

# Combatting Commission fatigue: what does real reform in mental health look like?

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The Royal Commission into Aged Care Quality and Safety is just one of several current investigations revealing problems and issues in mental health. Following on from the terrible Oakden scandal in South Australia, the Commission's interim report found significant over-prescribing of psychotropic medication and over-reliance on chemical restraint in aged care homes.<sup>1</sup> This comes on top of new data showing that the rate of suicide increased in 2019 (pre-COVID), that suicide was the leading cause of death among people aged 15 to 49 years and that intentional harm is by far the largest contributor to years of potential life lost in Australia (115 221 years).<sup>2</sup>

While shocking, we should not be shocked. These are but the latest in a long series of statutory or parliamentary inquiries demonstrating Australia's abject failure to build a mental health system on which the community can rely. It is easy to become jaded

by the deluge of evidence because not much changes. So far, even a pandemic has failed to elicit systemic reform of mental health care, leaving a situation in which, if your problem is too complicated for your psychologist, there are few service alternatives other than the Emergency Department of your local public hospital.

Budget 2020 made much of the so-called 'doubling' of rebatable Medicare psychology sessions under the Better Access Program, which Minister Hunt claimed was done in accordance with a recommendation made by the Productivity Commission, ignoring that the Commission also called this program unaccountable, maldistributed, of dubious quality and in dire need of evaluation.<sup>3</sup>

But whether one is discussing aged care, youth mental health, suicide prevention or other key elements of mental health care, what is fundamentally missing is strategy.

**Table 1. Key domains and funding priorities for long-term strategic reform of mental health care in Australia**  
 m, millions; HOPE, Hospital Outreach Post-suicidal Engagement

Domains	Federal investment (over 4 years)
Domain 1: Mental wealth National aftercare service – modelling demonstrates the vital impact of post-suicide attempt 'aftercare' services that are well integrated or housed within other acute care services (e.g. the HOPE system in Victoria). This recommendation would see the establishment of national best practice approaches to aftercare.	A\$800 m
Domain 2: Personalised care Psychosocial services innovation pool – so that these services can properly partner with clinical services in addressing community mental health needs, particularly for those clients in the 'missing middle'.	A\$1200 m
Domain 3: Staging of care Multidisciplinary teams innovation pools – specialist, professional, community mental health services for adults (A\$600 m), youth (A\$400 m) and children (A\$200 m).	A\$1200 m
Domain 4: Digital solutions Digital service integration – regionally-based systems of multidisciplinary collaboration across services and settings, for the better delivery of coordinated care and integration of digital mental services with other services and face-to-face care.	A\$400 m
Domain 5: Regional leadership with national support National planning capacity, regionally applied – establishment of new decision support systems that significantly expand the capability and usability of what is currently available under the National Mental Health Service Planning Framework.	A\$100 m
Domain 6: Continuing to build the evidence base about what works Mental wealth public observatory – to support independent reporting and benchmarking.	A\$60 m
Total	A\$3760 m

Rather than just carping, over the past year or so we convened a group of stakeholders comprising consumers, carers, professionals, funders, researchers, and others, to decide what to do.<sup>4</sup>

Six key domains for strategic reform were identified, with just one key, costed action to be taken in each. These are shown in Table 1 and constitute a reasonable place to begin the overdue process towards a more joined up and strategic response to mental illness across Australia, and to deal with the additional pressures placed on our broken system by the pandemic.

The Productivity Commission Report has now been launched and the Federal Government has given itself 1 year to develop its response. At stake is Australia's mental wealth.<sup>5</sup> It is critical we begin to shift our response from the piecemeal and kneejerk to sustained investment in identified areas of strategic and systemic reform.

### Competing interests

The author declares no competing interests.

### References

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