prevention outcomes; collecting, monitoring, and reporting on services and outcomes; and improving the usability of mental health data collections.[142]

Recommendations from the National Suicide Prevention Adviser related to the establishment of suicide registers; surveys of the population regarding suicidal ideation, self-harm and suicide attempts; development of a national outcomes framework for suicide prevention; and setting priorities for research.[143]

The Royal Commission recommended that a new performance monitoring and accountability framework be developed that would, among other things, measure the effectiveness of mental health and wellbeing services from the perspective of people with mental illness and their families and carers.[144]

The House of Representatives inquiry recommended that a national collection framework for data on mental health and suicide prevention be established.[145]

The Queensland inquiry recommended that the government set measurable goals for state-funded programs to assist in service evaluation for funding purposes.[146]

3.6.3 What has occurred?

Key elements of the National Mental Health and Suicide Prevention Agreement relate to improving the nature, collection and usage of data about mental health and suicide prevention, and the development of a national evaluation framework. Priorities for action specified in the agreement are to:[147]

- Improve data collection and data sharing, balanced with a focus on reducing burdensome and duplicative data collection, sharing and reporting
- Support national data linkage and sharing of linked data, for use in policy, planning, commissioning, system management, evaluation and performance reporting

---

[142] Productivity Commission, *Mental health*, Report No. 95, 2020.
[143] National Suicide Prevention Adviser, *Connected and compassionate: Implementing a national whole of governments approach to suicide prevention*, Australian Government, 2020.
[144] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021.
[145] Select Committee on Mental Health and Suicide Prevention, *Mental health and suicide prevention*, Commonwealth of Australia, 2021, p183.
[146] 57th Parliament Mental Health Select Committee, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Report No. 1, 2022.
[147] Federal Financial Relations, *National mental health and suicide prevention agreement*, page 20, n.d., accessed 18 April 2023; Federal Financial Relations, *Bilateral schedule on mental health and suicide prevention: New South Wales*, n.d., accessed 18 April 2023.

- Improve reporting and transparency and drive system improvement
- Build an evidence base that sustains ongoing system improvement.

As at 1 May 2023 a national evaluation framework has not yet been released.

Information about mental health outcomes, experiences and services in NSW is published by NSW Health, the Mental Health Commission of New South Wales, the Australian Institute of Health and Welfare and the Productivity Commission.[148]

---

[148] NSW Health, *Mental health*, current at 24 March 2023, accessed 5 April 2023; HealthStats NSW, *Mental health*, 2021, accessed 5 April 2023. Mental Health Commission of New South Wales, *Measuring change*, 2023, accessed 5 April 2023; Australian Institute of Health and Welfare, *Mental health*, AIHW, 2023, accessed 5 April 2023; Productivity Commission, *Report on government services 2023 – 13 Services for mental health*, released 2 February 2023, accessed 5 April 2023.

4. Mental health reform in NSW

4.1 Current mental health framework in NSW

While there has not been a broad-ranging inquiry into mental health in NSW similar to those conducted in Queensland, Victoria or at a national level since 2002, mental health has been covered in other parliamentary inquiries, including those related to rural and regional health, communities affected by drought, and management of health care.[149] There was also a specific inquiry into seclusion and restraint practices in mental health services in NSW in 2017.[150] In addition, the Mental Health Commission of NSW undertook significant consultation in 2013 to develop *Living Well: A strategic plan for mental health in NSW 2014–2024*, and then again in 2019–20 as part of a mid-term review and refresh of that strategy.[151] Together with reports about the mental health system prepared by clinical and consumer groups,[152] these inquiries and reviews paint a similar picture to that which exists in other states and nationally, with a wide range of issues raised covering all the themes discussed in this paper.

As well as being party to national plans and agreements, NSW has its own strategies and plans that guide the delivery of mental health. These include:

- **NSW Strategic framework and workforce plan for mental health 2018–2022:** provides overarching guidance for strategic action for mental health in NSW.[153] It includes 3 goals and 9 actions relating to person-centred care; safe, high-quality care; and connected care. It is supported by an implementation plan that describes governance arrangements, processes for monitoring progress and details of implementation actions.[154]

- **NSW Aboriginal mental health and wellbeing strategy 2020–2025:** aims to support health services in NSW deliver respectful and appropriate mental health services in

---

[149] Legislative Council Select Committee on Mental Health, *Mental health services in New South Wales, Parliamentary Paper 368*, NSW Parliament, 2002; Legislative Assembly Public Accounts Committee, *Inquiry into the management of health care delivery in NSW Report 8/56*, NSW Parliament, 2018; Legislative Assembly Committee on Investment Industry and Regional Development, *Final report into support for drought affected communities Report 2/57*, NSW Parliament, 2021; Legislative Council Portfolio Committee No. 2, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales Report 55*, NSW Parliament, 2022.

[150] NSW Ministry of Health, *Mental health safety and quality in NSW: A plan to implement recommendations of the Review of seclusion, restraint and observations of consumers with a mental illness in NSW Health facilities*, NSW Government, 2018.

[151] Mental Health Commission of New South Wales, *Living well*, 2023, accessed 18 April 2023.

[152] NSW Branch of the Royal Australian New Zealand College of Psychiatrists, *The NSW mental healthcare system on the brink: Evidence from the front line*, RANZCP, 2023; Mental Health Coordinating Council, *Shifting the balance: Investment priorities for mental health in NSW*, MHCC, 2023.

[153] NSW Ministry of Health, *NSW Strategic framework and workforce plan for mental health 2018-2022*, NSW Government, 2018.

[154] NSW Ministry of Health, *NSW Strategic framework and workforce plan for mental health 2018-2022: Implementation Plan*, NSW Health, 2019.

partnership with Aboriginal services, people and communities.[155] The strategy's goals are similar to those in the overarching NSW strategic framework, with specific actions and guiding principles to support achievement of the strategy's vision of all Aboriginal people having 'access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing.'[156]

- **Living well in focus 2020−2024:** identifies 3 strategic priorities for NSW: strengthening community recovery and resilience, investing in community wellbeing and mental health, and ensuring the right workforce for the future.[157] These priorities are underpinned by 7 focus areas and 23 actions. The Mental Health Commission of NSW has published a first progress report that provides a stocktake of work underway across NSW government agencies to contribute to achievement of these priorities and actions.[158]

- **Shifting the landscape for suicide prevention in NSW 2022−2027:** takes a whole of government approach to suicide prevention focussing on 3 core areas: prevention and early intervention, aftercare and support and post-suicide support.[159] The whole of government approach includes NSW and Australian government agencies, local services, community-managed and non-government organisations, private sector providers, businesses and individuals.

Together with the programs and initiatives that operate in specific LHDs, PHNs and community organisations, these state-based plans and strategies aim to address many of the issues raised in the reform recommendations summarised in this paper. The NSW Government has noted that the 2014 Living well strategic plan was a driver for reform in NSW, and that there has been a significant increase in investment in mental health directly over the last decade, as well as indirectly through COVID-19 and natural disaster relief.[160]

While mental health has been the subject of significant funding and focus in NSW over some time, there is one issue arising from the recent reviews and inquiries that may present an area for future reform. This relates to the existing focus of the *Mental Health Act*

---

[155] NSW Ministry of Health, *NSW Aboriginal mental health and wellbeing strategy 2020-2025*, NSW Government, 2020.

[156] NSW Ministry of Health, *NSW Aboriginal mental Health and wellbeing strategy 2020-2025*, NSW Government, 2020, page 11.

[157] Mental Health Commission of New South Wales, *Living well in focus 2020-2024*, Mental Health Commission of NSW, 2020.

[158] Mental Health Commission of New South Wales, *Report one: Stocktake of the work ahead*, Mental Health Commission of NSW, 2021.

[159] Mental Health Commission of New South Wales, *Shifting the landscape for suicide prevention in NSW: A whole-of-government strategic framework for a whole-of-community response 2022-2027*, State of NSW, 2022

[160] NSW Government, *NSW Government response: Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales*, 2022, accessed 18 April 2023.

2007, and the opportunity for this Act to more strongly support a person-centred mental health care system.

4.2 Supporting person-centred care through the legislative framework for mental health

One of the strongest overarching themes from the recent reviews and inquiries was the importance of having a mental health system that is person-centred. The features of a person-centred mental health system identified by the Productivity Commission were:

- Information and supports that help people to live well within their communities, managing their own mental health where possible
- A focus on prevention and early intervention — both early in life and in the development of a condition — to minimise the harm that mental illness can cause
- For those who need additional care, services that are accessible, affordable and timely, with their quality, cultural relevance, mode of delivery and effectiveness reflecting the person's values and what recovery means for the individual and their relationships with family and kinship groups
- Participation of the person's family or carer is actively sought to add to the value and effectiveness of the clinical or support service
- Treatment and support that is seamless for people, regardless of the gateway by which they enter the mental health system. There would be no gaps in care over a person's lifespan or as their condition changes
- The outcomes for the person would be what matters for every clinical and support provider, and this would underpin the hiring and training of staff and the culture of service settings. The person — rather than the provider — would be the focus of service delivery
- Measurement and transparent reporting of all service outcomes, as perceived by the people using services, would be used to enhance ongoing improvement in both the effectiveness and efficiency of services, and to facilitate individual choices.[161]

These features are present in the plans and strategies that guide mental health delivery in NSW; and the projects, programs and services that are delivered every day to people with mental health problems all generally aim to achieve at least one of these points. Although NSW performs at or above the Australian average across a range of mental health indicators, issues remain, particularly in the context of the impact on the community and increased demand for services associated with the COVID-19 pandemic and natural disasters.[162] While the implementation of the reforms and initiatives that are currently underway in NSW will contribute to improvement, actions taken in other states may indicate where further gains could be made. In particular, the enactment of Victoria's new *Mental*

---

[161] Productivity Commission, *Mental health*, Report no. 95, Productivity Commission, 2020, p6.

[162] Productivity Commission, *Report on Government Services 2023. 13 Services for mental health*, released 5 February 2023, accessed 18 April 2023; Impact Economics and Policy and NSW Council of Social Services, *Aftershock: Addressing the economic and social costs of the pandemic and natural disasters. Report 1 – Mental Health*, NCOSS, 2022; NSW Branch of the Royal Australian New Zealand College of Psychiatrists, *The NSW mental healthcare system on the brink: Evidence from the front line*, RANZCP, 2023.

Health and Wellbeing Act 2022 (Vic) (the Victorian Act) is a case study of a significant reform process arising from the Royal Commission that will have widespread implications for the delivery of mental health services in that state.

4.2.1 Victoria's new *Mental Health and Wellbeing Act 2022*

One of the core recommendations of the Royal Commission was to repeal the existing *Mental Health Act 2014* (Vic) and enact a new Act with a wider focus on health and wellbeing, and with a primary objective of achieving 'the highest attainable standard of mental health and wellbeing for the people of Victoria.'[163]

Consistent evidence received by the Royal Commission indicated that the *Mental Health Act 2014* (Vic) did not deliver what was intended for people living with mental illness, their families and carers, and the mental health workforce.[164] Issues that were raised included that it:

- Had a narrow focus on compulsory treatment and managing risk, rather than a broader focus on wellbeing and recovery

- Did not support good communication or information sharing, and did not recognise the importance of involving people with mental illness in decisions about their care

- Entrenched stigma and discrimination against people with mental illness

- Did not reflect contemporary best practice or provide enough protection of people's rights.

While the Royal Commission recognised that legislation alone would not achieve a person-centred mental health system, it considered that it was an essential component to support and enable people to attain good mental health and wellbeing. The Royal Commission stated:

> A new Mental Health and Wellbeing Act is needed to reset the legislative foundations underpinning the mental health and wellbeing system, reflect contemporary human rights practice and thinking. The new legislation will also put the views, preferences and values of people living with mental illness or psychological distress—as well as families, carers and supporters … at the forefront of mental health laws, and the policies, programs and services that flow from them. Moreover, a new Act will provide clarity to the workforce on their roles and responsibilities and how to embed supported decision making and recovery-oriented practice frameworks in treatment, care and support.[165]

[163] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Summary and recommendations*, 2021, p78.

[164] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final report, Volume 4: The fundamentals for enduring reform*, 2021.

[165] State of Victoria, Royal Commission into Victoria's Mental Health System, *Final Report, Volume 4: The fundamentals for enduring reform*, 2021, p35.

The Victorian Parliament passed the *Mental Health and Wellbeing Act 2022* (Vic) in September 2022. The preamble to the Victorian Act indicates its ambitious and broad purpose:

> The Parliament intends that this Act lay the foundation for the vision of the Royal Commission into Victoria's Mental Health System to transform the mental health and wellbeing system and to support the delivery of person-centred services that are responsive to the needs and preferences of Victorians.[166]

The overall aim of the Victorian Act is to pursue the highest attainable standard of mental health and wellbeing for the people of Victoria, and to support this, it includes detailed objectives that cover issues including:[167]

- The provision of accessible, responsive and integrated care
- Prevention and early intervention
- Recognition of diversity and provision of culturally safe care
- Recognition of the range of factors that influence mental health and wellbeing
- Involvement of people with mental illness and their families and carers
- Protection of human rights.

The Victorian Act also includes 13 mental health and wellbeing principles, including issues such as dignity and autonomy, diversity of care and supported decision making.[168] When exercising functions under the Victorian Act mental health providers are to make all reasonable efforts to comply with these principles.[169]

Commencement of the new Victorian Act will take effect by 1 September 2023. The intent is that the delayed commencement will provide time for the mental health sector to prepare for the changes that the new Victorian Act will bring. A review of the new Victorian Act will occur 5 years after it has been enacted.[170]

4.2.2 New South Wales *Mental Health Act 2007*
The objectives of the NSW *Mental Health Act 2007* (NSW Act) are:

> (a) to provide for the care and treatment of, and to promote the recovery of, persons who are mentally ill or mentally disordered, and
>
> (b) to facilitate the care and treatment of those persons through community care facilities, and

---

[166] *Mental Health and Wellbeing Act 2022* (Vic), Preamble.
[167] *Mental Health and Wellbeing Act 2022* (Vic), section 12.
[168] *Mental Health and Wellbeing Act 2022* (Vic), Part 1.5.
[169] *Mental Health and Wellbeing Act 2022* (Vic), section 29.
[170] Engage Victoria, *Mental Health and Wellbeing Act: Update and engagement*, n.d., accessed 18 April 2023.

(c) to facilitate the provision of hospital care for those persons on a voluntary basis where appropriate and, in a limited number of situations, on an involuntary basis, and

(d) while protecting the civil rights of those persons, to give an opportunity for those persons to have access to appropriate care and, where necessary, to provide for treatment for their own protection or the protection of others, and

(e) to facilitate the involvement of those persons, and persons caring for them, in decisions involving appropriate care and treatment.[171]

While these objectives are narrowly focussed on the care and treatment of people with mental illness, they are to be interpreted in the context of broader principles, and objectives of the NSW public health system in relation to mental health services.[172]

These additional contextual provisions cover similar issues to those included in the Victorian Act, however there are clear differences between the Acts, particularly regarding the approach to human rights, ensuring equity of access to mental health services and the importance of wellbeing.

One major difference between the two Acts is that the Victorian Act has an explicit focus on person-centred care and an overarching goal of achieving the highest possible standards of mental health and wellbeing for the people of Victoria. Because the objectives of the NSW Act as stated are quite narrow, and they are to be interpreted in the context of broader principles and objectives that are located elsewhere in the Act, there is a risk that the same issues identified in the Royal Commission are in play in NSW, and that the NSW Act does not support a person-centred mental health system as strongly as it could.

Implementation of the Victorian Act over the next few years provides an opportunity to understand whether and how mental health legislation that is explicitly focussed on the delivery of person-centred care and attainment of mental health and wellbeing at a population level can have an impact on mental health service delivery and mental health and wellbeing outcomes for the community generally, and particularly for people with mental health problems and mental illness. There may be benefits for NSW in learning from the approach taken in Victoria for future mental health reforms.

---

[171] *Mental Health Act 2007*, section 3.

[172] *Mental Health Act 2007*, section 68; *Mental Health Act 2007*, section 105.

Parliament of New South Wales

Parliamentary Research Service

Mental health: Mapping the current reform landscape

Nicola Dunbar

Research Paper No. 2023-02

Disclaimer: Any advice on legislation or legal policy issues contained in this paper is provided for use in parliamentary debate and for related parliamentary purposes. This paper is not professional legal opinion.

The NSW Parliamentary Research Service provides impartial research, data and analysis services for members of the NSW Parliament.

parliament.nsw.gov.au

🐦   @NSWParlResearch

The Parliament of New South Wales acknowledges and respects the traditional lands of all Aboriginal people and pays respects to all Elders past and present. We acknowledge the Gadigal people as the traditional custodians of the land on which the Parliament of New South Wales stands.