

Promoting Australia's mental wealth: pre and post- COVID19

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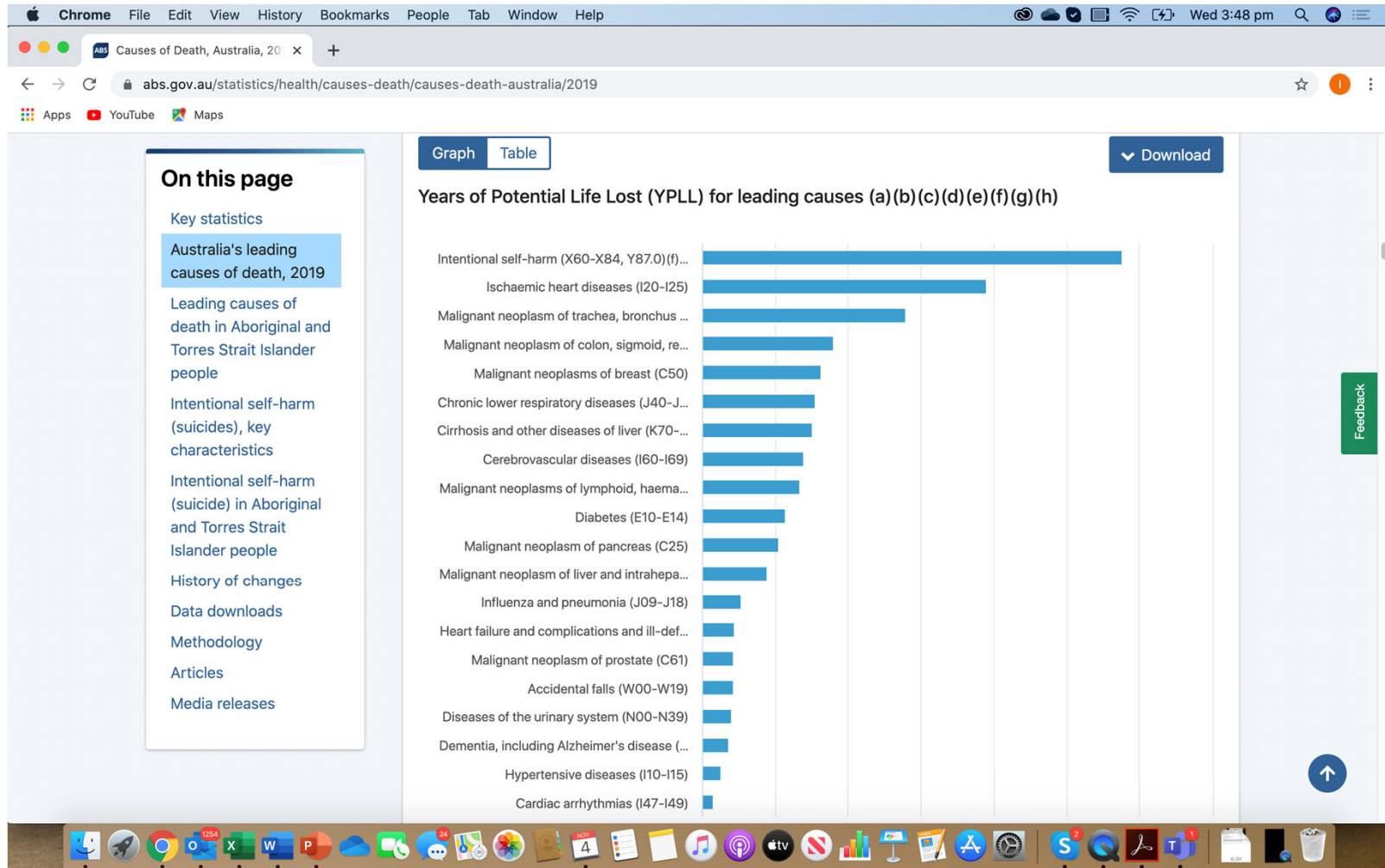
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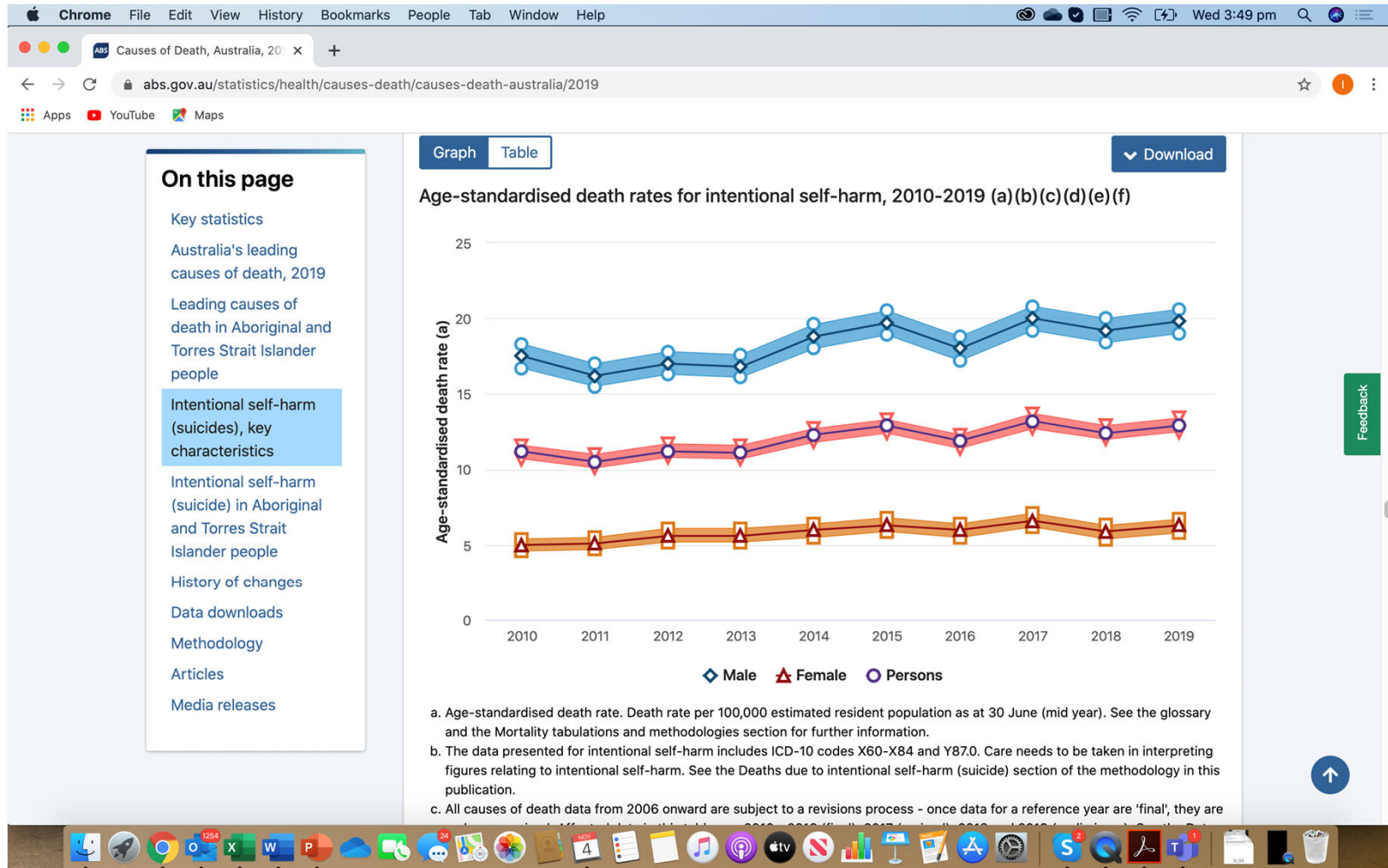
Disclosures

- 5% Equity share in Innowell – the joint venture between University of Sydney and PwC
 - Responsibility for delivery of R&D through independent University Trials and not commercialisation
- National Mental Health Commissioner 2012-2018
 - Views Expressed are my own and not those of the Commission

2019 Figures: Years of Potential Life Lost



2019: Continuing trends going up








Productivity Commission Report – Chaotic systems (Final June 30, 2020, Released NOV 2020, Govts Response – May, Nov 2021



Mental Health
Productivity Commission
Inquiry Report
Volume 1

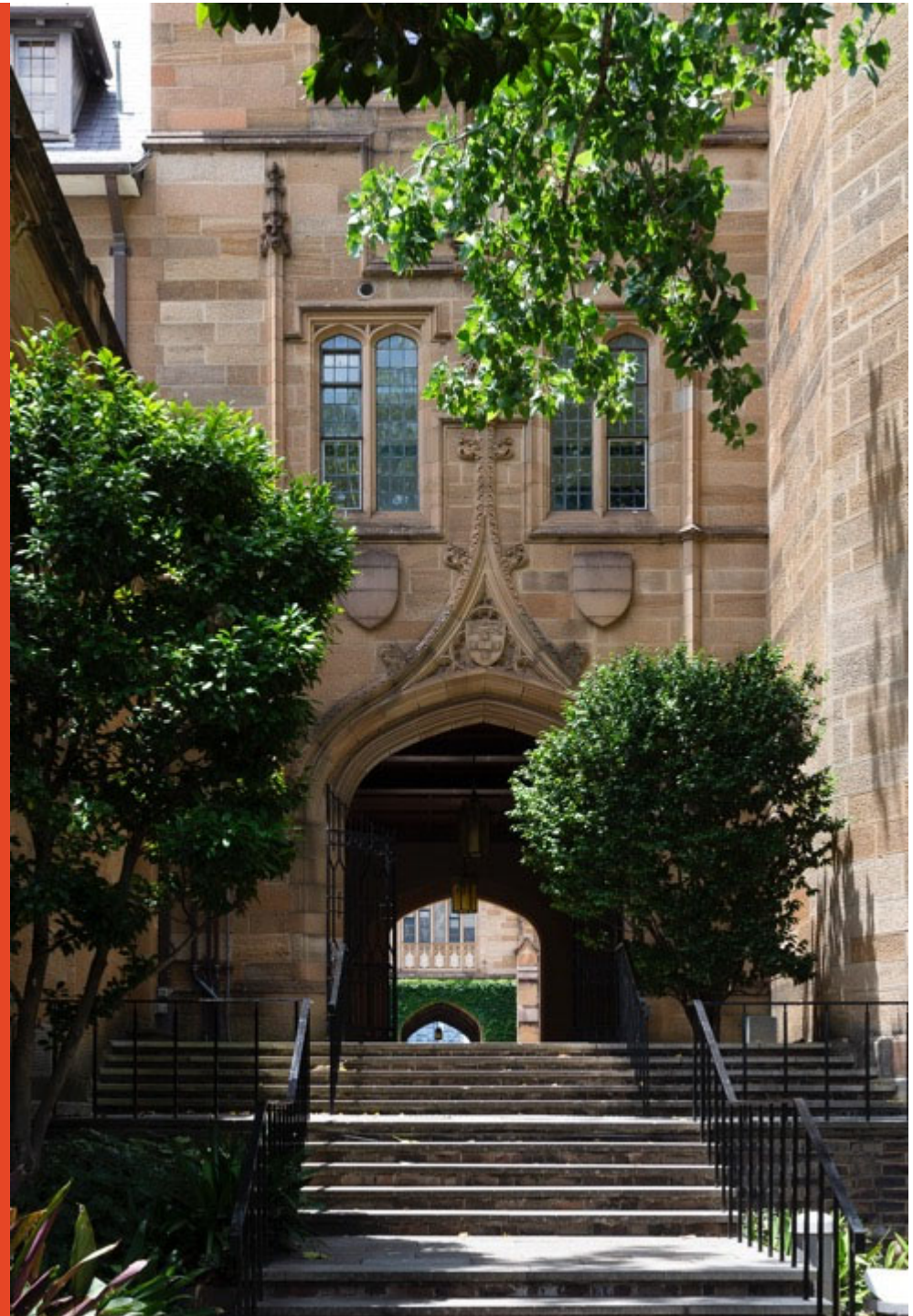
No. 95, 30 June 2020

Priority reforms

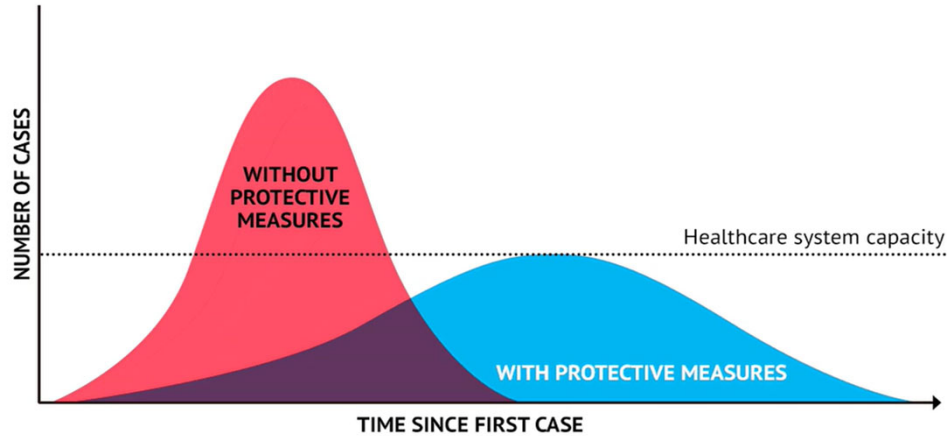
	Prevention and early help for people
<ul style="list-style-type: none"> • Support the mental health of new parents • Make the social and emotional development of school children a national priority • National stigma reduction strategy • Follow-up care for people after suicide attempts • Empower Indigenous communities to prevent suicide 	
	Improve people's experiences with mental healthcare
<ul style="list-style-type: none"> • Create a person-centred mental health system <ul style="list-style-type: none"> – Evidence-based mental health assessment and referral processes that help people find the services that are best for them – Identify, support and include families and carers as part of mental healthcare • Get people the right services at the right time <ul style="list-style-type: none"> – Expand supported online treatment, group therapies and access to mental healthcare via telehealth – Review limits on psychological treatment funded through Medicare and trial variations – Alternatives to emergency departments that are designed for people with mental illness – Expand community-based mental healthcare, including hospital outpatient clinics and outreach services • Improve mental healthcare outcomes <ul style="list-style-type: none"> – Address adverse outcomes from prescribing practices of mental health medication – Reduce the gap in life expectancy for people with severe mental illness and physical illness • Care continuity and coordination 	
	Improve people's experiences with services beyond the health system
<ul style="list-style-type: none"> • Meet demand for community support services that help people with mental illness recover and live well in the community • Commit to no discharge from care into homelessness • Increase assistance for police responding to mental illness related incidents • Legal representation for people facing mental health tribunals 	
	Equip workplaces to be mentally healthy
<ul style="list-style-type: none"> • Elevate importance of psychological health and safety in workplaces • No liability clinical treatment for mental health related workers compensation claims • Expand the individual placement and support program for people with mental illness 	
	Instil incentives and accountability for improved outcomes
<ul style="list-style-type: none"> • Develop implementation plans for national strategies that integrate healthcare and other services • Commit to regional planning, decision making and commissioning, with systemic cooperation and creation of new commissioning agencies if outcomes not improved • Expand the remit and independence of the National Mental Health Commission • Consumer and carer participation and advocacy in all aspects of the mental health system • Strengthen evaluation culture, focusing on outcomes that matter to people and reporting at service provider level 	

***Tackling the mental
health impacts of
COVID-19 and
economic recession:***

***Insights from systems
modelling of strategic policy
responses in Australia***

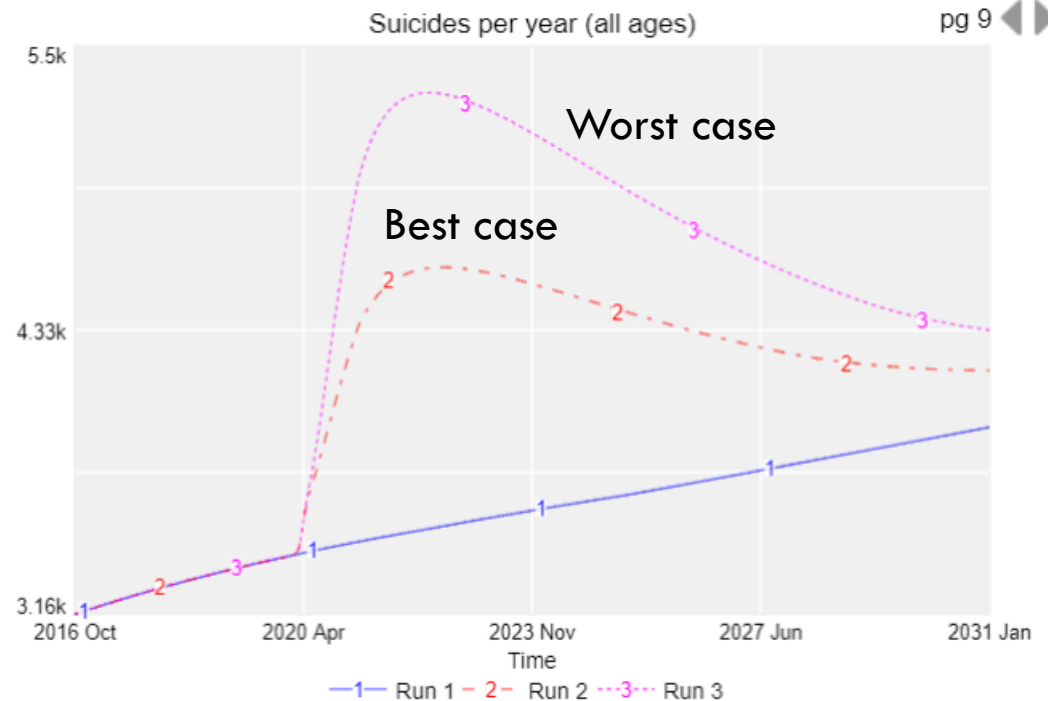


FLATTENING THE COVID-19 CURVE

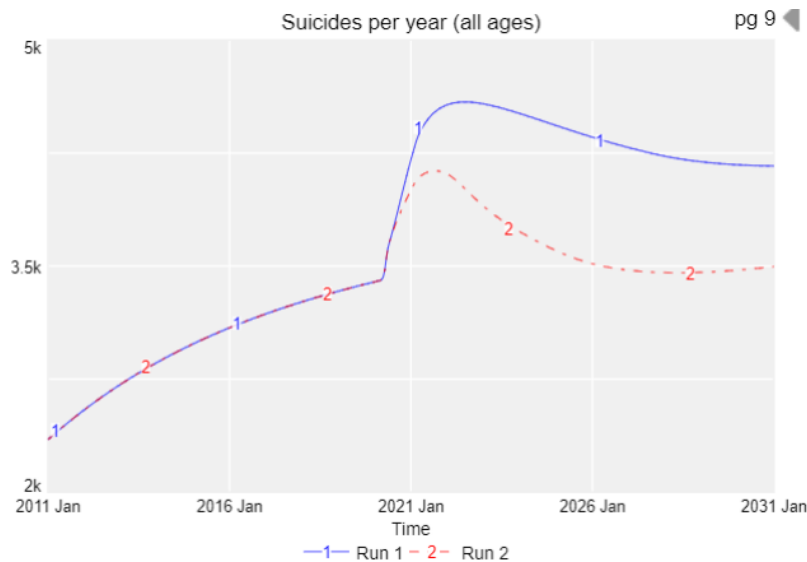
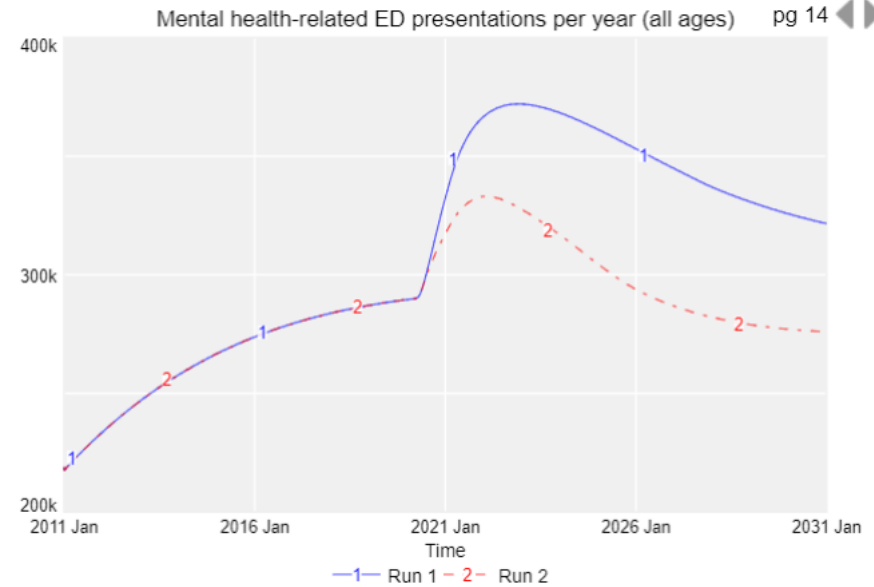
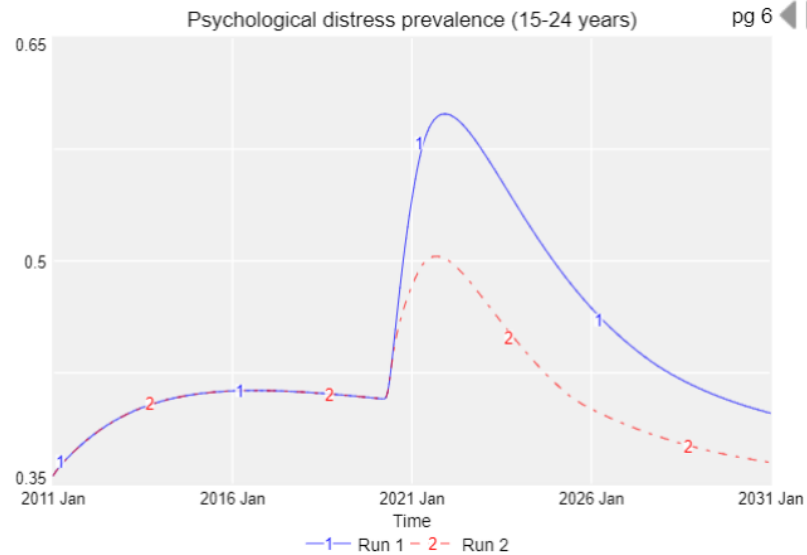


<https://www.smh.com.au/national/how-are-countries-flattening-the-curve-of-coronavirus-20200317-p54b3g.html>

A NEW (MENTAL HEALTH) CURVE TO FLATTEN



INSIGHT | Best combination requires coordination of economic, education and mental health



Run 1 – The ‘best case’ baseline scenario

Run 2 – Increases to services capacity growth + tech. enabled care + assertive aftercare + education programs + employment programs (2 years)

Projected over the period 2020-2025:

- **Mental health-related ED presentations will decrease by almost 10% (165,655 fewer presentations)**
- **Suicide attempts (self-harm hospitalizations) will decrease by 12% (23,112 fewer attempts)**
- **Suicide deaths will decrease by 11.2% (2450 fewer deaths)**

Opportunities: 21st Century priorities in mental health

– 1. *Population level*

- Enhanced Productivity – Workforce and Education Participation
- Economic Growth and Smart People-based investments
- Regional Perspectives
- Suicide Prevention
- **Dynamic Modelling and Technology-enhanced**

– 2. *Health Care Systems*

- More Specialized Care for Common Disorders in Non-hospital Settings
- Smarter use of Hospital-based episodes of care (Private and Public)
- Greater emphasis on early intervention and continuing smart care for a range of better health, social and economic outcomes
- **Dynamic Modelling and Technology-enabled – for the individual, clinician and the service system**

Which Technology should we choose to help us face these 21st C challenges??

The expanded 'Clinic' with EMR, 20th C coding for payments, some add-on apps.



The User Journey supported by Digital 2.0 Health Information Systems (where the pilot doesn't fly the plane!!)



What is the attraction of digital mental health care (alone or in partnership with clinical services)?

– **For the users:**

- Clear needs
- **Access and Quality**
- Highly engaged
- **EMPOWERMENT!**
- Minimal Stigma

– **For the Community/Family:**

- New opportunities to engage directly

– **For the (private or public) funder:**

- Clear demand
- sound investments
- accountability

- **For the providers/clinicians**

- use of real time data to personalize and deliver care over time

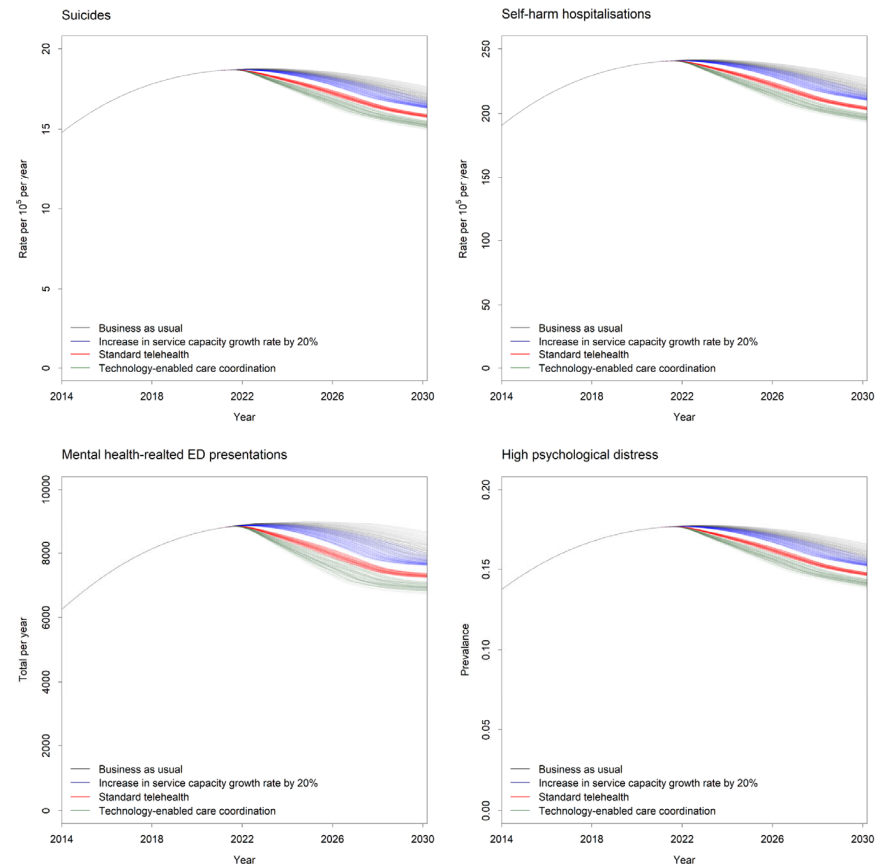
The way you use technology matters – standard telehealth won't have the same impact

When digital technologies are used for standard telehealth practices by extending existing services online (e.g. via video conferencing), without changing the underlying model of care, then **the impact is lower**

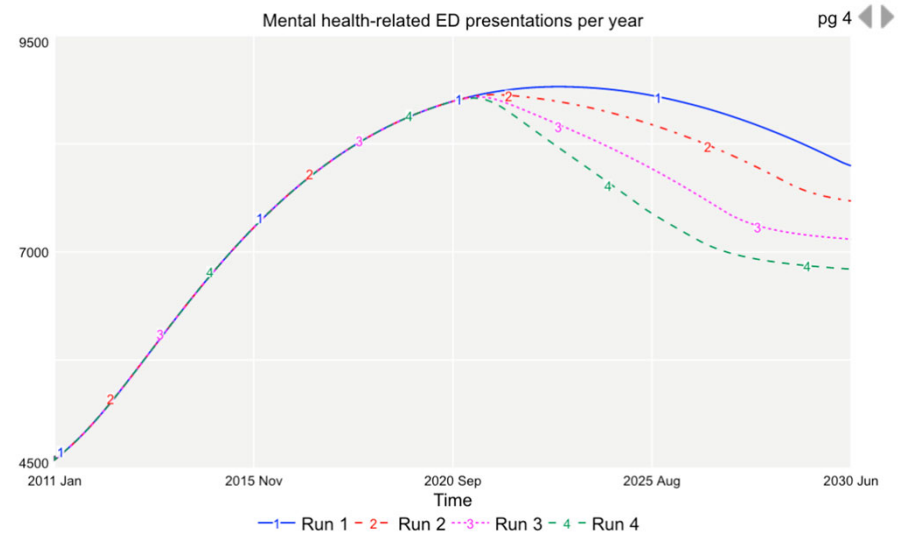
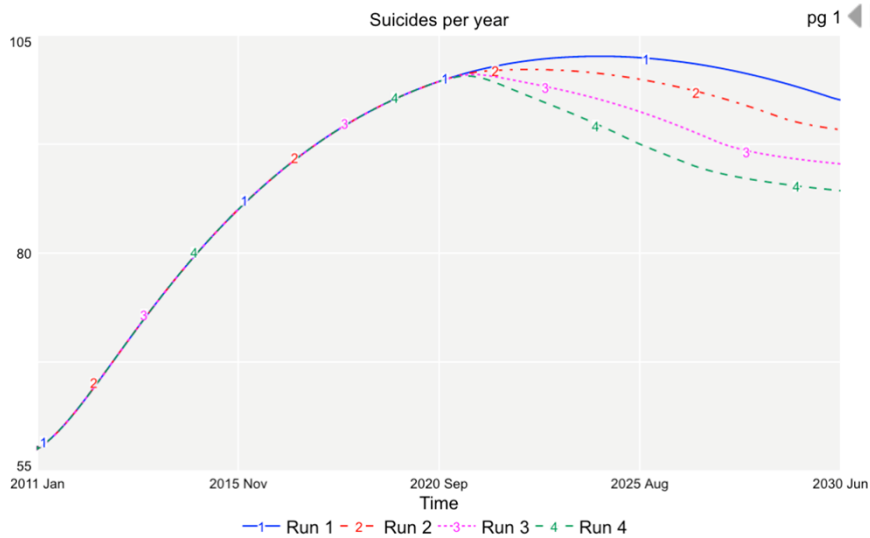
This type of scenario reflects what we might expect to see when telehealth is more widely implemented to deliver existing services, yet little effort is made to **utilise these technologies in ways that promote multidimensional team-based care** and maximise the benefits technologies provide

Run the risk of **digitising the problems that already exist** within the health system

Strengthening how the **whole mental health system functions together** will have a greater impact on outcomes than only improving the capacity across individual components of the mental health system



The rate of uptake influences the effect on outcomes



Scenario details

Run 1: Baseline case (no change to the use of technology by services)

Run 2: 25% increase in the proportion of mental health services provided that involve technology-enabled coordinated care

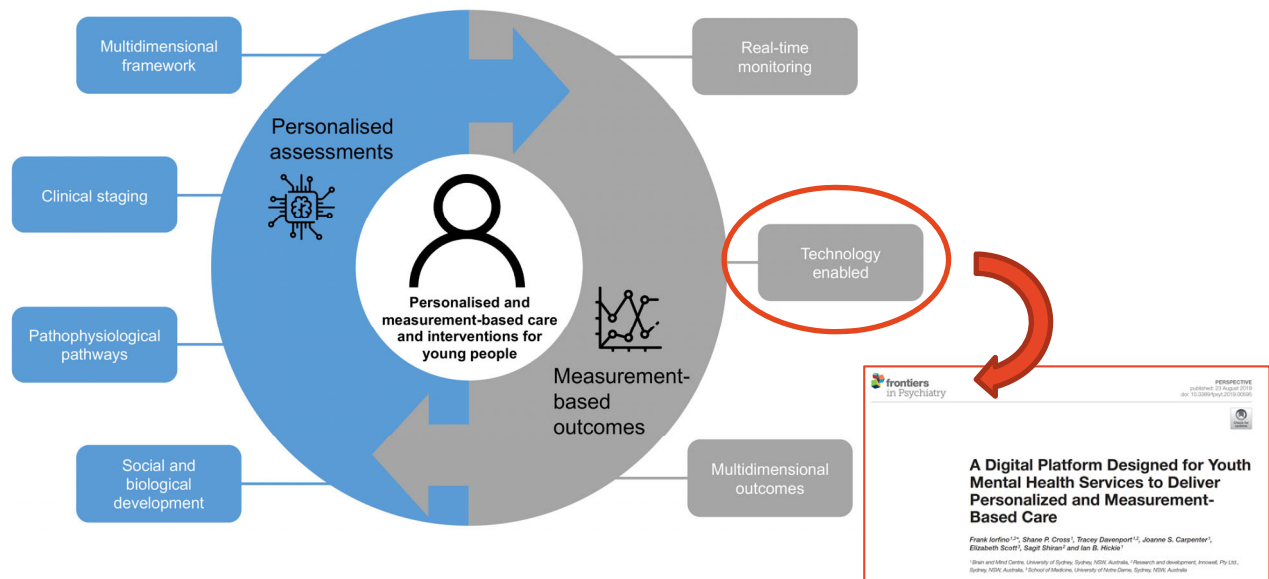
Run 3: 50% increase in the proportion of mental health services provided that involve technology-enabled coordinated care

Run 4: 80% increase in the proportion of mental health services provided that involve technology-enabled coordinated care

One big learning for mental health services reform – it's not just about the technology !



* Clinical staging across the lifespan: paper in press, *Psychiatric Services*



Personalised and measurement-based care

Personalised

The notion that the assessment of, and the sequence of interventions and services are tailored to the individual, and their needs.

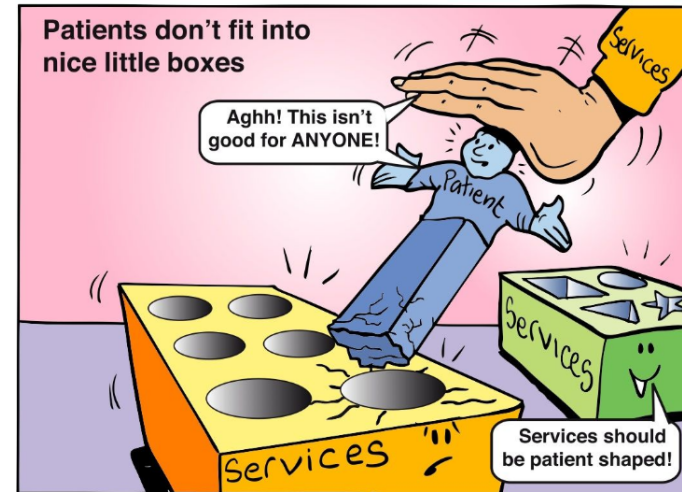


Measurement-based

The use of systematic and continued assessment of outcomes to guide clinical decision-making (i.e. data driven approach)



Right care, right time!





Rethinking Mental Health in Australia

*Adapting to the challenges of COVID-19 and
planning for a brighter future*

Dr Sebastian Rosenberg, Professor Ian Hickie, Dr Danny Rock



The Quadruple Aim



Summary of Key Action Areas

By way of summary, systemic, meaningful mental health reform depends on actions taken in the following areas:

1. Sophisticated health, data, telecommunications, digital and corporate infrastructure to support regionally based systems of mental health care. Regions represent those social, cultural, geographic and economic communities in which people live their lives. The composite of those regions captures the collective 'mental wealth' of Australia;
2. Counting (by service and by region) the number of people who recover from mental ill-health because of receiving optimised care, the time to recovery, the experience of care and the cost of that care to the individual and the community. This incorporates the key concepts of highly personalised and measurement-based care being delivered in realtime;
3. Recovery from mental ill-health is not simply a reduction in symptoms. Rather it is a personal journey that focuses on articulating and supporting the maximal social and economic participation of the individual and their family and carers;
4. Funding models that support the provision of appropriate and evidence-informed multidisciplinary and team-based care for those with complex conditions including multi-morbidity and reward directly those activities that promote functional recovery. This is about organising an intelligent response to 'cumulative complexity'¹⁰. A key idea here is the mental health care home;
5. Effective, affordable, accessible, acceptable, evidence-based and accountable early intervention services for both the mental and physical health problems that are experienced by those with mental ill-health at any stage of life. The needs of children, young people and older persons are the most neglected historically.

Whatever is done in mental health from now on should be assessed against its contribution to these priority areas, described in more detail as 'domains' later in this paper.



Mental Health Funding Priorities
Responding to COVID-19
and
Building Longer-term Reform

September 2020



THE UNIVERSITY OF
SYDNEY
—
Brain and Mind
Centre



Australian
National
University

Table 1 – Recommendations by Domain

Rec.No.	Item	Description	Federal Investment (over 4 years)
Domain 1 – Mental Wealth			
1	National Aftercare Service	Modelling demonstrates the vital impact of post suicide attempt 'aftercare' services that are well-integrated or housed within with other acute care services (e.g. HCF system in Victoria). This recommendation would see the establishment of national best practice approaches to aftercare.	\$800m
Domain 2 – Personalised Care			
2	Psychosocial Services Innovation Pool	This funding is designed to fill a long overdue gap in Australia's mental health service landscape, using a national, competitive funding pool to establish and evaluate new psychosocial support services, enabling these organisations to properly partner with clinical services in addressing community mental health needs, particularly for those clients in the 'missing middle'. This would build on the National Psychosocial Support Measure, for clients not qualifying for, or not wanting to engage with the NDIS. States and territories providing an additional 25% of their own new funding would qualify for access to this innovation pool.	\$1200m
Domain 3 - Staging of Care			
3	Multidisciplinary Teams Innovation Pools x3	We have modelled the deficit in specialist, professional, community mental health services. This recommendation addresses this shortfall through a set of three national, competitive funding pools to establish and evaluate local multidisciplinary mental health teams for adults (\$600m), youth (\$400m) and children (\$200m). Building on the Federal investment already announced for Victoria, we recommended the establishment of nationally distributed complex care centres to provide properly integrated support for GPs and other primary care services. These teams would include both clinical and psychosocial elements of care and, where practicable, be conjoined with State sector ambulatory services. We seek to avoid the creation of another silo or layer of service delivery. Peer workers should be a significant part of the evolving, multidisciplinary workforce mix. The teams would be a vital new part of a staged model of care, including in relation to suicide prevention. States and territories providing an additional 25% of their own new funding would qualify for access to this innovation pool.	\$1200m

5

Rec. No.	Item	Description	Federal Investment (over 4 years)
Domain 4 – Digital Solutions			
4	Regional Digital Service Integration	Australia's approach to digital mental health has grown organically. There are myriad services, often poorly integrated with each other, or with existing mental health services. The sector strongly supports the development of 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. There are examples of this integration already provided in some Australian regions. This funding aims to end the piecemeal approach to digital service delivery in mental health through better regional integration.	\$400m
Domain 5 – Regional Leadership with National Support			
5	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, drawing on state and federal data, as well as internationally accepted systems of classification and measurement. This proposal would see the delivery of place-based, co-designed decision-support tools for relevant regions within 6 months. The building blocks of this work, across areas of mapping, modelling and financing, already exist but do not yet drive regional decision-making in mental health. This new infrastructure to support local decision-making in mental health that enables tangible 'on the ground' progress to be made against Priority Area 1: <i>Achieving integrated regional planning and service delivery</i> - in the Fifth Mental Health and Suicide Prevention Plan.	\$100m