2017-18 Pre-Budget Submission

The Schizophrenia Fellowship of NSW

SF NSW is a specialist mental health recovery organisation, with a 31 year history, committed to improving access to services and the circumstances of people living with severe and complex mental illness.

SF NSW delivers trauma-informed recovery-oriented psychosocial support programs and services for carers and consumers. This includes psychosocial community mental health programs, specialist mental health Disability Employment Services (DES), care coordination, housing, clinical and peer supported services. Each year, 10 000 people, across 33 sites in NSW and ACT, access our services.

SF NSW delivers services and coordinates care for people across silos of sectors, funding and policy through the building of relationships and trust with other providers, funding bodies and most importantly, individuals and the communities they live in.

SF NSW is well placed to suggest priorities for the Federal Government Budget 2017-18 that will make real improvements in the lives of those living with a mental illness.

Yours sincerely,

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SF NSW supports the following strategic priorities for government investment in the 2017-18 Budget (in no particular order):

Initiative	Budget
1. Suicide prevention that targets people living with a mental illness	**$33.5 million p.a.**
- No-one leaves hospital alone ($32.5 million p.a.)	
- A national targeted suicide awareness campaign ($1 million p.a.)	
2. Development of a National Workforce Strategy	**$0.3 million**
3. Funding for transitioning forensic consumers back to the community	**$2 million p.a.**
4. Initiatives to address high levels of physical comorbidities in people living with a mental illness	**$62 million p.a.**
- Bundled MBS payments for physical health assessment in mental health plan (no cost)	
- Trial community gatekeeper funding of physical health assessments ($2 million p.a.)	
- Physical health programs for those living with a mental illness ($10 million p.a.)	
- Holistic approach to affordable dental care ($50 million p.a.)	
5. Psychosocial services funded by Primary Health Networks	**No cost**
6. Restoration of stability to community mental health through block funding	**$300 million p.a.**

1. Suicide prevention that targets people living with a mental illness

- No-one leaves hospital alone

Cost: $32.5 million per annum

Suicide following an in-patient admission to a psychiatric unit accounts for approximately 8% of suicides[1]. Most of these suicides occur within the first day or week of discharge. Furthermore, approximately 15% of people discharged from mental health inpatient care are re-admitted within 28 days[2]. Australia has the third highest readmission rate among the OECD countries for patients diagnosed with schizophrenia and the fourth highest unplanned readmission rate for patients with bipolar disorder[3].

Suicides and hospital readmissions that occur after discharge from in-patient psychiatric care are completely preventable.

In 2015-16, we trialled the Hospital to Home Peer Support Program (H2H) and demonstrated that we can keep people out of hospital and prevent suicide. H2H is a 6-8 week program whereby peer support recovery workers are involved in planning of discharge and continue follow-up throughout the discharge process and integration back into the community.

Our team of peer mental health recovery workers received 125 referrals over 18 months.

During this time there were no suicide attempts, no emergency department presentations and only one readmission following discharge.

This program works at busy Sydney and regional hospitals. Independent evaluation, stakeholder feedback and letters of support from hospital staff are all evidence that we improved clients' recovery, wellness and independence.

The H2H program is currently unfunded.

H2H is a low cost intervention that saves lives and money. In 2014-15 there were approximately 150,000 short and long stay psychiatric mental health separations in public and private hospitals in Australia[4]. Ideally, the program would be offered to all separations, but could be trialled in those identified as higher risk due to lack of family

[1] Stokes, B., Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia. 2012, Department of Health, Western Australia and the Mental Health Commission: Perth, WA.
[2] Australian Institute of Health and Welfare 2014. Mental health services—in brief 2014. Cat. no. HSE 154. Canberra: AIHW.
[3] Organisation for Economic Co-operation and Development. Health at a glance 2013: OECD indicators. Paris: OECD, 2013.
[4] AIHW 2016. Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. no. HSE 172. Canberra: AIHW.

and community supports (discharged "alone") and long-stay admissions over 35 days (5% of 260,000), who are likely to face significant challenges in returning to the community.

SF NSW approximates that funding the H2H for specialised hospital separations would cost $5000 per client, which has the potential to provide substantial savings through a reduction in readmissions, suicide attempts and suicides.

- ### A national targeted suicide awareness campaign
  Cost: $1 million per annum

While not all suicides are linked to mental illness and the majority of people living with a mental illness do not attempt suicide, it is generally acknowledged that 90% of people who end their own lives have experienced mental illness. This is reflected in the fact that:

- People living with Schizophrenia are 12 times more likely to suicide than those without[5]
- People living with Bipolar Disorder are 17 times more likely to suicide than those without[6]
- Depression is the most common illness among those who die from suicide[7,8]

We are yet to see an effective suicide awareness campaign that actually targets those at highest risk of suicide in Australia; those living with a mental illness. An effective national suicide awareness campaign targeted at those living with a mental illness will reach those at highest risk of suicide and has the potential to greatly reduce the suicide rate in Australia.

2. Development of a National Workforce Strategy

Cost: $0.3 million

[5] The Schizophrenia Fellowship NSW. Accessed 12th Jan 2017 at http://www.sfnsw.org.au/Mental-Illness/Schizophrenia/Schizophrenia-Statistics
[6] SANE Australia. Accessed 12th Jan 2017 at https://www.sane.org/media-centre/media-releases-2016/1747-suicide-risk-for-people-with-bipolar-17-times-higher-than-general-population
[7] Cavanagh JT, Carson AJ, Sharpe M. Psychological autopsy studies of suicide: A systematic review. *Psychological Medicine*. 2003;33:395-405.
[8] Lesage AD, Boyer R, Grunberg F. Suicide and mental disorders: a case-control study of young men. *American Journal of Psychiatry*. 1994;151:1063-8.

The introduction of the NDIS has resulted in large gaps in the future workforce which have implications particularly for the provision of community mental health programs, but also for allied health and clinical staff.

The community mental health sector already competes with other industries for workforce due to the stigma associated with working in the mental health sector. This is further exacerbated by the low cost of support service items provided through the NDIS. Such provisions allow for the attraction of only minimally qualified staff, which has potential implications for the quality of services that can be provided. Strategies need to be in place to ensure minimum standards of service and career pathways in order to maintain those for whom the NDIS does not provide a wage that meets their level of qualifications.

A National Workforce Strategy to address this should cover:

- Workforce development including minimum standards and training.
- Workforce attraction and retention.
- Workforce constraints.
- Workforce shortages, including specialised dentistry (see dental care section).

3. Funding for transitioning forensic consumers back to the community

Cost: $2 million per annum

In Australia, people who have been found unfit to be tried for an offence, or people who have gone through a criminal trial or special hearing and are “not guilty on the grounds of mental illness” are known as forensic consumers.

Forensic consumers are kept in a prison or a hospital for recovery and rehabilitation with the goal of integration back into the community.

The process of integration back into the community involves both access to day supports and gradually inclusion of overnight supports outside the forensic facility.

The NDIS will no longer funding overnight supports for forensic consumers without a conditional release date. However, no forensic consumer will be granted a conditional release date without having had supported overnight leave. Without funding for supports to access activities in the community that will benefit their recovery journey, forensic consumers without other options for supervised and unsupervised leave will be unable to integrate back into the community.

The Schizophrenia Fellowship NSW has been involved for many years in the process of working towards community integration for forensic consumers. We estimate approximately $200 per hour is required for 18 hours for each overnight release.

Funding of a program which includes both day and night support gives a forensic consumer the choice and control and well as the supports (which are often required to reduce risk) to build skills and capacity to successfully reintegrate into the community.

4. Initiatives to address high levels of physical comorbidities in people living with a mental illness

Total cost: $62 Million per annum

Addressing the physical health of those living with a mental illness has been identified as a priority of the Fifth National mental Health Plan[9]. Further, the NMHC has development a National Consensus Statement on Physical Health and Mental Illness which calls for leaders in mental health to make the physical health of people living with mental health issues a national priority[10].

A focus on the physical health of those people living with a mental illness has been driven by recognition of the link between an individual's physical and mental health. People living with mental health issues have a life expectancy up to 30% shorter than those who do not[11]. Most of the causes of early death relate to physical illnesses, which also greatly reduces quality of life and impedes the mental health recovery journey of individuals.

Furthermore, people with a mental illness are:

- Twice as likely than those without a mental or behavioural condition to report having diabetes (8.1% compared with 4.5%),
- Almost three times as likely to report chronic obstructive pulmonary disease (COPD) (5.7% compared with 2.0%)
- Twice as likely to report osteoporosis (6.3% compared with 2.9%).[12]

The poor physical health outcomes for those living with mental health issues also contributes to the burden of chronic disease in Australia, particularly in the areas of

[9] The Department of Health. Draft of the Fifth National Mental Health Plan. 2016
[10] National Mental Health Commission (2016), Equally well: The national consensus statement of physical health and mental illness. Sydney, NHMC.
[11] World Health Organization (2013), Mental health action plan 2013-2020. Geneva, WHO.
[12] ABS. National Health Survey: First Results, 2014-15, (cat. No. 4364.0.55.001)

cardiovascular disease, respiratory disease, diabetes, metabolic syndrome, smoking, dental health and cancer.

- ## Bundled MBS payments for physical health assessment during mental health plan review
  Cost: no cost associated

People living with mental health issues are less likely to be screened for high cholesterol, despite being twice as likely as the general population to suffer from cardiovascular disease[13,14].

Physical health care checks should be made part of routine care of people living with a mental illness through linkage of MBS items associated with mental health treatment plans to general health screens. Such changes are best addressed by the currently ongoing MBS Review.

SF NSW recommends the MBS taskforce consider linking physical health screening items to items including GP Mental Health Treatment Plan, assessment and management plans, review items for mental health plans and mental health treatment consultations.

Providing greater incentive for preventative health measures through better screening, early treatment and management of the physical health of those living with a mental illness will reduce the increasing burden of chronic disease in Australia.

- ## Trial community gatekeeper funding for training and implementation of physical health assessments
  Cost: $2 million per annum

There are approximately 5450 community pharmacies across Australia dispensing around 250 million prescriptions annually. As such, community pharmacists are well placed to act as gatekeepers for physical health interventions for those living with a mental illness, particularly as many people living with a mental illness suffer physical side effects as a result of prescribed medication.

A trial of interventions aimed at screening, diagnosis and early interventions to prevent the development of physical health comorbidities in people living with a mental illness

[13] National Consensus Statement on Physical Health and Mental Illness, 2016)
[14] Lawrence D, Coghlan RH (2002), Health inequalities and the needs of people with mental illness. NSW Public Health Bulletin 2002;13(7): 155-158.

should be delivered by community pharmacies in order to achieve better physical health outcomes.

Costs of this program are minimal as the many of interventions are currently already performed by pharmacists. Costs would cover additional interventions, training and development of capacity.

- **Funding for national physical health programs specifically designed for those living with a mental illness**
  Cost: $10 million per annum

A number of factors contribute to poorer physical health outcomes of those living with a mental illness. Physical health programs improve chronic disease outcomes.

Additional benefits of physical health programs include decreased symptoms of depression, anxiety, and stress [15],[16],[17], decreased social isolation [18], improved sleep quality [19], a reduction in cravings and withdrawal in substance use disorders (SUD) and alcohol addiction [20],[21], increased self-esteem[22] and improved quality of life[23], [24].

SF NSW currently offers effective physical health programs such as New Moves, which is a healthy lifestyle program, designed to improve your physical and mental well-being, through education, physical activity and healthy eating. Programs such as this should be available throughout Australia.

- **Holistic approach to affordable dental care**
  Cost: $50 million per annum

[15] Rosenbaum, S., et al., Physical activity interventions for people with mental illness: a systematic review and meta-analysis. Journal of Clinical Psychiatry, 2014. 75(9): p. 964-974
[16] Stanton, R. and P. Reaburn, Exercise and the treatment of depression: a review of the exercise program variables. Journal of Science and Medicine in Sport, 2014. 17(2): p. 177-182.
[17] Firth, J., et al., A systematic review and meta-analysis of exercise interventions in schizophrenia patients. Psychological Medicine, 2015. FirstView: p. 1-19.
[18] Richardson, C.R., et al., Integrating Physical Activity Into Mental Health Services for Persons With Serious Mental Illness. Psychiatric Services, 2005. 56(3): p. 324-331.
[19] Rethorst, C.D., et al., Does exercise improve self-reported sleep quality in non-remitted major depressive disorder? Psychological Medicine, 2013. 43(4): p. 699-709
[20] Wang, D., et al., Impact of Physical Exercise on Substance Use Disorders: A Meta-Analysis. PloS one, 2014. 9(10): p. e110728. 48..
[21] Giesen, E.S., H. Deimel, and W. Bloch, Clinical exercise interventions in alcohol use disorders: a systematic review. Journal of Substance Abuse Treatment, 2014. 49
[22] Krogh, J., et al., The effect of exercise in clinically depressed adults: systematic review and meta-analysis of randomized controlled trials. J Clin Psychiatry, 2011. 72(4): p. 529-38.
[23] Rosenbaum, S., et al., Physical activity interventions for people with mental illness: a systematic review and meta-analysis. Journal of Clinical Psychiatry, 2014. 75(9): p. 964-974
[24] Vancampfort, D., et al., Health-related quality of life and aerobic fitness in people with schizophrenia. International Journal of Mental Health Nursing, 2015: p. n/a-n/a. 52.

The 2015-24 National Oral Health Plan[25] identified those living with a severe mental illness as a priority population for intervention, particularly as this group of people are currently experiencing significant declining oral health outcomes and poor access to dental services. For example, people living with severe mental illness are more than three times more likely to have lost all their teeth than those without a severe mental illness[26].

Addressing the gap in oral health for those living with a mental illness will require a holistic approach to high-quality affordable dental care.

A holistic approach is needed that addresses contributing factors (prevention), such as smoking through targeted anti-smoking programs, nutrition and drug and alcohol programs. However, it is also important to introduce initiatives addressing barriers in accessing care for those living with a mental illness, including stigma, fear or treatment, financial cost, lack of services and lack of trained specialist dentists.

SF NSW supports initiatives identified in the National Oral Health Plan[27] :

- Collection of national baseline and ongoing data to more accurately identify the numbers of people with additional and/or specialised health care needs, their oral health status and treatment needs.
- Improve the oral health literacy of care workers and the carers of people with additional and/or specialised health needs to incorporate oral health in their existing assessment, care planning and care processes.
- Build workforce capacity and competency in the oral health sector to effectively address the needs of people with additional and/or specialised health care needs.
- Improve physical access to dental treatment facilities.

5. Psychosocial services funded by Primary Health Networks

Cost: No cost associated

[25] Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. Accessed 13th Jan 2017 at http://www.coaghealthcouncil.gov.au/Portals/0/Australia%27s%20National%20Oral%20Health%20Plan%202015-2024_uploaded%20170216.pdf

[26] Kisely S, Quek L-H, Pais J, Laloo R, Johnson N, Lawrence D. Advanced dental disease in people with severe mental illness: systematic review and meta-analysis. British Journal of Psychiatry. 2011;199(3):187-93

[27] Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. Accessed 13th Jan 2017 at http://www.coaghealthcouncil.gov.au/Portals/0/Australia%27s%20National%20Oral%20Health%20Plan%202015-2024_uploaded%20170216.pdf

SF NSW supports the move to regionalise funding for mental health programs through a considered process as determined and commissioned by the Primary Health Networks (PHNs) according to needs assessments of the regions.

However, guidance documents developed to assist the PHNs in the process preclude commissioning of psychosocial services[28]. Psychosocial services provide vital programs that are necessary to keep people participating in the community, which was identified as a priority in the National Mental Health Commission's Review of Mental Health Programmes and Services[29]. These services provide important alternatives in regional, rural and remote areas if Australia, where access to hospitals and formal clinical care services is restricted.

Psychosocial services should be included in the scope of services for commissioning from the flexible funds pool by PHNs.

6. Restoration of stability to community mental health through block funding

Cost: $300 million per annum

A number of Commonwealth funded mental health programs will transition to the NDIS over the next three to five years. Funding which has flowed to Personal Helpers and Mentors (PHaMS), Respite Services, Day to Day Living (D2DL) and Partners in Recovery (PiR) will transition to the NDIS funding.

Experience in pilot sites seem to suggest that only 20% of people who currently receive a service through PHaMS programs will qualify for the NDIS.

This leaves 80% at risk of losing access to any Commonwealth funded service.

The NDIS Information, Linkages and Capacity Building (ILC) is said to be the solution for the 80% who miss out but current indications suggest a massive reduction in funding for Tier 2 as compared with now. However, funding provisions under ILC are substantially inadequate to meet current need.

Restoration of core funding for mental health programs is needed. This must be sufficient to maintain service for those not eligible for an NDIS package to ensure continuity of care.

[28] Primary Mental Health Care Services for People with Severe Mental Illness. PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance. Department of Health Australian Government.
[29] National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC

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