Better Mental Health Planning in Australia

Building a Good Judgement Network

A Sydney Mental Health Policy Forum
Discussion Paper
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The views and opinions expressed in this paper are those of the authors and do not necessarily reflect those of their employers, affiliated institutions and organisations, or funders.

Organizing is something you do before you do something, so that when you do it, it is not all mixed up — A.A. Milne

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Executive Summary

Introduction

This discussion paper aims to define the characteristics of our existing mental health planning environment and outline key building blocks of a coherent information infrastructure. It follows findings from the Productivity Commission that Australia's current mental health planning process is not fit for purpose.

The challenges of mental health planning are significant, but the ideas put forward here can help us better organise to meet these challenges. This will promote more informed decision-making that involves consumers and stakeholders, continuous negotiation, minimal critical specification, and realistic goals directed towards better outcomes for Australians with mental illness.

Background

The Sydney Mental Health Policy Forum is a group of stakeholders sharing an interest in ongoing reform of mental health in Australia, including services, financing, policy, and data. Supported by the Brain and Mind Centre at the University of Sydney, this paper has been prepared on behalf of the Forum to elicit community consideration of a key issue facing the future of mental health reform – how to better design and arrange the architecture to support reform and drive systemic quality improvement.

Current State of Mental Health Planning

The fragmentation associated with mental health care is well documented. Overcoming this is made more difficult when the issue receives only 7% of total health funding but accounts for 15% of the burden of disease. Mental illness covers a very broad range of illnesses, from depression to schizophrenia, with very significant variations in the needs of consumers. The breadth of issues in mental health poses further challenges, transcending the health system to encompass other key areas such as housing, education, employment and social connection.

Despite the availability of extensive data on mental health, it is staggeringly difficult to get a clear sense of who is receiving what services, from whom, at what cost, and with what effect within any community, town, city, or region. Data is often delimited by jurisdiction and further partitioned into sub-jurisdictional parcels, making it challenging to understand the overall picture.

Proposed Solutions

This paper suggests that, as a starting point, to address the infrastructure weaknesses characterising Australian mental health planning, four key steps should be taken:

1. Establishing National Repository of Guidelines, Protocols and Pathways: to help practitioners and commissioners determine and deliver the best care for people, while ensuring value for the taxpayer. This repository would bring together the evolving evidence about what should happen: who needs what mental health care, for how long, with what expected outcome, and what should happen next.

2. Establishing a National Mental Health Workforce Education and Training Centre: Developing a national mental health workforce education and training centre to foster cross-disciplinary education and training and services. This would help create effective partnerships and provide greater role clarity.

3. Establishing a Clear Set of National Mental Health Plans: Creating a unified national plan that sets out agreed reform priorities, such as community care, hospital avoidance, and early intervention. Along the same lines as the Declaration proposed by the Productivity Commission, this plan would minimise confusion and create a platform for collective action.

4. Establishing a National Mental Health Observatory: to gather and organise data necessary to drive better decision-making. The observatory would provide regional analysis, benchmarking, and detailed understanding of regional results, trends, and meaning.

Conclusion

Better judgement and decision-making in mental health is predicated on understanding three key issues: what works, what should be occurring, and what is happening now. Addressing these issues through the establishment of a network that includes a national repository of guidelines, a workforce education and training centre, a clear set of national plans, and a mental health observatory represents a critical investment in delivering better planning and better outcomes for Australians with a mental illness.

Introduction

This paper first defines characteristics of our existing planning environment. It then outlines key building blocks of a coherent information infrastructure, to deliver greater capacity for change and improvement in mental health care in Australia.

Effective planning is essential to ensuring Australia's mental health system delivers what is required of it – equitable, accessible and cost-effective services at population scale. Australia's federated health system adds unavoidable complexity , however this complexity must be actively managed rather than worked Good planning, using approaches such as we propose here, can help overcome this complexity.

As recently reported by the Productivity Commission, the challenges of mental health planning are significant. Our current system has been deemed unfit for purpose.

The ideas put forward here can help us better organise to meet these, promoting more informed decision-making that involves consumers and stakeholders, continuous negotiation, minimal critical specification and realistic goals directed towards better outcomes for Australians with mental illness.

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Approaches to Planning in other Parts of the Health System and Limitations in Mental Health

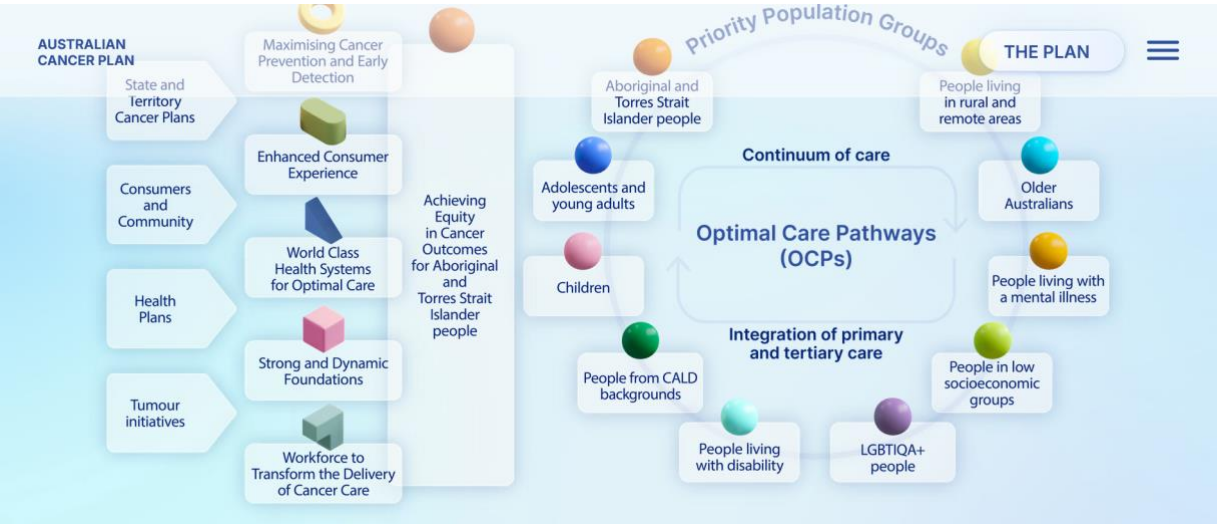
The fragmentation associated with mental health is well documented. Overcoming this is made more difficult when the issue receives 7% of total health funding but accounts for 15% of the burden of disease. This gap may not explain everything about the crisis in mental health care in Australia, but it will explain something.

The breadth of issues in mental health poses further challenges, transcending the health system to encompass other key areas such as housing, education, employment and social connection.

Even taking this into account, other areas of the health system seem better organised. The Australian Cancer Plan for example (see Figure 1 below) joins stakeholders and existing plans under five agreed core goals (early intervention, enhanced consumer experience etc.), and then focuses on the development of suitable and adaptable care pathways for key groups.

Particular attention is paid to the development of strong and dynamic foundations, which include establishing the key infrastructural systems required to drive systemic improvement. This includes consistent collection, integration, and common access to relevant data (i.e. data relevant to the needs of decision-makers).

Figure 1 The Australian Cancer Plan



In Australia there is plenty of openly accessible data and information on mental health, mental illness and mental health services funded by state and commonwealth governments, The Australian Institute of Health and Welfare (AIHW) website, for example, has well organised information bulletins, topic summaries, tables, charts and data downloads that aims to further its mandate *"… to provide meaningful information and statistics to support better policy and service delivery decisions, ultimately leading to improved health and welfare for Australians"*. These summaries give detailed population level data on the mental health and well-being of Australians as well as aggregate information on service use and outcomes at different levels of collection.

Similarly, jurisdictional health services report into the National Outcomes and Casemix collection, a broad set of metrics on service activity, clinical status, functioning and outcomes of individuals engaging with public mental health services.

Likewise, the Productivity Commission's annual Report on Government Services (RoGS) examines the equity, effectiveness and efficiency of Commonwealth funded mental health services and Services Australia provides detailed area-level and longitudinal information on MBS utilisation. Lastly, Health Direct Australia manages the National Health Services Directory that lists (most) health services and provider information including location, services offered, referral and eligibility criteria across all Australian jurisdictions.

Despite access to these and other equally impressive stockpiles of data and information, it is staggeringly difficult to get any clear sense of who is receiving what services, from whom, at what cost and with what effect within any community, town, city or region. In nearly every instance data is delimited by jurisdiction and even here further data partitioning into sub-jurisdictional segments, for example, separated ED and admitted care collections. Consumers and patients move (or not) through this service landscape along largely unplotted pathways leaving behind a similarly segmented data trail. Rendered across the funded care system and the opportunity for collective understanding of what works and what doesn't, and for whom, is eroded.

Nor is there a clearer view within the walls of government, as evidenced by the frank admission in the footnotes of the 2023 National Report Care from the National Mental Health Commission's that " … *currently we have an incomplete national picture as there remains much we do not know*" [with]... *little data available on the impact and efficacy of the billions of dollars invested by governments across the system each year, or the experiences and outcomes of people who receive support through the system, and their families, carers and kin*" (p.6).

In conclusion, the relevance, completeness and integration of different data information systems across the mental health care system is patchy at best, and mirrors the compartmentalised and fragmentary nature of the system more broadly. Moreover, there is much information and collective knowledge we do not have access to because it is widely and unequally distributed. Thus, a more informed perspective of what is happening in reality across local or regional mental health care systems is not available to any of the key decision makers within the system (including clinicians, support staff, managers, policy-makers, planners, commissioners and funders) or to those who the system is meant to serve (consumers, families, citizens).

As a result, we lack the basic informational assemblages to understand what is going on - a model (of some form) which affords us "*an external and explicit representation of part of reality as seen by the people who wish to use that model to understand, to change, to manage and to control that part of reality*" (Pidd, 1998).

As a result, we are planning, funding, and operating a mental health care system that we cannot see as it really is. We lack the required clarity in the data we collect to support our decision making.

The people who deal with the sharp edges of our myopia (particularly clinicians and their patients) are defeated far too often as a result the choices made on their behalf, notwithstanding planners' intentions for it to be otherwise. Moreover, to come to this conclusion we are not suggesting governments and their administrations do not recognise the problem.

Clearly, they do, as demonstrated by the long term and ongoing investment in improved data collection and reporting. However, it is our view that the pace and scope of these incremental improvements has failed to keep up with either the requirements needed to support many of the major reforms over the last decade or more (e.g. headspace, Primary Health Networks, the Bilateral Agreements on Mental Health and Suicide Prevention, foundational supports, the NDIS etc.) nor the expectations these commitments have kindled within the community to be better informed about the impact of these changes.

All this creates a disabling environment, exacerbated by the federal/state split in responsibilities for mental health. National mental health plans have become decreasingly effective as tools to guide shared or common responses to mental illness. Momentum for national reform has been replaced by a situation in which each of Australia's nine governments largely acts on their own priorities. There is no commonly agreed view about what is going on in the mental health care system or the direction of mental health reform, so as to choose and prioritise necessary next steps. And while successive reports and inquiries into mental health typically characterise consumers and carers as facing a system in crisis, for providers and decision-makers, while often acknowledging this crisis, there is not enough disagreement and uncertainty that the whole system is thrown into chaos - the system limps along.

Departmental officials are similarly tied to a health data-scape that does not provide them with a synoptic view of the system that is more relevant to the policy decisions they need to make. The more joined up approach to mental health planning described by the Productivity Commission is yet to emerge.

This is not a problem we can easily solve, nor is it a call to tear down the existing infrastructural systems. Quite the reverse, we see the progressive value extant processes can deliver. However, we make a strong claim that the focus of these efforts needs to be broadened.

Moreover, we understand any solution we can agree on will need to recognise first that we know some things but not enough, second that some of what we'd like to know is formally unknowable and third, that decisions are always made with imperfect knowledge.

We argue the case for the better use of personal health data as a common pool resource in the same way that Amartya Sen frames money, as a general-purpose tool to enable people to live a life they have reason to value.

This reconstitution of infrastructural collection and reporting systems would help us move from the current path, where nobody knows what is really going on, to one where we start to develop a synoptic view and begin to unravel what really is.

The ideas presented here are designed to break this unhelpful, unhealthy cycle.

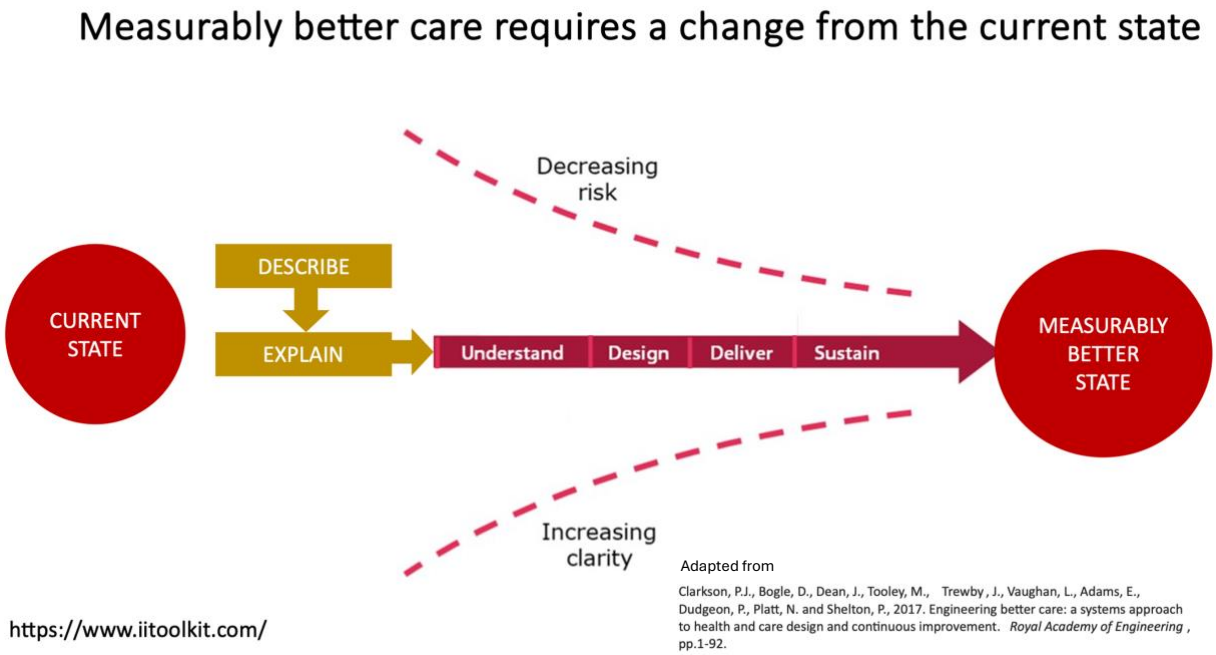
Towards Measurably Better Care

Mental health urgently needs to develop a strategy to support better planning and decision-making - an improved capacity and focus to develop a coherent set of analyses, concepts, policies, arguments and actions that respond to a high-stakes challenge. Because things cannot stay as they are if we want to achieve the policy outcomes we espouse. This is why the Productivity Commission focused on a 'theory of change' – a process for understanding how a project or program will lead to a desired outcome by mapping out the logical steps, activities, and assumptions involved.

The process of change, from the current state to a better one, requires investment in new systemic capacity. The Productivity Commission's call for a new Declaration of underlying principles for mental health reform is welcome.

This would be an opportunity for a contemporary reassertion and synthesis of the views of consumers, carers, professionals, planners and funders regarding their goals for reform.

Figure 2



These principles could, for example, reaffirm the desirability of promoting community-based models of mental health care over hospital-based care. These principles could then form the basis of mental health's inclusion in relevant new national agreements between governments, governing their actions and funding decisions, such as the National Health Reform Agreement and the National Agreement on Mental Health and Suicide Prevention.

A Stewardship Group, comprised of consumers, carers, professionals and decision-makers, could ensure these Agreements adhered to these principles. This kind of oversight mechanism is necessary, given the failure of existing arrangements to drive meaningful reform, as reported by the Productivity Commission.

We then propose the National Mental Health Commission could become an independent statutory body with powers to drive reporting and accountability. This would require not only legislative or machinery of government reform of the Commission's role, but also investment in the specific skills and resources necessary to fulfil its new mandate. These have already been identified.

Organising Principles for Better Decision Making

Better strategy in mental health needs to draw on some key principles:

A community of reasoners

Like a community of practice, this community has a shared interest and develops shared skills in mental health planning.

Collective intention

This community also shares some intent – the goal of this group is to build the skills and resources necessary to drive better decision-making.to improve the mental health system. It might also consider more specific issues, such as the establishment of regional benchmarking, or how to develop a balanced approach to mental health investment, with a strong emphasis on early intervention and prevention, or to pursue hospital avoidance.

Commensurability

For these goals to be realised, the group would have a strong focus on commensurability, making sure that processes of data gathering, reporting and benchmarking are fair, transparent and effective. This work requires the establishment of some new definitions and taxonomies, to better describe the mental health system, services, treatments and outcomes in standard ways.

Relevant data

Split responsibilities in mental health care between different levels of government have manifested in split reporting obligations and roles. Different data systems do not speak to each other. It is not simple to understand if a person recently released from an acute hospital stay is then seen by their GP or other professionals in the community.

Data linkage exists in pockets in Australia. It must become the norm.

Domain expertise (established knowledge)

As stated earlier, beyond the technical and analytical skills necessary to perform these planning functions, there is also the need for deep expertise from all stakeholders across mental health. These people need to know their stuff, to be able carefully and fairly interpret data, explain variations and highlight opportunities for quality improvement.

Decision-making process transparency

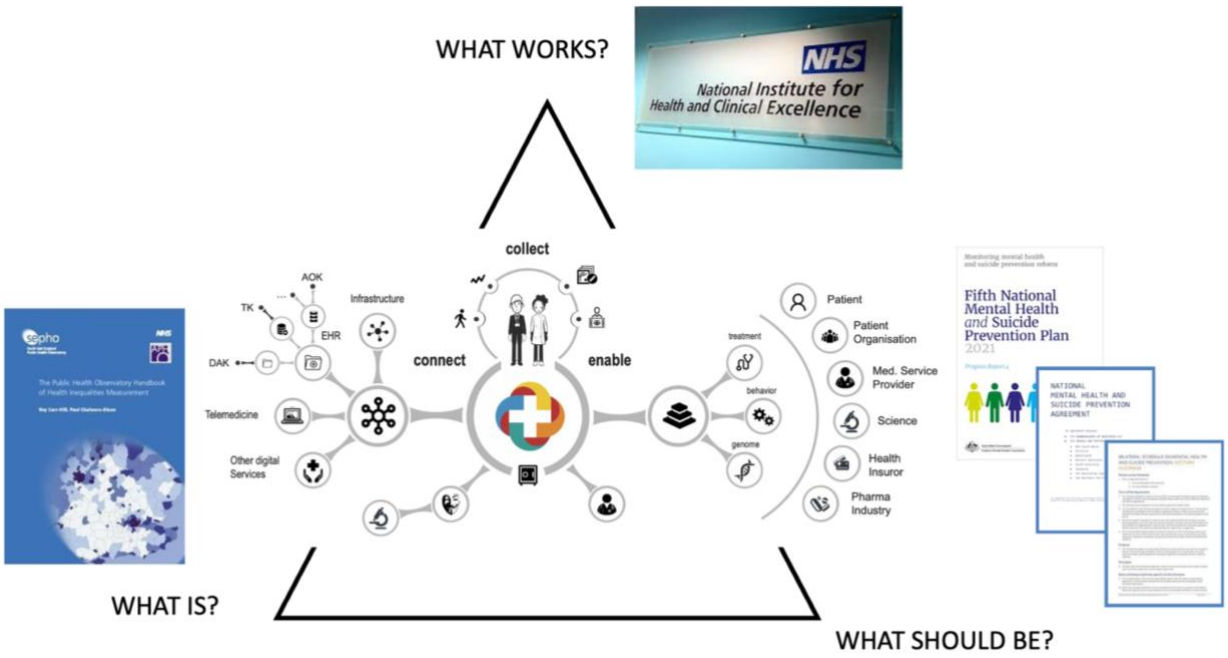
Organisations that plan and commission publicly-funded health services should also be required to make their resource allocation processes transparent and externally accessible. This does not mean disclosing individual funding arrangements. It does mean publishing the decision-making framework and the methodology underpinning planning and allocation decisions, to ensure openness and accountability and build public trust.

A Good Judgement Network in Three Parts

A good judgement network of infrastructure to support better decision-making aims at answering three main questions (see Figure 3):

- What works
- What should be
- What is

Figure 3 - Components of a Good Judgement Network



Part 1 – What Works

Australia needs a national repository of guidelines, protocols, pathways to help practitioners and commissioners determine and deliver the best care for people, fast, while ensuring value for the taxpayer. This is akin to the role played by the National Institute for Health and Care Excellence (NICE) in the United Kingdom.

Taking into account the clinical and psychosocial aspects of good mental health care, the new body would:

- produce useful and usable guidance for health and care practitioners, bringing together the evidence supporting good mental health care
- provide rigorous, independent assessment of complex evidence for new health technologies
- develop recommendations that focus on what matters most and drive innovation into the hands of health and care practitioners
- encourage the uptake of best practice to improve outcomes for everyone.

We note SANE's recent recommendations to overhaul mental health pathways, made in their recent report into digital mental health navigation.

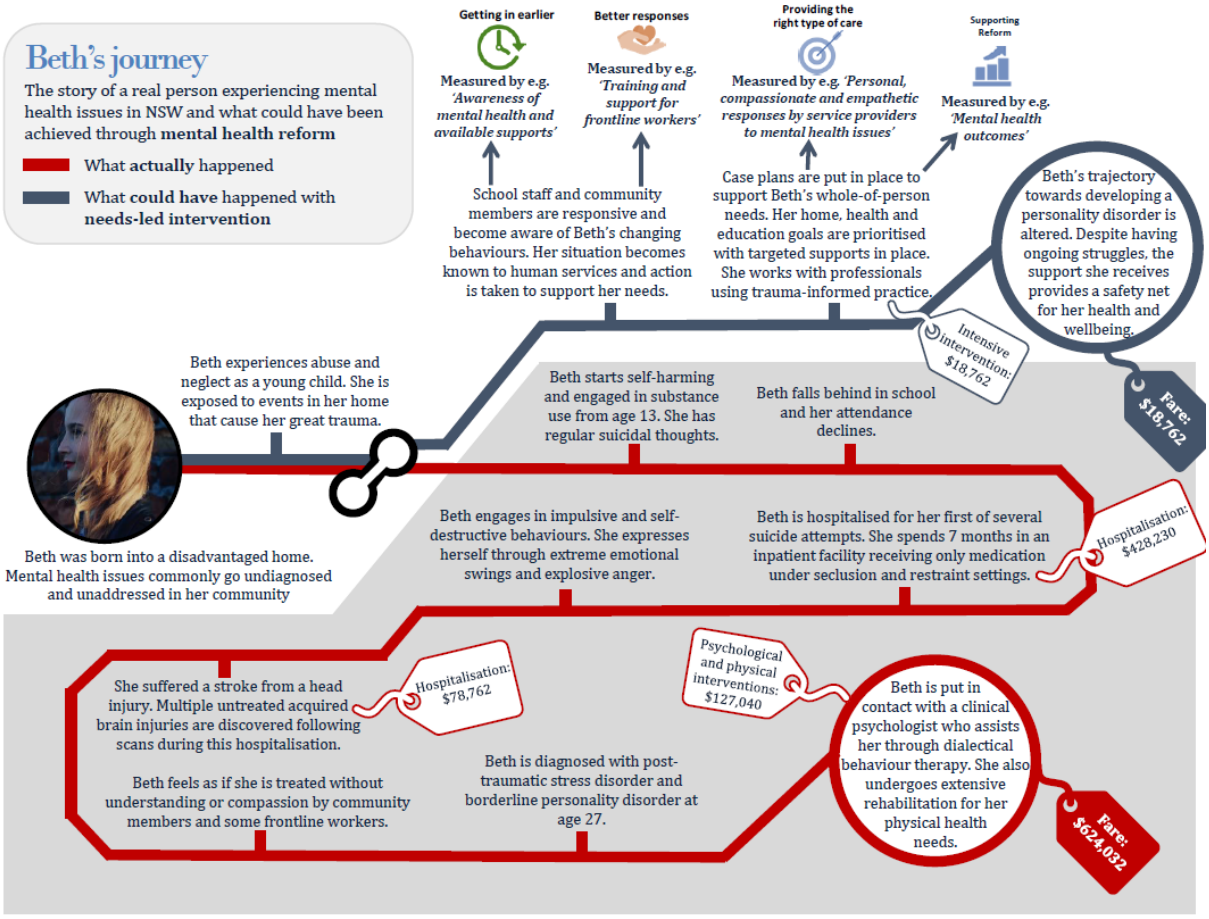
This repository would bring together the evolving evidence about what should happen: who needs what mental health care, for how long, with what expected outcome and what should happen next. This kind of information is not clear now to professionals and providers.

This needs to be available in a dynamic and accessible way for professionals, as an updatable learning asset. For consumers and carers, clarity of this kind would combat the mystery which still surrounds mental illness and the consequential stigma.

Professional colleges and other bodies may already have some pathways and protocols covering some of the terrain, which could lay the foundations for this work.

Protocols and guidelines should make it possible to more clearly analyse the care that is provided now and close the gap between these existing consumer journeys and more desirable, evidence-based experiences of care, for better outcomes (see Figure 4 below).

Figure 4 – Closing the gap between current and desired consumer experiences of care in mental health



The state of research in mental health means it is likely that in some areas and for some needs, the level of certainty about desired practice is clearer than in others.

Again, this is a foundation on which to build and permits greater transparency or confidence about where the evidence is strongest, and where more research is necessary. Recent investments across community-based services, early intervention, digital access, youth mental health, and child and family supports already signal the intended direction of reform. Incorporating exnovation - the deliberate process of stopping or scaling back practices that are no longer supported by evidence or fit for current needs - into this function would help ensure these signals are translated into coherent system improvement.

Australia's services and practitioners are unhelpfully trained and funded too often work in silos or alone, despite the fact that, especially for people with more complex conditions, collaborative care in teams is the indicated, preferred intervention.

In addition to new guidance regarding treatments and services, it would also be useful to examine what works in relation to fostering cross-disciplinary education and training and services. In New Zealand, non-government organisations account for around 25% of all government funded mental health services. In Australia they represent around 6%. Creating effective partnerships is therefore critical. Te Pou is a national workforce centre for mental health, addiction and disability in New Zealand designed to foster this multidisciplinary teamwork and provide greater role clarity.

Australia has had many articulate and ambitious plans for mental health reform over three decades. Often what has been missing has not been policy intent but a failure of implementation. The proposed repository should include advice about implementation science, effective implementation and change management in mental health.

Part 2 – What Should Be?

A key element of better planning is clear goals and strategies. Australia has myriad mental health plans and strategies, across mental health specifically, then including suicide prevention, drug and alcohol, physical health and other matters. These plans cover national and state jurisdictions. While replete with laudable intent, they often lack measurable commitments or targets and typically fail at the point of implementation.

A clearer federated system of mental health planning, with explicit measurable goals and targets, flowing into state then regional mental health plans, would minimize confusion and create a platform for collective action.

Ironically, this type of planning characterized the first National Mental Health Strategy in 1992, where the national government set broad parameters which were then followed by the jurisdictions, backed up with funding to provide an incentive to reward change, in this case focusing on closing existing psychiatric specialist hospitals. We could do worse than revisit this kind of joined-up planning, surmounting the difficulties associated with the split in responsibilities in mental health between the federal and state governments.

A new and unified national plan would more clearly set out agreed reform priorities, such as community care, hospital avoidance, early intervention etc.

The National Mental Health Service Planning Framework, at another level, provides some useful instruction as to what type of services should be available region by region, and at what volume. This kind of information available in the public realm would be a critical part of fulfilling this function.

Better planning at the macro (national and state) and meso (regional) levels, combined with the micro level planning enabled by the Framework and other modelling tools, would permit more consistent identification and pursuit of a clear and agreed set of shared goals. Without this consistency, the type of mental health care available to Australians is likely to (continue to) vary considerably, depending on where you live.

Part 3 – What Is?

The third key element of a 'better judgement network' would be a mental health observatory.

Why an Observatory?

Australian governments have committed to develop new platforms to enable data sharing. The Australian Bureau of Statistics has articulated the need to better capitalise on data collected, for example through building the National Disability Data Asset as part of broader development of the Australian National Data Integration Infrastructure (ANDII).

This data integration is vital in mental health because a full picture of a community's mental health relies on data from federal, state and non-government sources, and from both health and other services.

An Observatory would build on existing national data infrastructure and the commitments within the National Mental Health and Suicide Prevention Information Priorities (National Mental Health and Suicide Prevention Information Priorities: 3rd Edition (aihw.gov.au)) that include public reporting of " … *data at a more granular level, such as by region, mental health service organisation, individual service, and service provider*" (p.20) to develop new capacity to assist local mental health planners and decision-makers. It would build on the work already being undertaken by the Australian Institute of Health and Welfare and the Mental Health and Suicide Prevention Data Governance Forum.

The Role of the Observatory

There are two main functions:

1. Technical data gathering and reporting

While there are appreciable gaps in Australia's mental health data collection (for example in relation to non-government services), in fact a considerable amount of useful data is already available, certainly enough to help inform decision-makers.

However, often this data is collected in disparate fashion, or not collated, or otherwise underutilised. The Observatory will be a new and dedicated repository for the mental health data required to provide regional analysis.

In relation to common standards of classification standards, private sector coverage and international comparison, established tools such as the internationally validated DESDE system provide a robust foundations DESDE has been applied in 35 countries with current atlases underway in Mexico City, Trieste and Vienna. In Australia, more than 20 regional Atlases have been published using this approach, supported by a substantial peer-reviewed evidence base. These Atlases provide a consistent, open-access, snapshot of the mental health services within each region.

While some regions already possess some technical skills, many will benefit from assistance from the Observatory to gather and organise the data necessary to drive better decision-making.

In undertaking this function, the Observatory will need to be aware of structural biases or limitations in the way data is currently collected and used, which serves to amplify some voices and views, while diminishing others. For example, an Observatory will need to consider how best to draw on consumer and carer views in its data gathering and reporting.

2. Communication and Interpretation

This second function is key to the innovative role an Observatory could play, not only gathering necessary data but then working with local leaders to develop detailed understanding about regional results, trends and meaning. This could include benchmarking, enabling regions to compare their performance with other similar places. This function focusses on moving from description to explanation. This function builds a key social context that can give data meaning locally.

These communication and interpretation skills in relation to mental health are rare. The Observatory would be vital new capability not just in data gathering but in building real understanding of the services available locally, the outcomes they are delivering and how regional mental health service systems could be improved.

Examples of Observatories

The role of public health observatories has been understood for some time. The Kings Fund in the UK has developed a set of tools to provide the functions of an Observatory, including a Spend and Outcome Tool (SPOT), another for Commissioning for Value and another focusing on Return on Investment. The tools provide real time, online access for decision-makers and represent infrastructure not currently available in Australia. SPOT aims to help local commissioners improve

people's health and wellbeing and reduce health inequalities through better information about value for money, covering health, education, housing and community services.

Observatories can play a key role in bringing together data from different disciplines and sectors to build broader pictures of regional mental health, harnessing existing collections, advances in digital technology, and passive and/or sentinel surveillance, aimed at providing intelligence to inform coordinated cross-sectoral policy and planning. This kind of granular data, across economics, social services, psychology, psychiatry, biostatistics and business can reflect the broader 'mental wealth' of regions, beyond mere health sector performance. Platforms already exist here and here in Australia, and elsewhere, such as the Countdown for Global Mental Health 2030. The Countdown is a collaboration between Harvard University, the World Health Organisation, UNICEF, the Global Mental Health Peer Network and United for Global Mental Health launched in 2019. Countdown for GMH 2030 draws on a range of indicators from economic performance to sustainable mental health system financing to mental health and wellbeing outcomes.

One key consideration for an Observatory in an Australian context would be to work towards inclusion of private sector data, as well as publicly funded information. The AIHW report the private sector as providing mental health services totalling more than $622M in 2022-23. Links to other key, related sectors, like Alcohol and Other Drugs, would also represent critical future additions.

An important additional role for the Mental Health Observatory would be to assist in making a more compelling case for placing population mental health and wellbeing at the forefront of social and economic policy considerations and to provide evidence to inform not only health reforms but other positive changes to assist the lives of people with a mental illness. This fits with a move in several jurisdictions towards establishing 'wellbeing economies'.

Conclusion

Better judgement and decision-making in mental health is predicated on understanding three key issues: what works, what should be occurring and what is happening now. Australia could address these issues through the establishment of a network which would include the following elements:

- a new national clearinghouse of evolving mental health guidelines, protocols and pathways. This should include advice about effective change management and implementation science in mental health.
- a national mental health workforce education and training centre
- a clear set of national mental health plans, supported by good modelling
- a national mental health observatory

We recognise that even with the infrastructure to support this network in place, gaps and limitations in data will persist. This is no reason not to proceed. Over time, with experience and with necessary support and investment in improved data collection and reporting, these gaps will close and the quality of the advice available from the network will increase.

A good judgement network represents a critical investment in delivering better planning and better outcomes for Australians with a mental illness.