

Accountability and Evidence-informed mental health care planning

Seminar Series 1
10 August 2017

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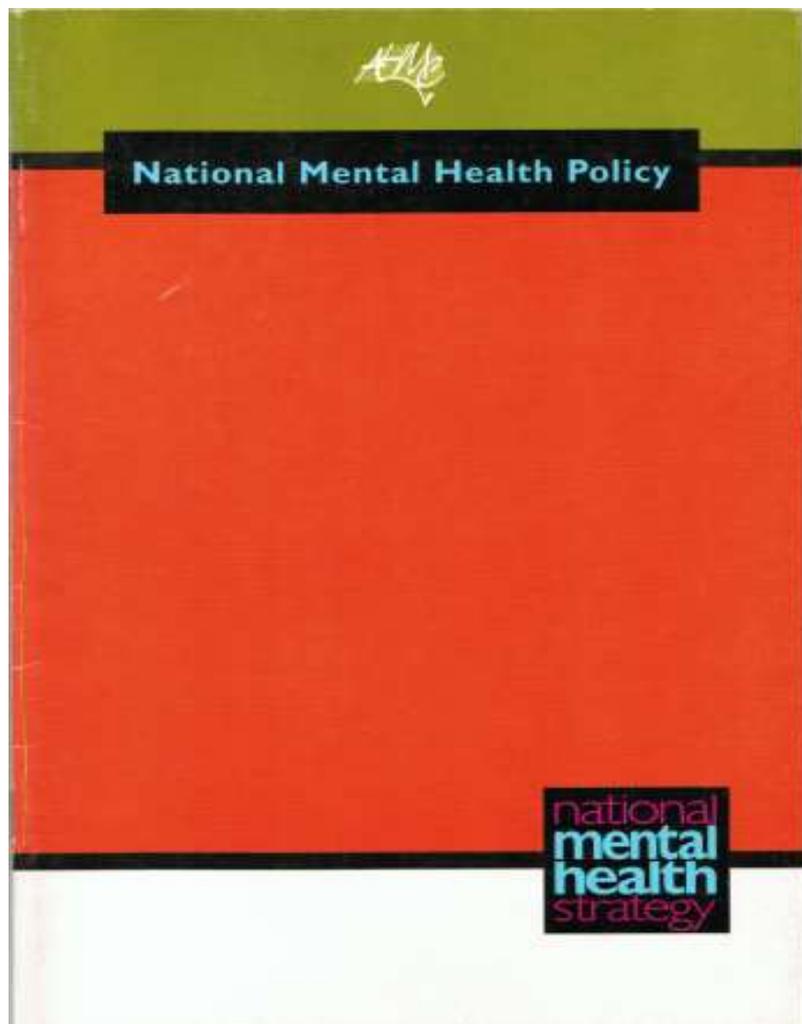
Learning and Development Unit

Centre for Mental Health Research

ANU College of Medicine, Biology and Environment

- Overview of Australian progress in relation to mental health and accountability
- Discussion of where Australian efforts stand, what do we know and what are we doing?
- Key question: Is the \$8.5bn we spend on mental illness making any difference to people's lives?
- What are others doing in relation to mental health and accountability?
- Introducing PECUNIA

- \$8.5bn spent 2014-15 - \$5.2 billion on state and territory specialised mental health services (\$2.2bn on hospital and \$1.9bn on “community” services). Fed spending largely MBS and PBS.
- Mental health accounts for 13% of disease burden.
- MH share of total health budget has not changed over past decade.
- Overall rate of access to care in 1997 was 38%, 2007 35%, now 46%
- Young men at 13%
- State and Territory rate of access to care was 1.5% in 2006-07 and 1.5% in 2010-11
- State and Territory investment in NGO services largely unchanged, Federal investment had increased a little (PIR, PHaMS etc) but now NDIS.



Contents

Executive summary	1
Introduction	7
New approach to mental health	7
Health policy context	9
Mental health service system	9
Aims and underlying principles	11
Aims	11
Underlying principles	11
Policies	15
Consumer rights	15
The relationship between mental health services and the general health sector	16
Linking mental health services with other sectors	19
Service mix	20
Promotion and prevention	23
Primary care services	25
Carers and non-government organisations	26
Mental health workforce	26
Legislation	27
Research and evaluation	28
Standards	29
Monitoring and accountability	30

- *There needs to be greater accountability and visibility in reporting progress in implementing the new national approach to mental health services. Currently, mental health data collection is inconsistent and would not be adequate to enable an assessment to be made of the relative state of development of the Commonwealth and each State/Territory in achieving the objectives outlined in the National Mental Health Policy.*

Objectives:

1. Nationally agreed outcome measures
2. Annual public reporting



- Focus on public mental health services
- Shift psychiatric beds to general hospitals
- Institutional to community care
- Better integration
- Consumer rights

- Mental health system in poor shape at start of strategy
- Strategy accelerated change process
- Funding a critical component for innovation and expansion
- Changed structure and mix of public mental health services
- GPs felt excluded from mental health services
- Still widespread dissatisfaction with services and concern with focus on low prevalence disorders



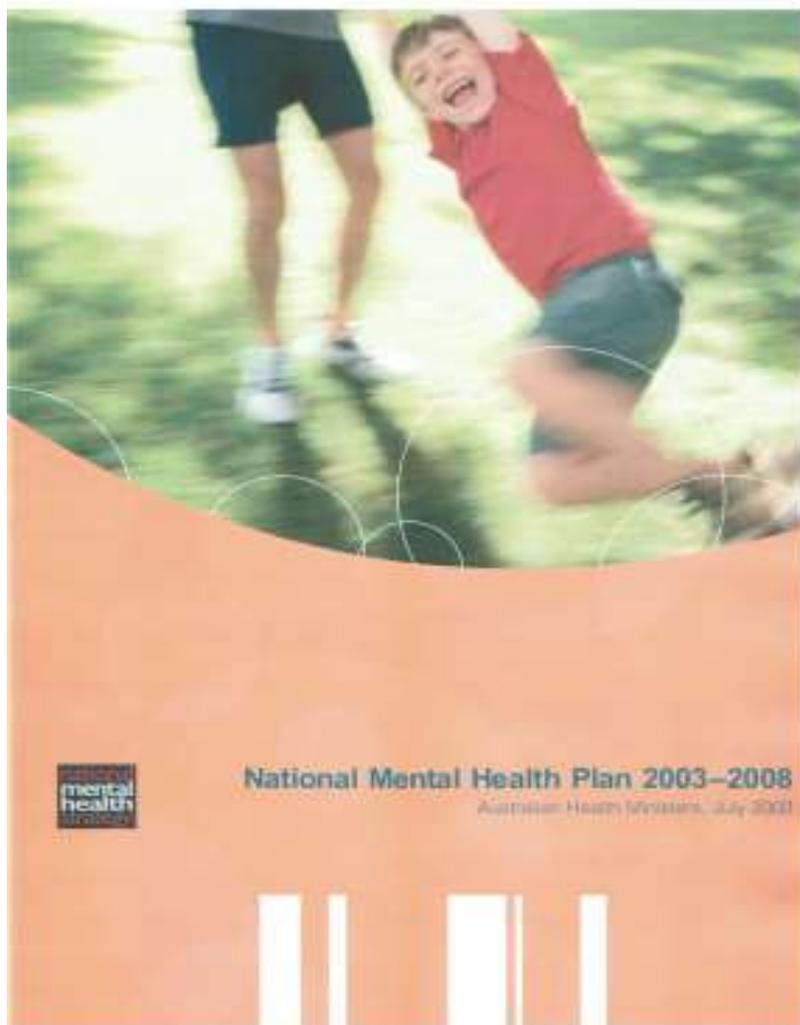
Second National Mental
Health Plan

Australian Health Ministers



- Expanded focus
- GPs and private psychiatrists
- Depression programs given significance
- Promotion and Prevention

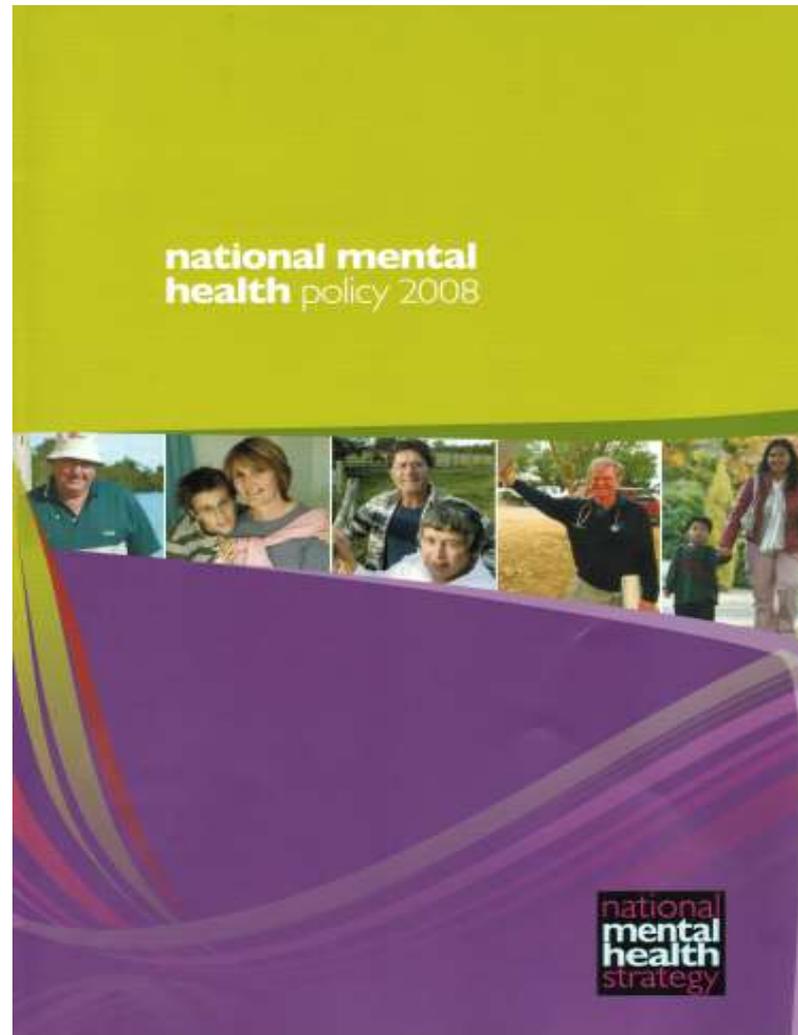
- *The national community consultations reveal a high level of dissatisfaction...The failures have not been due to lack of clear and appropriate directions, but rather failures in investment and commitment*



- Mental health for all Australians
- 34 Outcomes
- 113 Key Directions
- No Commonwealth funds

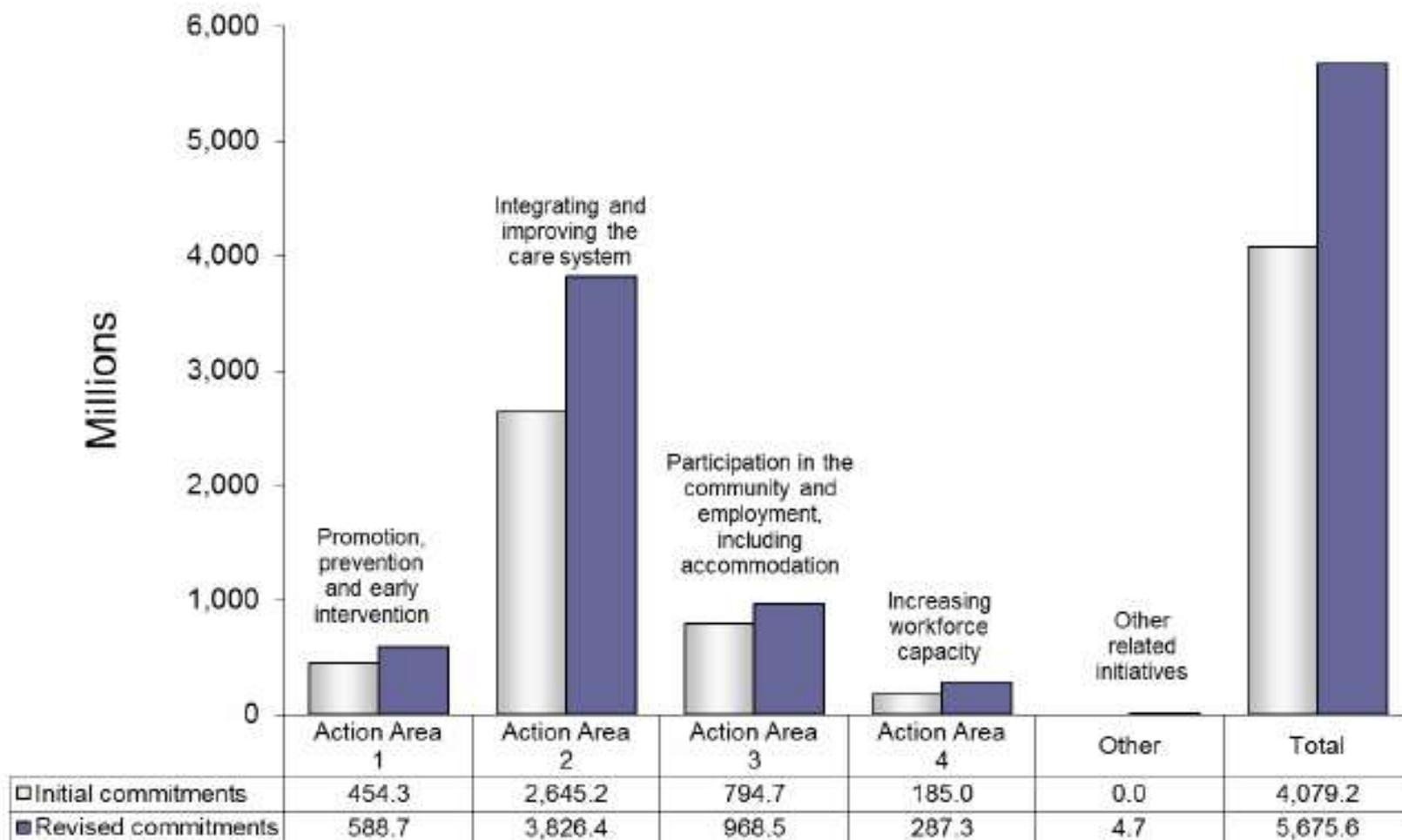
- Called for national measures of accountability for progress to apply to all jurisdictions, ensuring that adequate funding is provided for the regular, complete, accurate and timely reporting, collation and publication of these data.
- Annual reports to track progress to agreed targets (for example to regularly make information publicly available on a regular basis about seclusion and restraint events and rates by identified service providers).
- Greater focus on system outcomes or individual consumer (life) outcomes (consumer experience, employment, education, housing community connectedness and satisfaction and suicide rates) rather than inputs or processes.

Another National Policy



- National Action Plan on Mental Health 2006-11
- Initial commitments of \$4079m
- Revised commitments of \$5676m
- Better Access, PHAMs, Respite, Community Programs
- 5 Key Action Areas
- Complete jurisdictional autonomy
- 12 Point list of progress measures

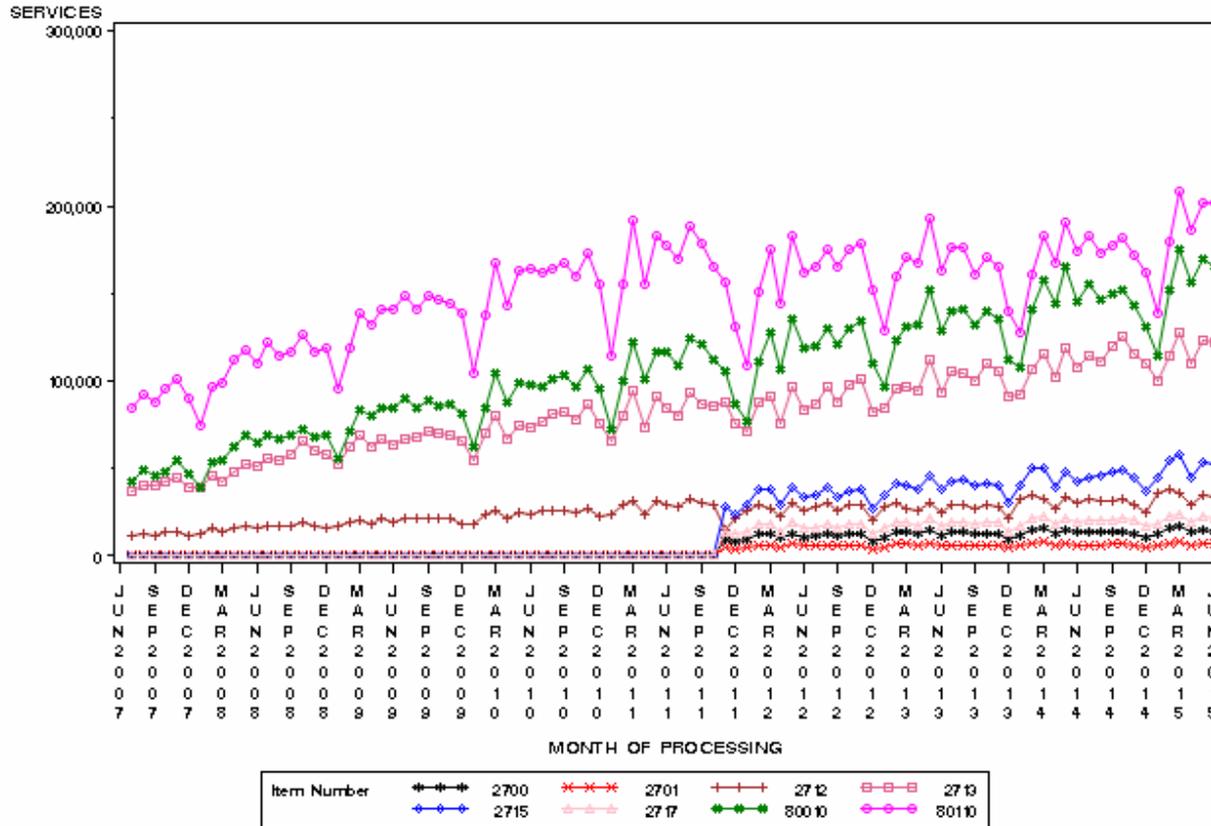
CoAG National Action Plan 2006-11



Action Area 5 – Governments working together – nil funding

	Jurisdiction with highest % CoAG Effort	Jurisdiction with lowest % CoAG Effort
Action Area 1: Promotion, Prevention and Early Intervention	WA - 22.07 (\$106m)	Qld - 1.66 (\$16m)
Action Area 2: Integrating and Improving the Care System	SA – 74.56 (\$215m)	WA - 44.46 (\$216m)
Action Area 3: Participation in the Community and Employment, including Accommodation	WA – 28.85 (\$140m)	SA – 7.66 (\$22m)
Action Area 4: Increasing Workforce Capacity	ACT – 19.95 (\$8.3m)	Vic – 0.68 (\$4.4m)

Better Access – June 2007-June 2015



- Since 2006, 53m occasions of service, costing \$5.2bn
- In 15-16 3.2m GP services, 4.63m psych services. \$778m, \$15m per week, 46%
- What are we getting for our money?
- Evaluation (2010) included 132 providers and selected sample of consumers as chosen by their provider

Registered Psychology
 Clinical Psychology
 GP MH Treatment

GP MH Plan Review
 Rest are GP Tx Plans
 with or w/o skills training



Fourth National Mental Health Plan



No Government funding Accountability (p.54)

- The public can make informed judgements
- Service quality monitoring
- Establish comprehensive, timely and regular reporting
- Further develop data collections
- Commitment to develop an implementation plan

Because mental health matters



Victorian Mental Health
Reform Strategy 2009-2019



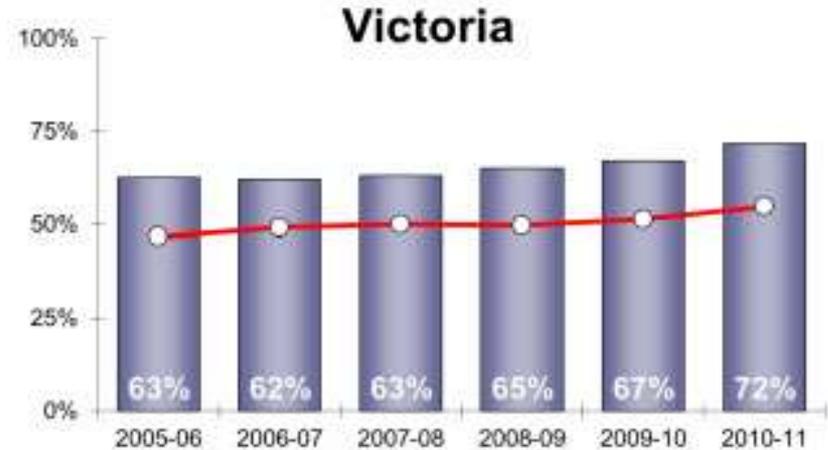
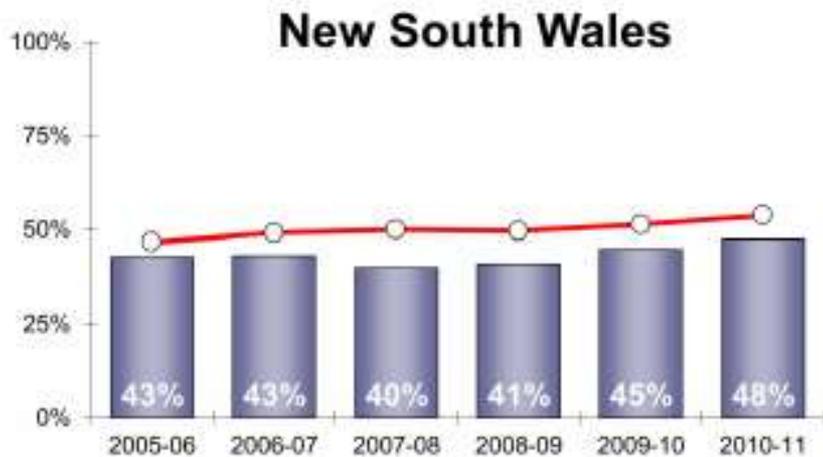
Queensland Plan for Mental Health 2007-2017

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"This plan will be much easier not to implement than the last plan we didn't implement."

% of MH hospital discharges receiving 7 day community follow-up



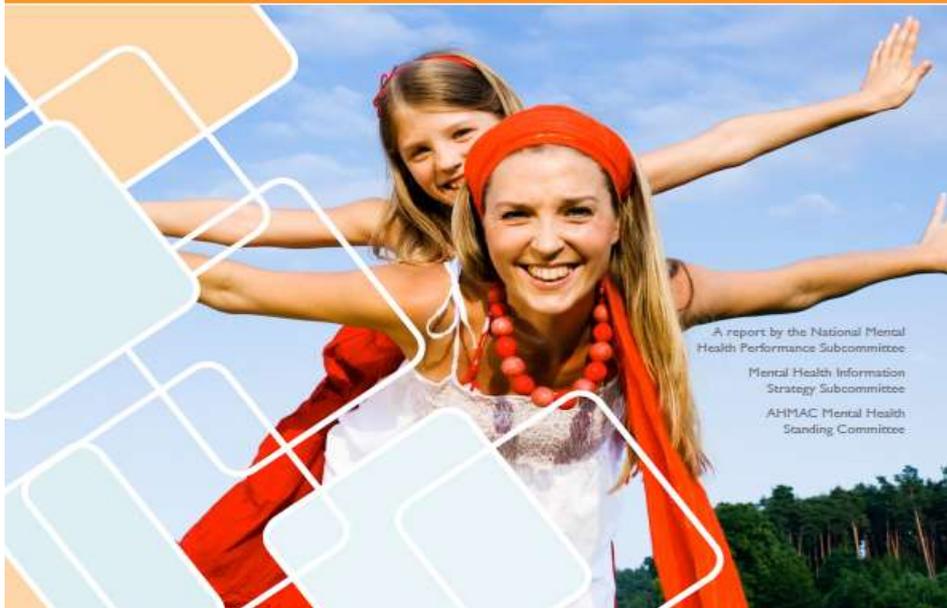
The nature and quality of mental health care a person receives varies markedly depending on where they live.

Fourth National Mental Health Plan

Measurement Strategy

First Edition – May 2011

Proposed data sources, specifications and
targets for the Fourth Plan Progress Indicators



5 areas:

- Social inclusion and recovery
- Prevention and early intervention
- Access to care, continuity of care
- Quality improvement
- Accountability

27 indicators, 16 of which can be reported now in part or in full, 11 of which need more work before they can be reported.

6/27 have targets – 1% peers

Indicator Set	Number of Indicators
National Healthcare Agreement 2014	3
CoAG – National Action Plan on Mental Health 2006-11	12
Fourth National Mental Health Report	25
National Mental Health Commission Report Card	18
National Roadmap for Mental Health Reform	14
Productivity Commission Report on Government Services	75
Australian Mental Health National Outcomes and Casemix Network	19
The Australian Council on Healthcare Standards Clinical Indicators (community and inpatient)	34
National Mental Health Key Performance Indicators	15
National Health Performance Authority	3
Expert Reference Group to CoAG Working Group on Mental Health Reform	27
Total	245

- Even intervention of CoAG failed to end 20 year pursuit of genuine accountability for mental health – political structures to support reform weaker now
- There is no validated collection of the experience of care for consumers and carers – O’Hagan
- Australia remains largely outcome blind
- Vast majority of mental health services are provided in hospitals – admin data rich, outcomes data poor
- Systems which permit the accurate and timely collection of community mental health service data, particularly in the NGO sector, are poor
- Balance of reporting effort risks perpetuating undesirable systems of care and stifling innovation – we are not measuring the important things: what gets measured gets done.

- Agree on modest, achievable set of indicators to report
- Ensure these indicators reflect consumer/carer concerns, as well as those of funders, researchers, service providers, politicians and the general community
- Remove link between accountability and blame
- Invest in real time reporting of consumer/carer outcomes for the purposes of service quality improvement
- Reinforce link between accountability and system improvement

So Where is Accountability Now?

The Parliament of the Commonwealth of Australia

The Senate

Select Committee on Mental Health

A national approach to mental health – from crisis to community

First report

Work Wanted

Mental health and workforce participation

House of Representatives
Standing Committee on Education and Employment

June 2012
Canberra

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

51th Assembly
Select Committee on Youth Suicides in the NT

**Gone Too Soon:
A Report into Youth Suicide in the Northern Territory**

COMMITTEE REPORT
March 2012

Presented and ordered to be printed by the Legislative Assembly of the Northern Territory
March 2012

March 2006

PARLIAMENTARY PAPER NUMBER 368

Select Committee on Mental Health

Mental Health Services in New South Wales

Final Report

Human Rights & Mental Illness

Report of the National Inquiry into the Human Rights of People with Mental Illness

Obsessive Hope Disorder

Reflections on 30 Years of Mental Health Reform in Australia and Visions for the Future

Not for service

Experiences of injustice in Mental health

"they're in the community living like us"

Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families

Final report: Findings and Recommendations

National Mental Health Commission
28 March 2017

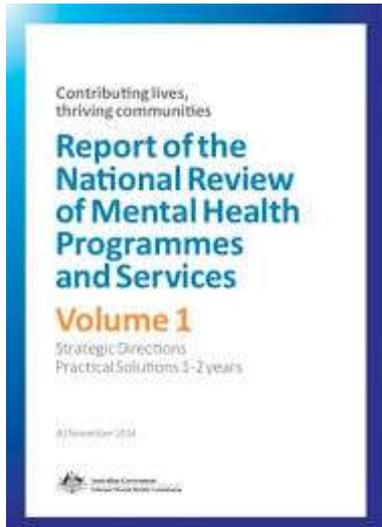
FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

INQUIRY INTO WORKFORCE PARTICIPATION BY PEOPLE WITH MENTAL ILLNESS

OCTOBER 2017

Mental Health Commission possible roles:

- To monitor service effectiveness (health and beyond) and identify gaps derived from consumer, carer and provider experience
- To build and promulgate the evidence to justify greater resources for mental health and quality services
- To build community confidence that it has a mental health service on which it can rely, to end regular calls for inquiries and lessen the political risk around mental health
- To be a champion for mental health reform
- Are they fulfilling these roles?
- NSW, WA, Vic, National, Qld, SA and ACT (Office of...)



Fifth National Mental Health Plan

Draft for Consultation

- Responsibility to PHNs
- Amalgamation of Federal programs into 'flexible' funding
- Commitment to community mh treatment for more severe
- Intersection with NDIS (40 sessions for functional impairment)
- Conjoint planning with LHDs
- Little or no new funding to support change, guidance about benchmarking (not like NZ)

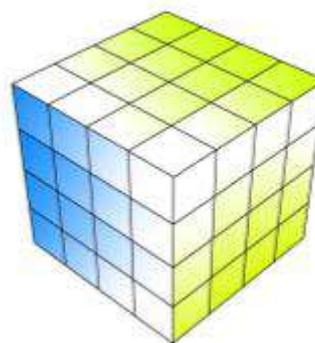
- OECD Health Care Quality Indicators Project - Mental Health – very health focused
- The Mental Health Economics European Network (MHEEN), collated information on mental health financing across thirty-two European countries between 2002 and 2007 – BUT lack of common, transparent calculation methods
- European Executive Agency of Health and Consumers in 2008-2011 eDESDE project – mapping – now Atlases in Australia
- Scotland - 54 indicators under 16 domains
- New Zealand - The Knowing the People Planning (KPP) Tool
- US National Alliance on Mental Illness - Grading the States report
- Few international comparators. No internationally acceptable set of robust, shared benchmarking information
- Huge gaps in our collective capacity to evaluate and plan

In the light of neither domestic nor international progress towards effective and holistic accountability for mental health, time to introduce Health Accountability as a new discipline, combining

1. Financial accountability – does the system operate efficiently?
Tools such as Activity Based Funding can be useful here;
2. Service accountability – does the system meet quality standards? Are there effective processes of quality improvement?
3. Outcome accountability – do consumers and carers say the system meets their needs?
4. Policy accountability – does the system meet stated policy objectives, for example in relation to equity, special populations and so on.

- **Programme** in **C**osting, resource use measurement and outcome valuation for **U**se in multi-sectoral **N**ational and **I**nternational health economic evalu**A**tions

PECUNIA



- Adequate health care provision – with equal quality, accessibility, and efficiency for each citizen in each country – is still missing in the European Union (EU).
- Address this by establishing standardised costing and outcome assessment systems.
- So as to enable comparability, applicability, and transferability of cost-effectiveness evidence for health-related interventions within and across countries.
- Multi-sectoral economic evaluation
- Network of ten partners from six countries to tackle the unnecessary variations in cost and outcome data which limit the comparability, transferability and applicability of cost-effectiveness results within and across countries. It will address the scarcity of internationally standardised, generic tools for the assessment of both costs and outcomes.

1. New, internationally standardised, harmonised and validated, generic, self-reported, multi-sectoral resource use measurement (RUM) instrument
2. New, internationally standardised, harmonised and validated multi-sectoral unit costing templates and a multi-national electronic compendium of core resource and service reference unit costs for selected mental health diseases.
3. Methods for estimating cross-national utility value sets allowing increased comparability and transferability of health outcomes across Europe.
4. Patient-reported outcome measures (PROMs) suitable for health and broader wellbeing assessment in multi-sectoral, multi-national, multi-person economic evaluations.
5. Increased stakeholder awareness and engagement

PECUNIA Australia?

Thank you

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