



## **Submission**

# Ten Year Roadmap for National Mental Health Reform

**February 2012**

*beyondblue*  
PO Box 6100  
HAWTHORN WEST VIC 3122

Tel: (03) 9810 6100  
Fax: (03) 9810 6111  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

# 10 Year Roadmap for National Mental Health Reform

## *beyondblue*

*beyondblue*, the national depression and anxiety initiative, is pleased to present this submission on the 10 Year Roadmap for National Mental Health Reform to the Department of Health and Ageing. This submission supports *beyondblue*'s response to the online survey.

In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings. ***beyondblue* has consulted with members of blueVoices, our consumer and carer reference group, to inform this submission.**

## *beyondblue*'s response to the draft 10 Year Roadmap for National Mental Health Reform

### Part D, Question 8: Are there any other areas that should be the focus of national mental health reform over the next ten years that are not currently included in the draft Roadmap?

The five proposed key directions of the Roadmap provide an appropriate framework to drive mental health reform over the next ten year period. These directions are consistent with existing mental health policies and programs, and have the potential to extend and build on previous mental health sector reform.

The proposed actions and performance indicators for each key direction area could be developed further. These gaps and recommendations are identified throughout this submission. Across the Roadmap, there should be a stronger focus on the:

- social determinants of mental health
- relationship between mental and physical health
- interdependencies between the proposed actions outlined in the Roadmap
- relationship between the Roadmap and other existing or planned Government policies and programs.

### Part E, Question 7: Key Direction 1 – Promoting good mental health and wellbeing and preventing mental illness and suicide

The key direction of promoting good mental health and wellbeing and preventing mental illness, is an essential component of achieving the Roadmap's vision for mental health in Australia. While this key direction acknowledges some of the protective and risk factors that contribute to mental health, it is important that the short and long term actions also incorporate a **focus on the range factors that contribute to mental health**, including social, cultural, economic, biological and environmental factors. Other components of this key direction that could be improved include the proposed actions to reduce stigma and discrimination; increase awareness; prevent suicide; and the performance indicators.

## **Reducing stigma and discrimination**

Reducing the stigma and discrimination associated with mental illness is an important component of improving the quality of life and wellbeing of people experiencing mental health problems and their carers. The impact of stigma, and the need to address this significant problem, has been described by a member of *beyondblue*'s consumer and carer reference group, blueVoices:

*“So often people refer to ‘removing the stigma of mental illness’. I would suggest that the stigma of mental illness is such a core issue and one that has so many ramifications. Why is it that so many people will not admit that they have a mental illness?, Why won't people seek treatment for a mental illness?, Why do so many people kill themselves rather than get help or admit they have a problem? I think the reality is, especially for members of the male population, that the stigma of mental illness is, in some ways, worse than the illness itself. Unless the stigma can be removed to such a degree that it does not become a barrier to acknowledgement, treatment and hope for the future, the reduction of some mental illnesses will be nothing but a pipe dream.”* blueVoices member

**Increasing awareness of depression and anxiety and reducing the associated stigma has been a key priority for *beyondblue*, and significant achievements have been made.** *beyondblue* has implemented a comprehensive approach to community awareness raising and stigma reduction, which has included initiatives such as:

- **National advertising campaigns and supporting resources** - campaigns have been developed to cover a range of disorders (such as depression, anxiety, postnatal depression); life stages (for example, youth, older people); and settings (for example, rural communities). *beyondblue*'s campaigns are based on extensive quantitative and qualitative research with consumers and carers, and provide insights into the personal experiences of depression and anxiety. Campaign messages are disseminated and promoted via television, radio, cinema advertising, convenience advertising, billboards, and community events and forums. *beyondblue* has also developed a comprehensive suite of freely available information and resources, including translated materials, which are disseminated to individuals, community groups, health centres, libraries, schools, universities, workplaces and many other settings.
- **Media coverage** - *beyondblue* has achieved widespread media coverage of depression, anxiety and *beyondblue* programs. Within a 6-month time period there are up to 6,500 mentions of *beyondblue* in press, radio, television and internet media, with the cumulative audience/circulation of this coverage being almost 123 million. The increased media coverage of depression and anxiety, and the promotion of personal experiences, leads to greater awareness of mental health, and may contribute to decreasing levels of stigma and discrimination.
- ***beyondblue* Ambassador program** – *beyondblue* has a pool of ambassadors that communicate the consumer and carer experience of depression and anxiety through public events, community forums and to the media.

- **Corporate and community partnerships** – *beyondblue* has developed strong partnerships with corporate and community organisations, to raise awareness of depression and anxiety, reduce stigma, distribute resources, and reach targeted population groups.
- ***beyondblue* National Workplace Program** - This Program is an awareness, early intervention and prevention program specifically for workplace settings. The Program aims to increase the knowledge and skills of staff and managers to address mental health issues, while maintaining a focus on research, policy and best practice. Independently evaluated in Australia and the UK, the Program has been shown to significantly:
  - increase awareness of depression
  - decrease stigma
  - improve attitudes
  - increase confidence to assist someone to seek help.

Since inception in 2004, over 2,500 sessions have been conducted across Australia.

- ***beyond maturityblues* program** – This peer education program is delivered in partnership with Councils on the Ageing, to raise awareness of depression and anxiety and reduce stigma among older people. With the key message that ‘having depression or anxiety is not a normal part of ageing’, the program has been delivered to over 75,500 people Australia-wide.
- **Discrimination and insurance program** - *beyondblue* has been working with the mental health and life insurance sectors since 2001 to improve insurance outcomes for people with a history of mental illness. Since this time there have been key achievements, including the development of industry-wide guidelines for insurance sector staff, enhanced communication between sectors, clearer complaints-monitoring processes, and the development and dissemination of a consumer guide. *beyondblue* is partnering with the Mental Health Council of Australia to develop a website for mental health consumers and carers that provides information about a range of insurance and superannuation products, and recent issues and developments.

*beyondblue*'s suite of community awareness and stigma reduction programs have contributed to the considerable improvements that have been made in levels of awareness of mental health problems, and stigmatising attitudes. For example, *beyondblue* research suggests that in 2009/10, 61 per cent of the community identified depression as a major mental health problem, compared to 49 per cent in 2002. The increase in community awareness of depression has also had some impact on levels of stigma:

*“...compared to 10 years ago, they may have really labelled you in a negative way. There’s still a long way to go, but it’s improved a little bit. Probably to do with the increased awareness.”* Mental health consumer<sup>1</sup>

The Ten Year Roadmap for National Mental Health Reform provides an opportunity to build on the achievements made by *beyondblue*, and others in the mental health sector, to increase awareness of mental health problems and reduce stigma. However, to be effective, the proposed short and long term actions need to be strengthened. **Research clearly demonstrates that comprehensive, multi-pronged approaches are needed.** Corrigan's (2011) research indicates that there are five principles that need to be implemented to effectively respond to stigma:<sup>2</sup>

- 1) **Contact is fundamental** – this involves “*planned interactions between people with mental illness and key groups*”, and to be most effective, it should be in vivo or face-to-face.
- 2) Contact needs to be **targeted** – it should focus on key groups such as employers, landlords and healthcare providers, and aim to change negative behaviours.
- 3) **Local** contact programs are more effective – ‘local’ may include geography, political, social, and other diversity factors.
- 4) Contact must be **credible** – it should be with individuals who are similar in ethnicity and socioeconomic status; it should be with individuals who are in a similar role; and the contact should be with a consumer who is in recovery.
- 5) Contact must be **continuous** – multiple contact should occur, and there should be a variety of messages, venues and opportunities.

It is recommended that Corrigan's principles for effective stigma change are incorporated into the proposed short and long term actions of the Roadmap. The actions should be implemented in an ongoing, multisectoral and collaborative manner, which is driven by consumers and carers.

### **Increasing awareness**

The proposed long term actions to promote good mental health and prevent mental illness and suicide include a focus on increasing awareness of mental health problems through mental health literacy programs. **While education is an essential component of increasing knowledge and skills to respond to mental illness, a more comprehensive approach is required.** For example, to create an environment in which “*individuals, carers, families and employees feel safe and secure, and employers feel confident enough to ask for help*” (Longer term action 3), there should also be a strong focus on supporting and changing organisational culture and workplace practices.

To effectively increase awareness of mental health, the Roadmap could build on the community awareness raising activities undertaken by *beyondblue* (outlined above), while also developing programs and partnerships across different settings and sectors; building the capacity of communities, workplaces, health services and the mental health sector; and leading the development and implementation of health public policy.

**The implications of increasing awareness of mental health problems also need to be considered and integrated in the Roadmap.** This is described by a blueVoices member:

*“Point 2 [under the Short Term Actions] suggests identifying and targeting people who will benefit from psychological support, however from knowing the way the*

*system currently works there is not really adequate psychological support easily accessible...So my question is, what is the use of educating people to recognise if they need psychological treatment if they are not able to receive it anyway? These kind of inconsistencies are all through the roadmap.” blueVoices member*

With increased awareness of mental health problems, there should be a corresponding increase in availability and access to services.

### **Preventing suicide**

While there is an acknowledgement of suicide within the Roadmap, **the proposed actions may not be sufficient to adequately respond to this complex problem, and a more comprehensive approach is needed.** To reduce the burden of suicide, Mendoza and Rosenberg (2010) have suggested that a number of strategies are needed:<sup>3</sup>

- National leadership, coordination, strategy and infrastructure
- Monitoring, evaluation and research
- Improved suicide data
- Workforce development, training and education
- National awareness campaigns and education
- Implementation of effective programs
- Targeted evidenced-based approaches for particularly vulnerable populations such as Aboriginal and Torres Strait Islander peoples and people from a Culturally and Linguistically Diverse Background.

These strategies could be considered for integration into the Roadmap.

### **Performance measures**

The proposed performance measures do not clearly assess mental health promotion or prevention to an adequate degree, nor is it clear how they will be measured:

*“The demonstrable outcomes (how we know we’re doing better) are not workable in their current form. This will create significant problems when it comes to assessing and evaluating the validity of the roadmap approach down the line. In other words, how will we know if the issues are right ones, and if the right approach has been taken and has had an impact?” blueVoices member*

Measures which more clearly align with the intended direction and goals of this area are needed, to ensure that the proposed actions are implemented as planned, and measurable improvements are made.

### **Recommendations**

1. Short and long term actions should acknowledge, and respond to, the complex interplay of factors that contribute to mental health, including social, cultural, economic, biological and environmental factors.
2. Develop short and long term stigma reduction initiatives that are based on increasing contact with consumers and carers.
3. Implement stigma reduction initiatives through an ongoing, multisectoral and collaborative approach, which is driven by consumers and carers.

4. Adopt a comprehensive approach to increase awareness of mental health, including mental health literacy programs; partnerships across a range of settings and sectors; capacity building; and healthy public policy.
5. Ensure that there are appropriate and adequate mental health services to respond to increasing levels of awareness of mental health problems.
6. Adopt a more comprehensive approach to prevent and respond to suicide.
7. Develop relevant and measurable outcome measures.

### Part E, Question 9: Key Direction 2 – Early detection and intervention

The strong focus in the Roadmap on early detection and intervention is an essential component of reducing the burden of mental illness. Within the **perinatal period, screening for mental health conditions in mothers during pregnancy and in the year following birth**, is an important early detection and intervention strategy. Early identification of risk or the presence of mental health disorders in this period, provides an opportunity to deliver early intervention services, which may enhance the mental health and wellbeing of the mother; promote a secure attachment between the mother and infant; and reduce the negative impacts of depression on the fetus / infant (including cognitive, emotional and social development of the child) and other family members.

A **strong investment in the early years is also needed**, as fifty per cent of mental health disorders begin by the age of 14.<sup>4</sup> There should be a strong focus on behavioural disorders, which are more common throughout the early years of development, and if not effectively managed, may lead to the development of complex mental health problems. Early childhood and educational programs should also include strong support for parents.

While focusing on the perinatal period and early years is vital, it is also important that **the concept of early detection and intervention is applied across the lifespan, and in different settings**:

*“...the early intervention concept in mental health has a deeper meaning, and could be expanded to better capture the full range of mental health illness experience in Australia. Early interventions with families and schools is important, but the document also needs to recognise early intervention in the progression of an illness (eg particularly depression, anxiety), which may occur at any stage of life, and indeed may only surface later in life...Good early intervention in mental health is also about having a responsive set of services in both mainstream health care and aged care, which can detect and respond to a building mental health concern, before it reaches crisis point for the individual.”* blueVoices member

*“Early intervention needs to be available for people of all ages, at all stages in their life.”* blueVoices member

The short and long term actions for early intervention should also include a greater focus on **new and innovative models of care**. While **e-health** has been acknowledged in the Roadmap, to be successfully implemented, system-level mechanisms are needed to support

and facilitate the use of services (such as the recent introduction of Medicare rebates for consultations with psychiatrists delivered via video conferencing). It is also important that online services are integrated and complemented by primary mental health care services. E-mental health should be recognised as being a core component of an integrated health system.

There is also a role for the development of **alternative models of care** in the Roadmap. The **beyondblue Community Access Program (bbCAP)** is a proposal to pilot an alternative service delivery model for the treatment of depression and anxiety disorders. If found successful, it will assist in providing easily-accessible and affordable care to people with mild to moderate depression and anxiety, regardless of their geographical location. The bbCAP is based on a successful United Kingdom scheme operating since 2005, the Improving Access to Psychological Therapies program. The program is designed to provide low intensity care to people with depression and anxiety where it is not currently available, while also reducing the burden on high intensity care. There is great potential for investment in models such as bbCAP in the Roadmap, and these could be supported through the proposed short and long term actions.

**Additional details** of the proposed short and long term actions are also needed to determine whether the proposed approaches may be effective. Actions such as ‘improving the connections and networks between service providers and across sectors’ have been a core component of mental health policy for a considerable time. Information on how the proposed approaches will be different from previous and existing initiatives is required, to assess the appropriateness and potential effectiveness of these strategies.

It is recommended that the proposed **performance measures** for the early detection and intervention actions also include indicators such as:

- the length of stay in care
- the number of mental health plans developed
- the number of people who have engaged with the national portal for e-mental health treatment
- the number of behavioural disorders in early childhood
- the number, reach and impact of early childhood intervention initiatives
- population groups accessing and utilising services.

There should also be an increased focus on outcomes in the performance measures:

*“In Key Direction 2 they have omitted looking at the outcomes for people who receive intervention, i.e. whether or not it actually improves quality of life, and reduces symptoms of mental illness in the long term etc.”* blueVoices member

### Recommendations

8. Include routine psychosocial assessment and screening for mental health disorders in all women during pregnancy and following, as per the *beyondblue* Clinical Practice Guidelines for depression and related disorders in the perinatal period.<sup>5</sup>

9. Focus on the early detection and intervention of mental health problems in the early years.
10. Apply the early detection and intervention model across the lifespan and in different settings.
11. Develop short and long term actions to embed e-mental health as a core component of the health system.
12. Develop or support alternative models of care for the provision of early intervention and treatment services (for example, the *beyondblue* Community Access Program).
13. Provide additional details on how the proposed short and long term actions will be implemented.
14. Develop additional performance measures, which include a greater focus on outcomes.

### Part E, Question 11: Key Direction 3 – Putting consumers and carers at the heart of services and supports

Placing consumers and carers at the heart of services and supports is vital, and a welcome inclusion in the Roadmap. To be implemented effectively, it is important that the short and long term actions include a **diverse range of strategies, which meet the needs of different population groups**:

*“I think it is worth looking at ways to ensure a wide range of consumers are able to participate and have their voices heard...Considering that the very nature of many mental illnesses is that it would be difficult to communicate these needs or interact with others (for instance my own social anxiety can make consumer advocacy very difficult and challenging, despite how much I value it) I believe there needs to be more emphasis on developing creative and non-intimidating ways for as many consumers to get involved in the process as possible.”* blueVoices member

Consumers and carers should be supported and empowered to **advocate for change at both a local and national level, and within different settings**. While the proposed longer term actions include a focus on advocacy, this appears to be restricted to within the healthcare system, rather than also within other settings, such as the workplace, the housing industry, and the insurance sector.

Within the Roadmap there is some inconsistency regarding the inclusion of carers, as well as consumers, in the proposed actions. **It is important that carers are considered throughout all components of the Roadmap and the delivery of services.**

To support consumers and carers being at the heart of services and support, there is also an opportunity to **draw on consumers’ and carers’ skills and experiences** to help others. This could be through initiatives such as stigma reduction programs; a stronger focus on peer support; and consumer advocacy.

#### Recommendations

15. Develop a diverse range of strategies to enable increased consumer and carer participation, which meet the needs of different population groups.

16. Support and empower consumers and carers to advocate for change at both a local and national level, and within different settings.
17. Incorporate a focus on carers, as well as consumers, throughout the Roadmap.
18. Draw on the skills and experiences of consumers and carers to help improve services, and provide support to others with mental health problems.

### Part E, Questions 13 and 14: Key Direction 4 – Supporting people to participate in society

Supporting people with a mental illness and their carers to participate in society is a core component of promoting mental health, wellbeing, and social inclusion, and it is a vital component of the Roadmap. This direction could be improved by adopting a stronger focus on inclusiveness and diversity, by renaming the direction **‘Supporting people to participate in a society that appreciates and values diversity’**. The scope of this direction could also be extended to incorporate a **greater focus on different forms of participation**, outside of paid employment and formal education (for example, volunteer work, community activities).

Consistent with extending the scope of this direction, it is also important that a **comprehensive whole-of-government approach is adopted** through both the short and longer term actions. This could include strategies that focus on making changes at an individual level (for example, increasing awareness and skills of employers to support people with a mental illness in the workplace); at an organisation level (for example, increasing the number of workplaces and educational settings that have mental health policies and practices that support participation by people with a mental illness and their carers); and at a policy level (for example, changing Government income support policies to better meet the needs of people with a mental illness).

The proposed actions appear to adopt a stronger focus on individual-level strategies, that support people with a mental illness and their carers to better access existing programs and models of employment and education, rather than changing our systems of education and employment to better meet the needs of people with a mental illness. To improve this key direction, there could be a **greater focus on changing and improving systems at organisational and policy levels**:

*“All of these issues are absolutely essential inclusions, however, there is a significant gap – the role of employers in this partnership and process of change.”* blueVoices member

*“More discussion with people on DSP [Disability Support Pension] about what they need to support them in work and/or study would be necessary, rather than immediately setting up employment services etc. In my own case it is not actually that I need employment services so much as increased psychological support to deal with the issues that arise when I attempt to participate more (in my case with returning to study).”* blueVoices member

*“There needs to be a Centrelink payment in between Newstart and Disability payment specifically designed for people living with mental illness during their recovery. Newstart is intended as a short term payment for individuals looking for work and is not sustainable long term. Individuals living with mental illness may well recover and not meet the requirements or need the disability pension, but this level of payment may be required short term.”* blueVoices member

At a policy-level, **it is also important that the Roadmap complements, and links in with, other Government policies and programs.** Including the participation of people with a mental illness is a key priority within the National Social Inclusion Agenda, and the interface between this policy and the Roadmap should be acknowledged and considered. It is also important that mental health is embedded within other Government policies and programs outside the health sector. Adopting a ‘Health in All Policies’ approach may enable a stronger focus on the determinants of mental health, and support the implementation of a collaborative and multisectoral approach to improving mental health and participation levels.<sup>6</sup>

### Recommendations

19. Rename the direction ‘Supporting people to participate in a society that appreciates and values diversity’.
20. Include a greater focus on different forms of participation, outside of paid employment and formal education.
21. Adopt a stronger focus on improving organisation and policy-level systems to enhance and support increased levels of participation in society.
22. Develop linkages between the Roadmap and other relevant Government policies and programs, such as the National Social Inclusion Agenda.
23. Adopt a ‘Health in All Polices’ approach, to ensure that mental health is considered in all Government policies and programs which may support increased levels of participation.

### Part E, Questions 15 and 16: Key Direction 5 – Making services work for people – access, quality, integration and coordination

Improving access, quality, integration and coordination of services is essential in not only improving mental health treatment and care, but also in ensuring that other components of the Roadmap, such as increasing awareness and mental health literacy, can be implemented effectively.

It is important that our understanding of different types of treatments, models of care and services continues to be strengthened. **The needs of different population groups, and across different stages of life, varies considerably, and services need to respond to this diversity.** For example, adopting an ‘individual’ focus, as suggested in the Roadmap’s model of support and services (page 12), may not be appropriate for some cultural groups, in which a ‘family’ focus may be the preferred centre of care.

While the Roadmap proposes some actions to improve the accessibility of services for some population groups – for example, improving the provision of interpreting and translating services – **a more comprehensive and considered approach is needed.** People from

culturally and linguistically diverse communities experience a range of barriers to accessing services, in addition to language barriers, including:<sup>7</sup>

- stigma associated with mental illness
- lack of knowledge about available services
- GP referral patterns
- cost of services
- cultural barriers
- differences in cultural explanations and perceptions surrounding mental health.

The Roadmap should incorporate short and longer term actions which consider and respond to the **complexity of issues** which impact on access, quality, integration and coordination of services.

In addition to including more comprehensive actions, the Roadmap should incorporate **more information on how service coordination and integration will be implemented**. Without understanding the mechanisms to improve coordination and integration, it is difficult to assess whether the proposed strategies will improve existing strategies and previous programs focusing on this area of reform. Within the health sector, it is important that this coordination includes Aboriginal Community Controlled Health Organisations, drug and alcohol services, chronic illness and allied health services. Additional short and longer term actions, which enable the service coordination and integration model to be embedded within the health system, are also needed. For coordination across sectors, 'mutual responsibility' could be explored in geographical clusters (for example, schools focusing on mental health promotion and prevention, if health and community services provide pathways and links to children and parents experiencing mental health difficulties). KidsMatter, the Australian national primary schools mental health initiative, provides a model of mutual responsibility that could be applied in other settings.

Additional actions are also needed to support improved **quality of mental health services**. This could include the delivery of Clinical Practice Guidelines and other evidence based treatment; the translation of research evidence into practice, which may be led by organisations such as *beyondblue*; the implementation of cultural competency standards to improve the appropriateness of care for Indigenous and other Australians; and responding to continuing reports of abuse within psychiatric care facilities:

*"Many patients are raped, beaten, and sometimes die at the hands of those who are meant to be caring for them, and much of this is going unnoticed. This behaviour must no longer be tolerated, and the people perpetrating this violence need to be held accountable. Psychiatric hospitals need to be investigated and reinvented as safe places for people in distress, not places of abuse and restraint."* blueVoices member

The Roadmap's proposed longer term actions include the implementation of nationally consistent **legislation** in relation to rights and standards. While this is important, additional legislative reform may also be needed:

*“Fear of incarceration and loss of human rights can prevent people in need of help from seeking it, or being honest about the level of distress they are in (for instance, not admitting to a psychiatrist if they are suicidal or psychotic because the psychiatrist then has the right to force treatments they may not wish to have, such as ECT or medication). Law reform is necessary to preserve the rights of people in need of help, and should be considered a long term goal of mental health reform.”*

blueVoices member

Legislation could also be utilised to support the delivery of culturally competent and best practice care, which upholds the rights and responsibilities of consumers and carers.

### Recommendations

24. Increase the understanding and implementation of appropriate, culturally competent and diverse service models.
25. Develop a more comprehensive and considered approach to ‘Making services work’, which responds to the complexity of issues impacting on access, quality, integration and coordination.
26. Improve the quality of mental health services, through implementing culturally competent services, and responding to abuse within psychiatric care.
27. Provide more information on how service coordination and integration will be implemented.
28. Undertake broader legislative reform to uphold the rights of consumers and carers, promote the delivery of culturally competent and best practice care, and support help seeking.

### Part F, Question 18: Do you have any other comments on the draft Roadmap you would like to make?

The Roadmap provides a starting point for the next era of Australia’s national mental health reform. However, there are significant improvements that could be made to the draft, to help achieve real change and improvements within mental health. These include:

- **Additional information on how the Roadmap will be implemented.** As suggested by a blueVoices member:

*“There is nothing to address ‘how’ the goals and outcomes will be achieved. Without understanding how the Government envisages addressing these issues it is difficult to assess whether or not these directives will have a positive or negative impact on the mental health of Australians...”* blueVoices member

- Further consideration and development of **outcomes and performance indicators**. The proposed indicators often do not measure the intended outcome of the key direction area; are vague; and may not be possible within existing data collection processes. Incorporating health outcomes, which focus on experiences of care, quality of life, rates of homelessness, and participation in education and employment

by people with mental illness,<sup>8</sup> may help to ensure that the Roadmap supports increased levels of accountability across the mental health system.

*“This roadmap appears to be more a statement of values than anything else, which would not necessarily result in any specific outcomes. It does not even begin to attempt to examine how these will be achieved. While a value statement is a useful starting point, it is little more than that. Currently this roadmap reads as a lot of empty words and promises, with nothing to back it up or follow it through with.”* blueVoices member

- **An increased focus on the future, and new and innovative ways of working.** The Roadmap largely reports on programs and actions that have been incorporated in previous mental health policies and/or are currently in place. The Roadmap should support the development of alternative models of care and different approaches, rather than describing the existing system and problems.

*“Sorry, the roadmap is a disappointment; it will not make the slightest difference for consumers and carers... How can it be improved? By radical new thinking.”* blueVoices member

- **The Roadmap needs to be better integrated with other Government policies and programs, and with sectors outside of mental health.** There is no recognition within the Roadmap of how the proposed actions will impact on, or be informed by, other Government policies (for example, the National Social Inclusion Agenda, the National Disability Insurance Scheme, the Personally Controlled Electronic Health Records, income support policy, employment policies etc). Acknowledging and considering the interdependencies between Government policies and programs is essential for a ‘whole-of-Government’ approach to be adopted.
- **There should be an increased focus on accountability.** More information is needed on how consumers and carers, the mental health sector, and the broader community, will hold the Government to account for the actions identified in the Roadmap. There is also an opportunity for the Roadmap to incorporate additional accountability mechanisms across all jurisdictions, which assess how the Government’s mental health budget is addressing service gaps, delivering evidence-based models of care, and improving health outcomes.<sup>9</sup>
- **The principles of the Roadmap need to be strengthened.** This should include:
  - A recognition that there are **diverse population groups**, with different experiences and needs.
  - An acknowledgement that there is a **complex interplay of factors which contribute to the development and experience of mental health problems**, including social, cultural, economic, biological and environmental factors. There should also be an explicit acknowledgement of the **social**

- determinants of mental health**, and the need to address these determinants, to effectively improve mental health and wellbeing.
- A focus on increasing the **understanding and evidence base of effective approaches to mental health and mental illness**, including effective treatment options. While research and evidence is an ‘enabler’ of the Roadmap, it should also inform and underpin the proposed actions.
  - An acknowledgement that mental illness impacts not only individuals and their carers and families, but also **communities**. The health of an individual will have a compounding effect on the mental health and wellbeing of a community, particularly for Aboriginal and Torres Strait Islander communities.
  - An acknowledgement that, within the principle, ‘Recognise the importance of mental health and social and emotional wellbeing as part of the COAG *Closing the Gap* objectives for Aboriginal and Torres Strait Islander peoples’, Australian **historical events and policies have impacted on the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities** (for e.g. Stolen Generations, White Australia policy).
  - An extension of the principle ‘Improve access and reduce inequity for Australians in regional, rural and remote areas’ to apply to **all population groups that experience inequitable access to services**. Population groups most at risk and with high needs should be targeted through the Roadmap.

Incorporating these suggestions, together with the other recommendations incorporated throughout this submission, may help to improve the Roadmap, and assist in reducing the impact of mental health problems. While the Roadmap provides a starting point for mental health reform, **it is essential that additional, comprehensive consultation is undertaken with consumers and carers, the health sector, related policy areas, and the general community**. These consultation processes should be accessible for all population groups, and enable consumers and carers to be the ‘heart’ of the reform process.

- 
- <sup>1</sup> Muir, K., Craig, L., Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers*. University of New South Wales
- <sup>2</sup> Corrigan, P.W. (2011). Strategic stigma change (SSC): five principles for social marketing campaigns to reduce stigma. *Psychiatric services*, 62 (8), 824 – 826.
- <sup>3</sup> Mendoza, J. & Rosenberg, S. (2010). *Breaking the silence: Suicide and suicide prevention in Australia*. Accessed online 1 July 2011: <http://suicidepreventionaust.org/Resources.aspx>
- <sup>4</sup> Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R. & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62, 593 – 602.
- <sup>5</sup> beyondblue (2011). *Clinical practice guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. A guideline for primary care health professionals*. Melbourne: beyondblue: the national depression initiative.
- <sup>6</sup> World Health Organisation & Government of South Australia (2010). *Adelaide Statement on Health in All Policies*. Accessed online 4 January 2012: [http://www.who.int/social\\_determinants/hiap\\_statement\\_who\\_sa\\_final.pdf](http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf)
- <sup>7</sup> Muir, K., Craig, L., Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers*. University of New South Wales
- <sup>8</sup> Rosenberg, S.P., Mendoza, J. & Russell, L. (2012). Well meant or well spent? Accountability for \$8 billion of mental health reform. *Medical Journal of Australia*, 196 (3), 1 – 3.
- <sup>9</sup> Rosenberg, S.P., Mendoza, J. & Russell, L. (2012). Well meant or well spent? Accountability for \$8 billion of mental health reform. *Medical Journal of Australia*, 196 (3), 1 – 3.