BETTER SUPPORT FOR PEOPLE WITH MENTAL ILLNESS AND ACTION TO PREVENT SUICIDE

This policy discuss mental health and other issues that may be distressing for some readers. If this raises any issues and you need to talk to someone, call:

Lifeline (http://www.lifeline.org.au/) on 13 11 14
Kids Helpline (http://www.kidshelp.com.au/) on 1800 551 800
MensLine Australia (http://www.mensline.org.au/Home.html) on 1300 789 978
Suicide Call Back Service (http://www.suicidecallbackservice.org.au/) on 1300 659 467

Labor believes that long term mental health reform focused on delivering a more integrated, cross-sector and whole-of-government mental health care system must be a national priority but it requires national leadership.

A Shorten Labor Government will build on Labor’s strong legacy in mental health by ensuring investment goes to where it is needed most.

Labor’s commitment to strengthening support for people with mental illness and improving mental wellbeing starts with the recommendations of the National Mental Health Commission.

Labor largely supports the National Mental Health Commission’s recommendations and will outline our priorities for implementation within the first 100 days of a Shorten Labor Government.

In addition, a Shorten Labor Government is committed to making sure people with mental illness and their carers continue to be supported as the National Disability Insurance Scheme is rolled out and through the continuation of community based mental health services.

Mental health and wellbeing in Australia

Nearly one in five Australian adults will experience mental ill heath each year and nearly half of our adult population will experience a mental illness at some point during their lives.

On the spectrum of mental illness, around 65,000 people have a severe and persistent psychological disability; 625,000 people have a severe episodic illness with complex needs; and, another three million people will experience mild to moderate mental ill health each year.[1]

Aboriginal and Torres Strait Islander people have unacceptably high rates of mental illness, nearly three times the rate for other Australians.[2]

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer people also live with higher rates of mental illness, self-harm and suicide.

Each year approximately 65,000 Australians attempt to take their own life. In 2012, over 2,500 people died from suicide, almost double the road toll.[3]

Tragically, the rate of suicide in rural and remote Australia is 66 per cent higher than in our cities.[4]

It is no secret that people with mental illness have poorer general health, having higher rates of diabetes, cardio-vascular disease, arthritis and asthma and are more likely to use alcohol excessively or have a drug addiction.

We know that people living with mental ill health and their families and carers are frustrated by a system that is often inflexible and poorly targeted, leaving them feeling isolated at a time when they need the most help.

Organisations working in the mental health sector see a system which is often disjointed and uncoordinated and not always equitable, particularly in regional areas of Australia.

We simply cannot allow this to continue.
In 2014 the National Mental Health Commission was tasked with undertaking a holistic review of existing mental health services and programs to assess the effectiveness of the system.[5]

In its report, the Commission made 25 recommendations across nine strategic directions to provide a framework for system-wide reform.

This is the blueprint to guide investment over the next decade.

Australia must deliver a system which is centred on early intervention and prevention as well as person-centred care and integrated support services for people living with mental illness.

Labor’s commitment

Mental health is an economic issue as much as it is a social issue – an investment now in an efficient, properly targeted and individualised mental health system will pay off down the track.

The annual cost of mental illness in Australia has been estimated by the ABS at $20 billion, which includes the cost of loss of productivity and labour force participation. Other estimates put the total cost as high as $60 billion.

Evidence shows that people who get the support they need when they need it are far better equipped to lead contributing lives through participation in work and in the community.

By implementing a number of the Mental Health Commission’s recommendations, Labor will ensure that people experiencing mental illness can access better co-ordinated services, both clinical and non-clinical.

We will work towards improving the lives of those that are the most disadvantaged and we will not forget people living in regional, rural, and remote areas of Australia.

We also recognise that the pressures faced by Australia’s small business owners and operators, as well as those in farming, can lead to poorer mental health and well-being.

We know that regionally delivered and funded services can help to build community resilience through early intervention and the prevention of mental illness.

Our efforts will also focus on preventing the tragedy of suicide by identifying and addressing the causes of suicide and providing services and support which target the people most at risk.

Labor’s plan will build on our historic investment in mental health in a way that ensures the sustainability and effectiveness of Australia’s mental health system for the long term.

National Leadership

A Shorten Labor Government will lead the negotiation on the development of the Fifth National Mental Health and Suicide Prevention Plan.

The Plan will be based on the principles of National Leadership and Regional Integration which has been recommended by the National Mental Health Commission’s review.

In recognition of the need for multi-departmental engagement and cross jurisdictional sign-off, Labor will seek agreement to the Fifth National Mental Health and Suicide Prevention Plan by the Council of Australian Governments (COAG).

Most importantly, the Plan will explicitly clarify the roles of the Commonwealth and State and Territory Governments.

Development of the Plan will take into consideration the Mental Health Services Planning Framework, an initiative established under Labor that will provide the most comprehensive analysis of need, available service types and costings.

Regional integration

Evidence shows that outcomes for people are improved when they have good access to care that provides individualised and targeted case-co-ordination and management focused on the needs of the whole person.

Wrap-around services that step up when people need them the most and step down again as need decreases will also assist people to take more responsibility for their health by helping them to recognise when they are able to help themselves.

A Shorten Labor Government will use the existing Primary Health Network structure to extend the scope of regional health services to include regionally-tailored mental health services.

Integrating regional services through the Primary Health Networks will support a model of place-based care which focuses on the needs of the individual, particularly where they have multiple morbidities which require a multidisciplinary primary health care approach.

Suicide Prevention

[6]
A Shorten Labor Government will commit to the National Mental Health Commission’s target to reduce suicides by 50 per cent over the next ten years.

Labor will establish 12 regional initiatives – six urban, four regional and two remote - as the first stage in implementation of a comprehensive, whole-of-system approach to suicide prevention. Regions will apply for grants to fund place-based initiatives tailored to local community needs for services and support.

We will work with stakeholders and State and Territory Governments to identify these sites within the first 100 days of government.

Models of suicide prevention which involve multi-component, whole-of-community approaches have proven to reduce suicidal thinking, attempts and deaths.

A Shorten Labor Government will work with State and Territory Governments, people with lived experience and the mental health service sector to develop and implement a National Suicide Prevention Framework.

A National Suicide Prevention Framework will take an evidence-based approach to identifying what is working and to developing and expanding community-based and culturally-sensitive best practice models of suicide prevention.

In developing the framework, the Commonwealth will work with the States and Territories to build an accurate picture of deaths by suicide and suicide attempts and agree to a national minimum data set for suicide prevention.

It will set incremental targets over a 10 year time frame to reach a final target of reducing suicides and suicide attempts by 50 per cent.

The framework will also outline a plan for the implementation of a program of targeted activity and bind governments to achieving a set of measurable outcomes.

**Aboriginal and Torres Strait Islander Mental Health Plan**

A Shorten Labor Government will task the National Indigenous Health Equality Council to work with the National Mental Health Commission to develop an Aboriginal and Torres Strait Islander Mental Health Plan.

The Plan will devise strategies to improve the mental health outcomes and prevent suicides of Indigenous peoples.

Through the National Indigenous Health Equality Council, Labor will ensure Indigenous health policy including mental health and suicide prevention it is informed by evidence and undertaken in partnership with Indigenous people and with the participation of Indigenous health experts.

Indigenous people will be prioritised in at least one of each of the urban, regional and remote initiatives established under the National Suicide Prevention Framework.

**Improving the economic participation of people living with mental illness**

Workplaces must be more flexible, supportive of and responsive to the mental health and wellbeing of employees.

Employers should also be encouraged to provide suitable employment and career advancement opportunities for people with episodic or ongoing mental illness, and to carers.

A Shorten Labor Government will actively support and promote the activities of the Mentally Healthy Workplace Alliance and task the Alliance with improving mental health safety and wellbeing, self-help at work, and with reducing stigma and discrimination in the workplace.

Established by the National Mental Health Commission, the Alliance aims to make sure all people in the workplace, including those who experience mental health difficulties, their families and those who support them, are supported.

A Shorten Labor Government will work with industry organisations to establish a new **Heads Up** award for excellence in attaining a mentally healthy workplace, as part of our recognition of the best employers in Australia.

**Restoring the integrity of the National Mental Health Commission**

Labor has always understood the importance of cross sectoral, whole-of-government leadership to mental health reform.

That is why the National Mental Health Commission was established as an independent agency.

During its time as an independent agency, the Commission undertook comprehensive consultations across the sector.

We know that considerable trust in the Commission was engendered with people who live with mental illness, their carers and with the service providers who serve them.

The removal of the independence of the commission under the Liberal Government is an unsatisfactory outcome for people living with mental illness, the families and carers and the mental health sector.
A Shorten Labor Government will restore the independence, integrity and transparency of the National Mental Health Commission and ensure it is embedded in a stronger national system of health reform.

**Mental Health and the National Disability Insurance Scheme**

Labor created the National Disability Insurance Scheme (NDIS), to provide people with disability the support and care they have waited so long for.

The NDIS represents an unprecedented opportunity for people with disability from mental illness to access support.

Labor also knows that not all people living with mental illness will be eligible for the NDIS.

A Shorten Labor Government will make sure that people with mental illness can continue to get the support they need by working with state and territory governments and disability and mental health support and advocacy organisations to determine which community based disability and mental health services require continued funding as the NDIS is rolled out.

Labor has started this work now to give certainty that a Shorten Labor Government will make sure services and supports continue for people living with mental illness, including outside of the NDIS.

**Support for Carers of people living with mental illness**

A Shorten Labor Government is committed to strengthening support and respite for carers of people living with mental illness.

Labor knows that carers require specific recognition for their contribution and support for the challenges they face.

Labor is already working with carer support and respite organisations on a range of initiatives specifically for all carers, including for carers of people living with mental illness.

In addition, Labor will work with state and territory governments and carer support and respite organisations to determine what continued respite for carers is needed outside of the NDIS after it is fully rolled out, making sure that carers get the respite support they need.

**Labor's record of delivering for people living with mental illness**

Labor’s investment in mental health reform was highly regarded and welcomed by the broader health sector, after years of neglect by previous Liberal governments.

Under Labor, Australian Government funding for mental health specific programs (including Indigenous programs) in the four year period 2011-12 to 2014-15 increased by 357 per cent to around $2.4 billion; compared to $516.3 million provided in the four years 2004-05 to 2007-08.

Achievements of Labor’s reform package include:

- Partners in Recovery organisations engaged in 48 Medicare Local regions;
- 425 additional Personal Helpers and Mentors services added to the workforce;
- More support services to assist an extra 18,000 people over 5 years;
- Expansion of the KidsMatter program to around 2150 primary schools and 260 early childhood centres (December 2014);
- An expansion of EPPICs services, delivered by headspace;
- A total of 85 headspace sites funded;
- 13 new Family Mental Health Services;
- A doubling of funding for ATAPS to close service gaps for around 184,000 additional people;
- Significant investments in a range of GP mental health training initiatives;
- The establishment of a single online mental health portal;
- The establishment of the National Mental Health Commission to provide leadership in mental health reform.
- The creation of the National Disability Insurance Scheme that is bringing unprecedented support to people living with serious mental illness and their carers right across the country.

Labor’s mental health reform also saw the establishment of several cross-portfolio and cross-jurisdictional processes and a 10 year Roadmap on Mental Health Reform, developed as an initiative of COAG. The Roadmap provided a framework and guide for future investment.

**Financial Implications**

Labor’s interim response to the National Mental Health Commission’s review will be met from a reallocation of existing funds, as recommended by the Commission.

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National Mental Health Commission, National Review of Mental Health Programmes and Services, Volume 2 (113).


For the full report of the review, visit <http:/ /www.mentalhealthcommission.gov.au/our-reports/contributing-lives,-thriving-communities-review-of-mental-health-programmes-and-services.aspx>

National Commission of Audit (2014), Section 10.8: Mental Health.

You can access a printable PDF version of this fact sheet here.
(https://d3n8a8pro7vhmx.cloudfront.net/australianlaborparty/pages/3090/attachments/original/1444274018/Mental_Health.pdf?1444274018)