



WE CAN'T AFFORD NOT TO.....

The economic cost to Australia of not responding effectively to mental illness is much greater than the cost of well-targeted investment. Mental illness is a critical social policy issue. Like the National Disability Insurance Scheme, which was recommended by the Productivity Commission as a long-term investment in a more productive society, comprehensive supports for people dealing with mental illness, especially severe mental illness, will greatly reduce costs, including avoidable hospitalisation and multiple other medical and social security costs.

The National Mental Health Commission reply to Government in November 2015, following their comprehensive review of services, highlights the need for change: *'The Government's response represents a ringing endorsement of the strategic directions outlined in the Commission's National Review of Mental Health Programmes and we applaud the Government's agreement on the need to shift the focus from downstream to upstream services – from income support and crisis responses, to preventing illness, keeping people well, supporting recovery and providing stable housing and participation in employment, education and training.'*

The Mental Illness Fellowship of Australia (MIFA) urges action in several key areas

MAINTAIN CURRENT MENTAL HEALTH FUNDING

In the last ten years, access to comprehensive clinical and community support services for individuals and families dealing with mental illness has improved greatly. However up to 50% of people affected are still not getting the help they need. During the current complex reform processes underway with PHNs, the NDIS and the response to the National Mental Health Commission's report, the first priority is to protect and then build on that progress. **MIFA urges the Government to ensure that 2015/2016 levels of mental health funding are at least maintained.** Two recent funding reductions, both announced without any warning, should be reversed immediately. They are;

- Cessation of the Drought Assistance Program, which will cut services to individuals and families experiencing mental health issues due to drought conditions in several jurisdictions
- Cessation of the National Partnership Agreement, which has driven innovative programs for thousands of the most marginalised, severely mentally ill Australians, and cessation will mean the end of those services in at least two jurisdictions

INVEST IN COST EFFECTIVE SUPPORTS

In the near future, Primary Health Networks will have a major role in mental health reform. **MIFA urges the Government to ensure that PHNs build on the demonstrated cost-effectiveness of the Non-Government (NGO) sector.** NGOs offer:

- Relevance—key issues with severe mental illness are poverty, loneliness and unemployment –community-managed agencies do this work best
- Lower costs—because NGO costs are significantly lower for the same service, using clinicians where they are not needed directly contributes to avoidable service gaps
- Workforce availability—NGOs have minimal shortages and have attracted a whole new range of mental health workers who can add to the work of scarce health professionals

TAKE ACTION ON PREVENTABLE ILL-HEALTH

People with severe mental illness are over-represented in virtually every ward and emergency department of Australia's hospitals. Their life expectancy is 20 years less than average, and the cost to the hospital system is immense. **MIFA urges the Government to maximise its influence to help close the avoidable life expectancy gap for people with severe mental illness**

- The total cost of physical illness in people living with a mental illness in Australia has been estimated at \$4.16 billion per annum. Key causes of early avoidable death include heart disease, diabetes and stroke. Much of this human and economic cost is avoidable
- Evidence demonstrates that nearly 80% of excess deaths of people with serious mental illness are the result of physical health conditions, not their mental illness
- Smoking is a major contributing factor to a number of high prevalence physical diseases. 66% of people living with serious mental illness are current smokers, and if offered tailored peer based support to quit, are as able as other community members to successfully reduce their smoking behaviours

ENSURE NO-ONE IS LEFT BEHIND

Just 12% of all people living with severe mental illness will be found eligible for an Individual Funded Package in the NDIS. Support for people who are not eligible, and for the people who care for them, has not been guaranteed. **MIFA urges the Government to maximise its influence to ensure that access to community support services for people with severe mental illness and the people who care for them is at the very least maintained at pre-NDIS levels.**

- The Productivity Commission Report in 2011 identified 320,000 people with 'episodic mental illness' who will not be eligible for the NDIS, but it remains unclear what they will be offered
- Funds for current Commonwealth, State and Territory programs that have been earmarked for transfer to NDIS funding are still needed by people who will not be eligible for the NDIS

MAINTAIN IMPROVEMENTS IN COMPLEX CARE COORDINATION

The Partners in Recovery (PIR) program has since 2012 successfully engaged with more than 12,000 people living with severe and persistent mental illness, many of whom had previously been thought of as 'hard to reach'. **MIFA urges the Government to ensure that the key roles of assertive outreach, engagement, and complex care coordination for people with severe and persistent mental illness, are developed and maintained across Australia.**

- Partners in Recovery has not been available in all parts of Australia---up to 20% of the population do not have access. The funding has been 'rolled in' to the NDIS, which may perpetuate this inequity
- Assertive outreach and complex care coordination across health, disability and other domains are essential on-going roles, sometimes over long periods of time. They do not have guaranteed funding under the NDIS

The Commonwealth Government is best positioned to give leadership on these five priorities. The Mental Illness Fellowship of Australia acknowledges that there are many other issues for people affected by severe mental illness—employment and housing, for example, have not been touched on. However, we urge the Government to act on these five priorities as concrete evidence that the work of the National Mental Health Commission has been, and will continue to be, taken seriously.

SUMMARY

- MIFA urges the Government to ensure that 2015/2016 levels of mental health funding are at least maintained
- MIFA urges the Government to ensure that PHNs build on the demonstrated cost-effectiveness of the Non-Government (NGO) sector
- MIFA urges the Government to maximise its influence to help close the avoidable life expectancy gap for people with severe mental illness
- MIFA urges the Government to maximise its influence to ensure that access to community support services for people with severe mental illness and the people who care for them is at the very least maintained at pre-NDIS levels
- MIFA urges the Government to ensure that the key roles of assertive outreach, engagement and complex care coordination for people with severe and persistent mental illness, are developed and maintained across Australia

