



Exploring Possibilities and Changing Lives in the Mental Health Sector

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Australian Government
National Mental Health Commission

Objectives

- Overview of the National Mental Health Commission
- Key documents
- Mental health reform in Australia
- Fifth National Mental Health and Suicide Prevention Plan
- NDIS
- Education and health
- Education and mental health
- The way forward – changing lives through learning



About the National Mental Health Commission

- Established in 2012
- Executive agency (independent) within the Commonwealth Department of Health
- CEO reports to the Commonwealth Minister for Health
- Seven commissioners - provide independent advice to the Commission and are the public face of the Commission



The Commission's role

- Monitoring and reporting on mental health and suicide prevention systems - We aim to hold the government and system accountable for its performance.
- Provide independent objective advice to Government and the community - We deliver insight into ways to continuously improve Australia's mental health and suicide prevention systems.
- We act as a catalyst for change – by engaging, collaborating, facilitating, influencing, leading, researching and seeding initiatives.



Key stakeholders

- People with lived experience, their families and support people
- Commonwealth government and departments
- States and Territories – governments and commissions
- Community and non-government sector
- Peak bodies and member organisations
- Academic and research bodies
- International partners – e.g. New Zealand and Canadian Mental Health Commissions



NMHC: Foundation documents

- 2012 *Contributing Life* framework

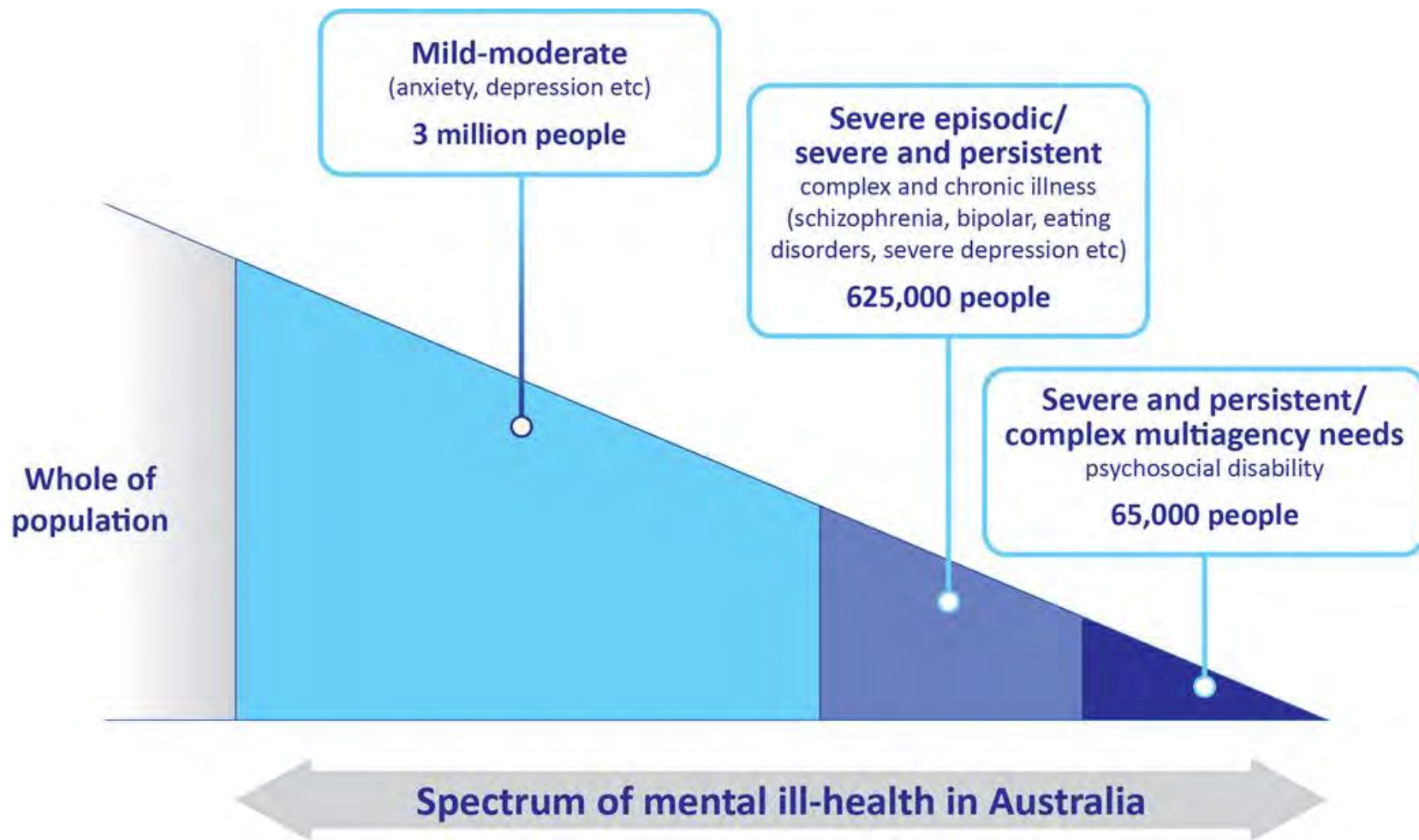


NMHC: Foundation documents

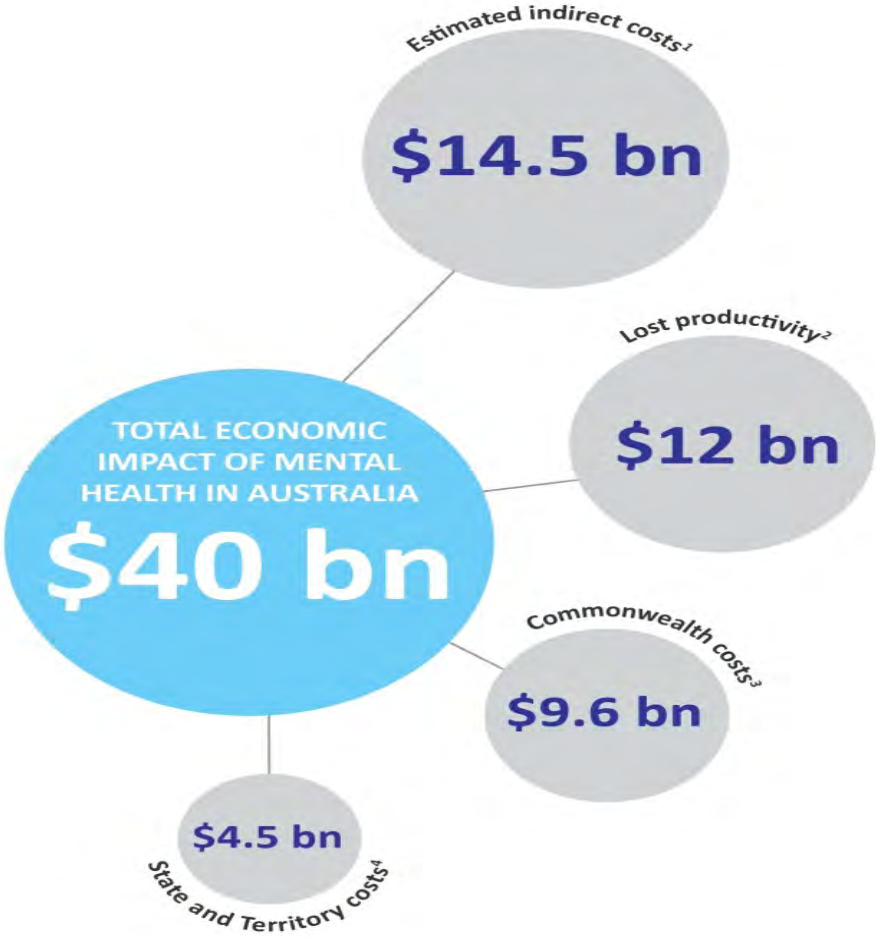
- **2014 *Review of Mental Health Programmes and Services***
 - Mental health is everyone's responsibility
 - Effective services, but system inefficiency
 - Services are fragmented and delivered within a complex system that involves multiple providers and silos (funding and service delivery)
 - Service gaps, inefficiencies, duplication, and poor planning and coordination
 - Lack of clarity of roles and responsibilities by governments
 - 60 per cent of Australian Government funding expended through welfare system



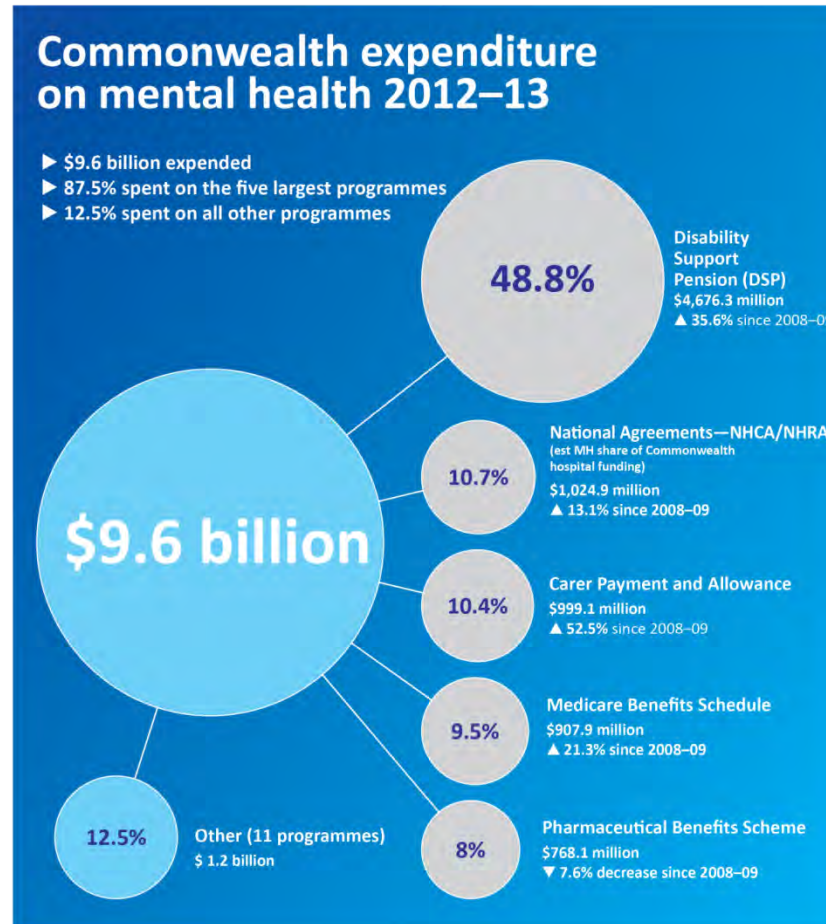
Annual distribution of mental ill-health in Australia



Economic impact



Commonwealth Government expenditure



25 recommendations across 9 key strategic directions

1. Clear roles and responsibilities to shape a person-centred mental health system
2. National targets and local performance measures
3. Shifting funding from hospitals and income support to community and primary care
4. Self-care and stepped care
5. Promote wellbeing and mental health of the population
6. Mental health and social and emotional wellbeing for Aboriginal and Torres Strait Islander people
7. Reduce suicide and suicide attempts
8. Build workforce and research capacity
9. Innovative technologies to improve access and support



Australian Government response to 2014 Report: A new approach

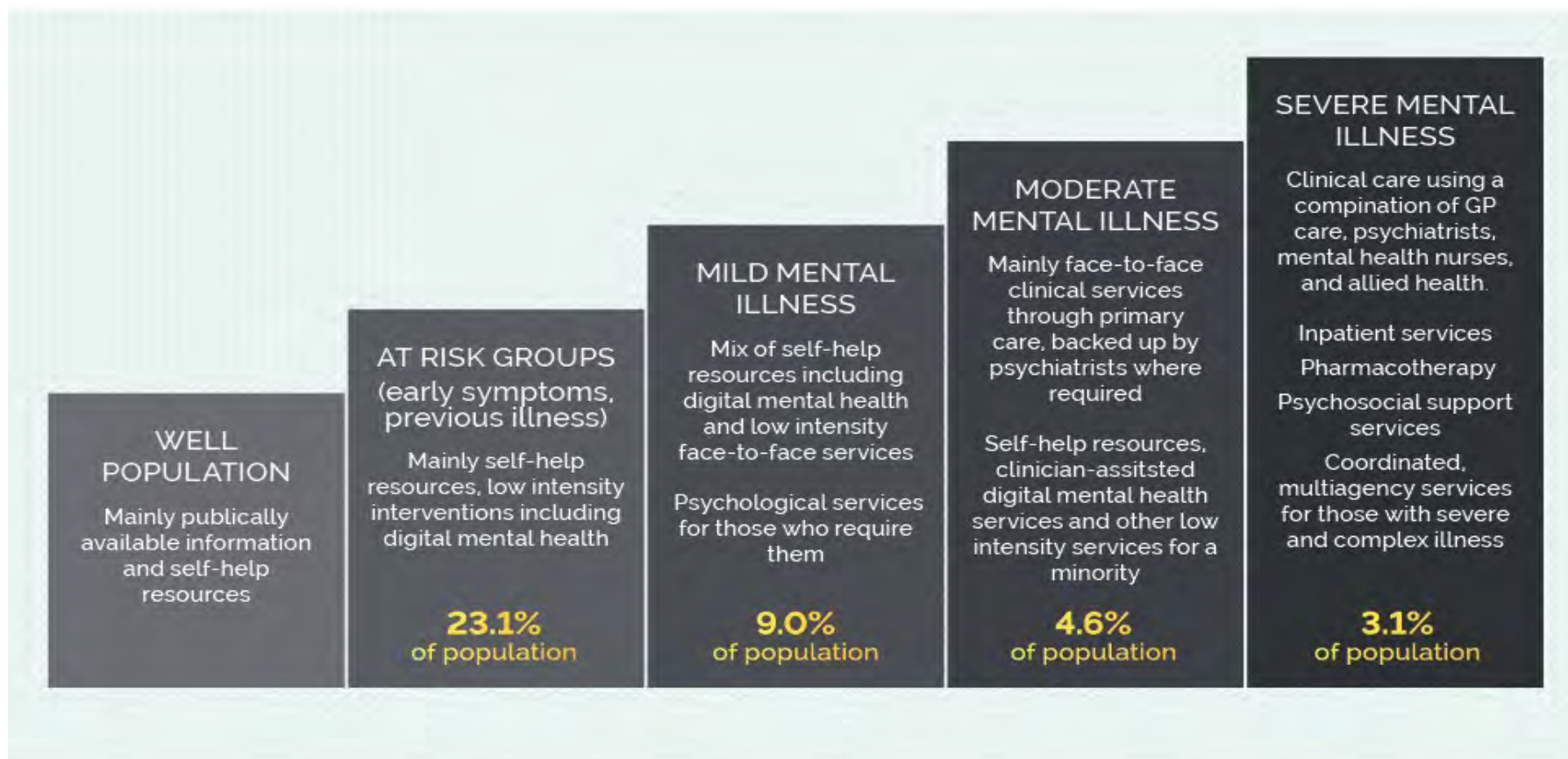
1. Person-centred care funded on the basis of need
2. Thinking nationally, acting locally – a regional approach to service planning and integration
3. Delivering services within a stepped care approach – better targeting services to meet needs
4. Effective early intervention across the lifespan – shifting the balance
5. Digital mental health services – making optimal use of technology
6. Strengthened national leadership – facilitating systemic change



Design of a person-centred approach



Stepped care, where services are matched to individual need



Fifth National Mental Health and Suicide Prevention Plan: 8 priority areas

1. Achieving integrated regional planning and service delivery
2. Suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention



Fifth National Mental Health and Suicide Prevention Plan: 8 priority areas

5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and service improvement are in place



National Disability Insurance Scheme

Your journey in 5 steps



NB: This infographic is from the NDIS website.



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National Disability Insurance Scheme

Provides:

- Choice and control for participants
- A lifetime commitment to supports and funding as required
- Increased independence and social and economic participation, including through social participation, education and employment
- Support for a partnership approach to connect to diverse supports as required



The links between education and health

- Evidence that education is strongly linked to health outcomes
- Those with more years of schooling tend to have better health and well-being and healthier behaviours
- No simple mechanism to explain the effects of education on health
 - effects on the individual e.g. sustain healthy lifestyles and positive choices, seek early treatment, adhere to treatment
 - effects on household and work contexts,
 - effects at the community level including civic participation.
 - national level effects
- Some of the impact is directly causal and some is indirect but the effect of education on health is at least as great as the effect of income



The links between education and mental health

- People with low levels of education have increased rates of mental health problems
- ABS: Mental illness is one third higher in people who have not completed secondary school compared to those with a post-school qualification
- Education reduces risk of poor mental health (e.g. education appears to be protective against depression)
- Education has much less substantial impact on general happiness or well-being



The links between education and mental health

- Low level of education is significantly associated with:
 - low sense of mastery
 - low social support
 - many negative life events (in men)
 - low household income
 - unemployment
- All of which may contribute to the development of a mental illness



The links between education and mental health

- Bi-directional
- Mental health can impact educational attainment e.g. reduced attention, self esteem, locus of control
- Other factors e.g. unable to negotiate inflexible course structures, intimidating campuses
- Stigma and discrimination e.g. those with mental illness can internalise other people's low expectations for their education



Adult learning and health

- Much of the evidence to date of the effects of education has measured education in terms of years of schooling
- Less is known about the relative health impacts of different curricula (vocational, general or academic) or about the impacts of learning at different ages and stages
- Preliminary investigations suggest that the health benefits of learning later in life may be extremely substantial



Ways that learning changes lives in the mental health sector

- Reduce risk of mental illness (directly or indirectly)
- Promote positive mental health (e.g. sense of self-worth, mastery, belonging and purpose) and foster resilience
- Facilitate social and community connections
- Increase employment prospects
- Improve community awareness
- Grow the mental health workforce
- Challenge stigma and discrimination



The role of education and learning in mental health reform

- Person centred care – choice and control
- Stepped care – low intensity workers
- Regional planning and integration - understanding local need and build relationships
- Care coordination – care navigators
- Suicide prevention – gatekeeper training and community awareness
- Physical health of people with mental illness – cultural change
- Digital mental health – optimising skills and supporting change



The role of education and learning in mental health reform

- Stigma and discrimination – empowering and challenging stigma
- Aboriginal and Torres Strait Islander mental health – building social and emotional wellbeing and cultural competence
- Workforce development - peer workers
- NDIS – support workers



In conclusion

- The interaction between mental illness and education shapes the course and fabric of people's lives





Working together to enable: CONTRIBUTING LIVES, THRIVING COMMUNITIES



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