To the Prime Minister of Australia

Dear Prime Minister,

Mental health reform is a nation-building issue. It is as fundamental to a better Australia as building new physical infrastructure, economic reform and social investment.

Mental health problems affect nearly half of all Australian adults at some point in their lifetime. Poor mental health has significant social, economic, productivity and participation impacts.

Indeed, during the election campaign you recognised that mental illness is the “hidden epidemic” in modern Australia.

You have many demands on your new Government. However, as an economist, and as a father of a daughter with an enduring mental illness, I can see the national, community, family and personal benefits from supporting people with mental health problems to have choice, opportunities and be included in all aspects of our society.

As you commence your Prime Ministership, I write with two key messages based on the National Mental Health Commission’s findings to date. I believe these require your personal leadership to secure the potential benefits:

Improving mental health is an invest-to-save issue. Tackling the causes rather than the symptoms; preventing mental illness and suicide in the first place; promoting good mental health for everyone; and timely support when things start to get tough, is the best economic and social renewal strategy that we can invest in.

Our current system is not designed with the needs of people and families at its core. These needs are wider than health services – they are about supporting recovery and leading a contributing life.

Other leaders and experts join me in writing to you with their insights.

Our National Review of Mental Health Services

I welcome your confidence in the Commission in making your Government’s election commitment to mental health reform, and giving us adequate resources to do so. We look forward to getting started on the review on behalf of the Australian community.

This will be an independent, comprehensive review of the effectiveness of the current mental health system. We urge that it be guided by six fundamental principles.

1. The review must have at its heart the needs and preferences of people who live with mental illness and those who support them, and be planned with them. Our own National Contributing Life Project’s early findings are that stigma and discrimination, economic, job and housing insecurity and poor social connections are the biggest barriers to a productive, fulfilling and healthy life. We need to identify the gaps in services and the systemic barriers which perpetuate disadvantage.

2. The review must take a whole-of-life perspective on mental health. Supporting people to achieve their aspirations and potential is not just about providing excellent clinical mental health services. Having meaningful things to do, maintaining connections to community, family and culture, and having a stable place to live, are all intrinsic elements of a contributing life – none of which we can afford to ignore. The review needs to assess how services across sectors might be better integrated or co-ordinated to provide joined-up support.

3. The review must consider the ultimate indicator of service effectiveness to be whether it makes a positive difference to the ability of a person to live a contributing life. All too often we focus on measuring cost-per-activity, but this is not the way to gauge value for money.

4. The review must consider the appropriateness of the current balance of investment. This is heavily weighted towards acute care, resulting in a crisis-driven system. We do need sufficient hospital beds for when people need intensive clinical treatment, and not because community-based support has failed them. We need to move funds towards a system focused on prevention and early intervention. This doesn’t just make sense economically but – most importantly – it improves the chances of a contributing life for those who experience mental illness.

5. The review must build on Council of Australian Government (COAG) and tri-partisan support for mental health reform and be characterised by strong engagement and consultation across governments and across sectors.

6. The review must not be rushed. We take this task very seriously, and believe that meaningful reform can only be based on detailed consideration of the judiciousness, effectiveness and efficiency of current investments; the balance, targeting and distribution of this investment and current incentives; and the cost-benefits of different models in terms of both indirect and direct impacts on peoples’ lives. All of this will entail careful development of appropriate indicators of service quality and effectiveness – a task which is presently challenging jurisdictions all over the world.
The review will provide your Government with evidence upon which to make future policy and investment decisions. You can expect our recommendations to be clear and frank.

**The case for review and reform is unambiguous.**

While we contribute to ongoing mental health reform directions, we note your commitment to quarantine current funding for mental health, but also note that this level is already mismatched to the burden of disease, productivity loss and contribution to years of disability and life lost.

Governments spent an almost record $6.9 billion (or $309 per Australian) on specialist mental health services in 2010/11. A recent study found that at $28.6 billion per year (excluding capital), total direct expenditure on supporting people with a mental illness in Australia far exceeds that previously estimated and is equivalent to 2.2 per cent of Australia’s Gross Domestic Product (GDP). Until it conducts the review the Commission is unable to tell you whether this investment is being spent to the best effect and on the supports that will have the greatest positive impact on people and families.

As significant as this investment is, it is not enough to truly alleviate the burden associated with mental illness. In Australia, the total mental health budget is itself only 6.5 per cent of the health budget when the total burden of disease due to mental illness suggests this should be closer to 14 per cent. Furthermore there are still questions unanswered about our level of investment in young minds — about 11 per cent of spending on specialised mental health services in 2010-11 was towards child and adolescent services yet 0-17 year-olds comprise almost 23 per cent of the population.

These expenditure figures exclude indirect costs, such as lost productivity. Psychological distress in the workplace produces a $5-$9 billion reduction in employee productivity per annum. Each and every year, the societal costs of depression in the workforce are estimated at $12.6 billion. Better health and education can result in substantially greater labour force participation for people living with a mental illness. Averting the impacts of that illness has a positive effect on workforce participation and increases the likelihood of working by between 25 and 30 per cent. The need for housing support is growing as is insecurity of accommodation. People need a stable place from which to recover and contribute. Such benefits can be realised though better participation, removing barriers to employment, to facilitate full inclusion across the economy.

These are social investments with good rates of return.

On top of these persuasive figures, suicide takes the lives of 44 Australians on average each week — far greater than the number killed on our roads. Aboriginal and Torres Strait Islander peoples are two times more likely to die by suicide than non-Indigenous people. Suicide and suicidal behaviour has been estimated to cost Australia $7.5 billion a year (in 2007-08 dollars), approximately 1.5 per cent of GDP.

Our second year in review

Our first Report Card on Mental Health and Suicide Prevention made ten recommendations, and they remain just as valid today as they were 12 months ago. This year we report back on these recommendations and we make a further eight.

In 2012 we highlighted four priority areas for ongoing action:

1. **Mental health must be a high national priority for all governments and the community.**

   While we have made good progress, mental health reform is far from complete. It remains the Commission’s strongest view that mental health must stay on COAG’s agenda and enjoy tri-partisan collaboration that extends beyond electoral cycles.

   There is an opportunity to realise Australia’s potential and progress. Your new Government’s agenda to review the current system with your state and territory colleagues has the potential to fundamentally reshape the current arrangements to improve outcomes.

   We can no longer afford to not have a proper understanding of the value of good mental health.

   The economy is transitioning and the imperative to see mental health as a broader social and economic issue is more pressing than ever. Are we using our resources most effectively now? Are current governance, funding and delivery structures working for people and families? Are they enabling access to prevent problems and promote recovery? Short-termism and dodging responsibilities will only exacerbate our current situation and be costly to people, families and the taxpayer. Too many people are ending up in insecure homes, in the criminal justice system and in hospital beds because they are inadequately supported in the community.

2. **We need to provide a ‘complete picture’ of what is happening and closely monitor and evaluate change.**

   The Commission’s contributing life framework has resonated with the community, the sector and employers. With a serious, long-term reform agenda we can give individuals and families the opportunities to develop and fulfil their potential, work creatively and productively, build strong relationships and contribute to the community and economy. In doing so, lived experience — either from a personal experience of mental health difficulties or from supporting someone else — must be central to design, implementation and evaluation.

   Measuring success must centre upon people’s experience of care, quality of life, and other determinants such as access to housing, education and meaningful employment and leading a life free from discrimination. It is not about measuring cost per activity. It is about measuring the extent to which interventions improve lives.

3. **We need to ensure that people can be supported to live a contributing life.**

   If people can be supported to live a contributing life they have the opportunity to be productive, to contribute and to participate. We need to ensure that people are not being denied the opportunity of participation due to discrimination. We need to make sure that discrimination does not undermine the value of our lives and the contributions we can make.

4. **People must have a system of care that is effective, efficient and accountable.**

   We need to have a system of care that is effective, efficient and accountable. Each and every year, the societal costs of psychological distress in the workplace produces a $5-$9 billion reduction in employee productivity per annum. Each and every year, the societal costs of depression in the workforce are estimated at $12.6 billion. Better health and education can result in substantially greater labour force participation for people living with a mental illness. Averting the impacts of that illness has a positive effect on workforce participation and increases the likelihood of working by between 25 and 30 per cent. The need for housing support is growing as is insecurity of accommodation. People need a stable place from which to recover and contribute. Such benefits can be realised though better participation, removing barriers to employment, to facilitate full inclusion across the economy.

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3. We need to agree on the best ways to encourage improvement and get better results

Implementing evidence-based models of support will help to close service gaps. Systemic evaluation must be a first thought, not an afterthought.

For example, we must see action on the poor physical health of people with mental health issues. People with severe mental illness die between 10 and 32 years earlier than the general population\textsuperscript{26, 27}, a life expectancy second only to Aboriginal and Torres Strait Islander peoples.\textsuperscript{28}

Further, as significant national initiatives such as the National Disability Insurance Scheme (NDIS) and Activity Based Funding are implemented, we will continue to pay close attention to their impacts on mental health outcomes.

The NDIS is a very welcome development and offers great hope, choice and control for some people living with severe and persistent mental illness, and those where early intervention has good potential to reduce the long-term burden of disability.

Yet there are concerns about the possibility that current spending on other mental health supports may be displaced to fund the scheme and that we may unintentionally close doors on some people. In relation to Activity Based Funding, it is essential that we do not forget about the urgent need to invest in community supports and not incentivise a hospital-centric model.

4. We need to analyse where the gaps and barriers are to achieving a contributing life and agree on Australia’s direction

Finally, we must set a destination for reform and systematically and transparently measure and report progress and results, not more activity. In this Report Card I repeat our call from last year for COAG to sign on to ambitious national reform targets and indicators.

Soon after the 2012 Report Card was released I was asked to chair the independent Expert Reference Group established by COAG to develop targets and indicators for mental health reform. This group consulted widely to ensure the voices of people with lived experience were heard and translated into the measures. The group’s recommended framework, based upon the principles of a contributing life, was publicly released and submitted to governments in September 2013. The Commission endorses its directions and urges COAG to respond.

In its first 18 months the Commission has also actively sought out and considered ways to measure how effectively investments in government, private and non-government services are making a difference. We remain convinced that, on the whole, as a country we are collecting the wrong data to measure real outcomes. We remain adamant that measures of success must take a whole of life and person- and family-centred approach. They must focus upon the levers that will drive the biggest systemic and behavioural change over time. We will use measures to report independently to the community, and build them into our review of the current system.

I am also pleased to hear that your Government will be a government for all people and will not leave anyone behind.

Your commitment to Aboriginal and Torres Strait Islander Australians is well known, and we welcome the formation of an Indigenous Advisory Council that will report directly to you. The establishment of the Ministerial Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group this year was a great step forward and has become a valued partner. This Group contributes strong leadership and expertise in social and emotional wellbeing, mental health and suicide prevention.

In our 2012 Report Card we highlighted the tragic lack of opportunities for good social and emotional wellbeing in our Aboriginal and Torres Strait Islander communities. We must measure and evaluate progress. Action on this is long overdue.

The disadvantage associated with mental ill-health and suicide risk extends into every corner of Australian society. No family and no community is immune. Pronounced income inequality in wealthy nations is associated with a higher prevalence of mental disorders, and socio-economic disadvantage drives an increased risk of developing a mental disorder.\textsuperscript{29} Poor mental health is the leading cause of disability burden in our country.\textsuperscript{30} This burden inevitably increases in times of economic downturn.

A recent Productivity Commission working paper found that certain people continue to experience deep and persistent disadvantage and are being ‘left behind’, including people with enduring and disabling health issues. The paper highlights the complex interplay between, and compounding effects of, personal resilience, family circumstances, community support and the broader economic and social environment.\textsuperscript{31}

It is my view that your Government’s plans for a prosperous future must include mental health reform as an integrated component. Mental health and wellbeing must be considered across all portfolios when developing social and economic policy and designing implementation.

The Commission’s independence from individual departments and funding and program management is essential to its role of providing you and your government with unfettered advice that looks across all of the systems and supports that help people to live contributing lives.

Introducing our 2013 Report Card

Dear Prime Minister,

Peer work is our personal choice and the strength and value of the peer workforce is evident in the achievements of those people we support. Whatever people might hope to achieve, peer workers provide inspiration and motivation to enable and encourage that hope.

Extracting from our own lived experiences, peer workers engage and mentor people to help them develop their own sense of mastery in their recovery efforts and personal challenges.

We understand each person’s journey of recovery is in fact a journey of personal discovery and transformation. We know the dangers and pitfalls along the way and we provide empathetic support that only lived experience can offer.

Scars heal. We know this because we’ve been there and have learned a lot. Peer workers don’t teach or strategise. We listen.

Peer work is more than just another support worker position. It has clear duties and a real, ethical responsibility with tangible outcomes. It requires life experience and recovery journey practice. It requires discipline, self-esteem, self-belief, an awareness of triggers, faith in one’s own strengths and wisdom to know one’s limitations. It requires dedication and informed commitment to recovery philosophies.

I invite the Australian Government to consider including peer work as an essential component of all mental health services.

After all, Peer Workers are the champions of recovery.

Peter Farrugia

Peer Manager, Richmond PRA

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This builds on our first Report Card, released one year ago to the day. It reflects the community’s voice on the issues in mental health and suicide prevention that matter most to them.

This year the Commission visited communities and support services in Sydney, Canberra, Cairns, Yarrabah, Perth, Port Hedland, Hobart, Launceston and Melbourne. We continue to be impressed by the optimism and resilience of communities and the hard work and ingenuity displayed by many in the face of service gaps. The communities and workers at Yarrabah and at Port Hedland are testament to this. Disappointingly, we continue to hear of poor experiences, marginalisation and discrimination. We observe a concerning trend of services retreating from their roles and of governments retreating from their funding commitments to support people in the community. Again, this is poor economics.

This Report Card sits above the different views and vested interests that have too often led to disunity and competitiveness. These debates draw energy away from what the 7.3 million Australians who today have a lived experience of mental illness deserve. Australians deserve a reform plan with a clear destination and funding to match which is undertaken in a spirit of genuine cooperation. Some of them have joined with me in writing to you, and I ask that you consider their letters carefully.

With your leadership, through a whole of life approach that leverages drivers of inclusion, participation and productivity, and by putting ‘mental wealth’ at the centre of all policy making we are confident that we all can do better for those 7.3 million Australians and their families.

**We cannot afford to not do so.**

Yours sincerely

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Professor Allan Fels AO

Chair

November 2013

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Peter Farrugia

Peer Manager, Richmond PRA
Dear Prime Minister,

Thirteen years ago I had reached a stage in my life where I thought my life was complete. I had two beautiful daughters, followed by my doting little boy, Justin. Suddenly all that changed. Justin, who was almost three years old, drowned in a neighbour’s backyard pool. That same day I drowned with him!

That person (pre-tragedy) was never to be the same again. Instead, a changed person emerged. Through the helpful guidance and support of peers who had experienced the death of their child before me, I received the precious lifeline. They, through their own lived experience, showed me how other parents who had suffered the pain of grief were now living meaningful lives. It gave me the hope that I could too.

The reason I now work for The Compassionate Friends is to advocate and raise awareness of the value of peer support. Peer support can assist someone in a life crisis, at a point of vulnerability, to being active in one’s life again. I recommend that everyone going through a crisis in their lives should have access to peer support.

Living well in bereavement is possible, although a scar and void in my life and family remains forever. And that’s ok.

Kind Regards

Josie C

Dear Prime Minister,

ARE YOU LISTENING TO US?

Is our system UNWELL and not CONFORMING to our needs? As consumers and carers do we need to start a RISK ASSESSMENT on the system? As a person of lived experience that is employed in the mental health system I recognise the amazing work of individuals and organisations but I am also constantly reminded that our system needs much improvement. I work and connect with people, consumers and carers and I listen to the struggle and frustration of a system not listening to them.

Consumer and Carer participation needs to be improved. Consumers and carers must be encouraged to be involved in all functions of the mental health system. From Funding to service delivery we need to be respected, heard and represented in all areas of decision making. Only then can we call our system a well balanced system that supports recovery.

Yours sincerely,

Lindy B

Josie C
Dear Prime Minister,

LGBTI people have the highest rates of suicidality of any population in Australia. Same-gender attracted Australians have up to 14 times higher rates of suicide attempts than their heterosexual peers. Rates are six times higher for same-gender attracted young people. Many Australian organisations report that they provide services for LGBTI people because they treat everyone the same. However, LGBTI people continue to be overrepresented in the suicide statistics.

There is a need to support prevention and early intervention programs that seek to address LGBTI mental health issues.

MindOut! is the first national project of its kind, working with LGBTI organisations and mainstream mental health organisations to improve mental health and suicide prevention outcomes for LGBTI people and populations.

The National LGBTI Alliance provides a combination of public workshops, resources, information and networking opportunities designed to increase understandings, capacity and ability to work with LGBTI people as a distinct culture with specific concerns and needs.

These measures are moving us toward providing LGBTI Australians with the same rights and services that other Australians enjoy.

It is now time to develop a National LGBTI Suicide Prevention Strategy.

Yours sincerely

Warren Talbot

General Manager of the LGBTI Health Alliance

10 October 2013

The Hon Tony Abbott MP
Prime Minister
Federal House of Representatives
Parliament House
CANBERRA ACT 2600

Dear Prime Minister

To me and members of the Business Council of Australia, true wealth is not just measured by GDP. It is also about how a strong economy contributes to job creation, having first class health and education systems, decent infrastructure and proper opportunities for people. That includes people living with mental illness, their families, friends and other support people.

I think the whole point of growing our economy is to make sure that all Australians have the opportunity to work and have a better quality of life. This is fundamental to our economy, to social cohesion, to our sense of national wellbeing and our confidence as a country.

Increasingly, it will be people, ideas and innovation that underpin a successful Australian economy. So, in preparing for the future, the most important thing we can do is to put in place the systems and structures that encourage every individual to realise their potential.

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I am proud of the contribution our companies make to the economy, the number of people they employ and the role they play in creating national wealth. I am excited by the fact that business is leading a process to create more mentally healthy workplaces. It’s good for business, it’s good for people and it’s the right thing to do.

It’s about giving all Australians the skills and education to maximise their capacity to participate, to be productive and to thrive in a modern workforce and workplace. Again, that includes people with mental illness, their families, friends and other support people.

I look forward to working with your government to build the kind of inclusive society we all wish to live in.

Yours sincerely

Jennifer A. Westacott
Chief Executive

Business Council of Australia
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Educators must minimise the barriers that exist for students. Increasingly, schools are confronted by the issues associated with the deteriorating health and wellbeing of some students: and although this may be more pronounced in lower socio-economic communities it is a concern for all schools. The increase in students with a disability or mental health concerns has challenged schools to look beyond traditional education solutions to alternative and innovative responses.

Inclusion is a whole-school, whole-of-community response to removing learning barriers. Schools must reach beyond the boundary to find partners to provide support or opportunities so that students remain connected to education and transition to further education or training. Many schools use a full service model or multi-disciplinary support teams which may include school counsellors, welfare workers, youth workers, career or transition officers, chaplain, school nurse and community liaison officers. Communities cannot bear the cost of disengaged and disconnected youth and the best provision of service and support occurs when the school develops partnerships with community organisations and providers.

Schools are focused on improving retention and participation rates but this often means a reconceptualisation of school provision, increased personalisation and increased awareness of the student’s needs. Highly successful inclusive schools build strong connections with the home, identify the barriers, intervene where necessary and continually evaluate progress. One size does not fit all; not all students are focused on an ATAR score but all students can have a plan, a pathway to the future that values both vocational and academic pursuits and keeps students engaged in education and training.

As school engagement with the community increases, and the focus on the importance of education spreads into the broader community, we are able to provide more hope, more support and more opportunities for young citizens.

Programs like Work Inspirations, School-based apprenticeships, project-based learning and internships, philanthropic initiatives, as well as increased awareness of mental health issues and the increased support that is available in some communities all contribute to the general wellbeing of the community and all help to create a better future.

Sheree Vertigan  
President, Australian Secondary Principals Association

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Dear Prime Minister,

For too long young people haven’t been engaged in the discussion and development of the issues surrounding mental health. As suicide is the leading cause of death for young Australians it is concerning that we are facing a situation where the ‘solution will be found for you, not with you’. It is time to give young people a seat at the table. Let them show you that they can indeed be a part of the solution, not the problem.

Over the past three years, starting when I was 25, I embarked on a journey to do exactly that – to give young people a voice – by founding Batyr. At Batyr we engage, educate and empower young people by speaking with them about social and mental health issues. It is a journey built on vulnerability, personal experiences and ‘hope’ that so many young people have lost on their journey. However, this has not been a lonely journey; it is and continues to be built and driven by young people; young people willing and eager to engage in conversations to help friends, family members and themselves. It is about empowering young people to stand up and share their lived experiences in the hope that by sharing their journey of recovery other young people may reach out for support when in need.

I fully support any report that highlights an increased need to engage young people in finding the solution around mental health.

It’s time to talk. It’s time for change, positive change.

I would appreciate any opportunity for young people to discuss with your office, how we can play a role in helping to find the solution to tackle these important mental health challenges.

Warm regards,

Sebastian Robertson

Founder & CEO

Batyr