Australian College of Mental Health Nurses:
Response to 10 Year Roadmap for National Mental Health Reform Draft #4

The ACMHN has chosen to respond to the consultation on the Draft 10 Year Roadmap for National Mental Health Reform via a written response rather than through the online survey as the survey questions did not go to our key issues.

Overarching feedback on the Roadmap
The ACMHN is very concerned that the Roadmap will not support the achievement of mental health reform in Australia. The ACMHN anticipated (and expressed this view in previous consultation processes) that the Roadmap should set a goal or direction towards mental health reform, and describe in detail how progress towards that goal would be measured.

Instead the draft Roadmap offers a series of motherhood statements and aspirational statements. The content of the Roadmap does not match the purpose which is described as: “the Roadmap aims to drive the provision of mental health services” and “provides the markers for government to prioritise investment, allocate it to appropriate areas and define the desired outcomes from that investment’. While the vision and key directions are satisfactory, the content of the document, the actions and indicators are not. It appears that governments have shied away from making any tough decisions about priorities, specific actions and importantly, meaningful indicators against which they may be seen to be failing.

The Roadmap appears as if in isolation from current initiatives and developments in mental health in Australia. The Roadmap does not acknowledge that mental health services (clinical and non-clinical) already strive to achieve the goals articulated in the Roadmap. Many individuals and organisations are providing integrated, person centred recovery oriented services to people with mental health problems and mental illness. This is important as the Roadmap needs to define the status quo in each key direction area so it is possible to recognise and measure improvements in the future.

In summary, the key directions and actions are all well intentioned and if these were to be achieved, they would go a long way towards achieving the vision of the Roadmap. However, current draft of the Roadmap is not sufficient robust or prescriptive to drive the direction of national mental health reform for the next 10 years.

Short term vs long term actions
The ACMHN is very concerned about the distinction made between short and longer term actions. The Roadmap describes shorter term actions as those that will be commenced and completed within a short period of time (although what period of time is unclear) compared
with longer term actions which need a longer implementation lead time. It is unrealistic to describe “a national effort to tackle mental illness among our young people; improving the level of support to enable consumers to obtain and maintain relationships, jobs and housing; and increasing the number of people getting effective person centred and recovery oriented treatment, including early intervention services and support” as a shorter term goal.

The ACMHN believes that many of the actions which are described as shorter term actions require ongoing investment and should not be ceased after a short period of time. For example, it is troubling to see that the Roadmap regards Reducing stigma and discrimination as a short term action...changing attitudes towards mental illness will be an ongoing challenge that will involve a multitude of actions and approaches. It is an area of activity that should commence immediately and remain a priority for an extended period of time – at least the life of the roadmap.

Similarly, it is worrying that some actions are being described at longer term. For example, increasing capacity of frontline services to respond to the mental health needs of the individuals and communities they service is designated as a longer term action. Improved training for frontline workers such as nurses, police, and ambulance officers has been identified as necessary many times – particularly in the context of suicide, self harm and people experiencing psychosis. This action should not be delayed any longer. While we acknowledge that some may take longer to implement, the implementation process should start as soon as possible. The impact of all key directions and actions should be measured from this point forward. Delays in implementing ‘longer term action’ must be visible and reported on.

Indicators and measures of progress
Measuring progress is a key component of the Roadmap, and the mental health sector, including the ACMHN has strongly indicated to Government that it is only with meaningful indicators that the Roadmap will have any value. The ACMHN is very concerned that the Roadmap includes poorly considered and researched indicators. The lack of any targets in any of the indicators is a significant issue. Without targets, the community and the mental health sector can have no confidence that the Roadmap will drive change. In fact, it is difficult to avoid concluded that there is no real commitment to measuring progress towards achieving the actions, key directions and overall vision of the Roadmap.

As a whole, the indicators measure level of activity rather than quality and effectiveness of activities. For example, under Key Direction 1, an indicator is about the quantity of mental health promotion or suicide prevention programs implemented in schools and other settings - not the quality or effectiveness of these programs and whether the availability of these programs have improved the mental health of the students or workers in those organisations.

The relationship between the indicators proposed and the actions is limited and in some cases confusing. For example, there is a strong emphasis in the actions under Key Direction 2 on building better connections between services and increasing the focus of these services
on early intervention. However, none of the suggested indicators will measure whether there has been any progress in these areas.

Another example of a confusing indicator is “the number of young people seeking primary mental health support through funded GP or allied health services, including headspace”. It is unclear whether the goal is to increase or decrease these numbers. Increasing numbers may be a positive outcome if it means more young people are seeking help. However, it may be a negative outcome if it means that the incidence of mental health issues in young people is increasing. This simply demonstrates how much more consideration needs to be put into the indicators for the Roadmap.

Other concerns are that the indicators listed under each key direction appear to have been developed without reference to existing data sources or whether they are practical and easily implemented measures. Nor does there appear to be any consideration of the links between indicators in one key direction and indicators in other key directions. For example, connections between mental health promotion programs in workplaces (Key Direction 1) and numbers of people with mental illness employed (Key direction 5).

The ACMHN strongly urges the indicators in the Roadmap be redesigned to address these issues, and to include targets.

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