



6 July 2010

The Hon. Julia Gillard MP
Prime Minister
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

The Hon. Simon Crean MP
Minister for Employment and Workplace
Relations;
Minister for Education; Minister for Social
Inclusion.
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

The Hon. Jenny Macklin MP
Minister for Families, Housing,
Community Services and Indigenous
Affairs
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

The Hon. Nicola Roxon MP
Minister for Health and Ageing
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

Dear Prime Ministers Gillard, and Ministers Crean, Macklin and Roxon,

Community Mental Health Australia (CMHA) is a coalition of the eight state and territory peak community mental health organisations, established to provide leadership and direction promoting the benefits of community mental health and recovery services across Australia. CMHA aims to represent the community managed mental health sector in national initiatives related to mental health and social inclusion, enhance the capacity of coalition members to represent, support and strengthen the non-government community mental health sector and to develop joint policy targeted at supporting people with mental health problems to live fulfilling lives in the community. CMHA represents over 800 organisations across Australia and through its networks is in contact with the views of consumers, their families, carers, service providers and community members.



CMHA is an active member of the Mental Health Council of Australia and collaborates with the Council on policy issues relevant to the community sector.

The mental health sector is a large and complex one and operates across the lifespan, across population groups and across sectors including employment, disability, housing, community services and medical care. Currently however the Australian mental health system, as with other areas of health care in Australia, has a disproportionately high hospital based service approach when compared to other OECD countries.

The National Health and Hospital Reform (NHHR) has, as a major underpinning the objective of keeping people out of hospital wherever possible; the decision to fund 60% of hospitals under the NHHR was premised on the incentive this would provide the Commonwealth to improve GP and primary health care services enabling more people to get needed support early and easily in the community therefore reducing hospital admissions.

Currently how mental health community services will be operate under the NHHR reform agenda is under consideration and CMHA supports this deliberation. Whilst we recognise that there is urgency to making more and better targeted mental health services available, the Commonwealth's decision not to review substantial mental health spending until an effective service mix and allocation of mental health funds can be properly determined makes sense. Fundamental to this review is clarity around the important role of the Commonwealth in funding programs that support people with mental health problems to maintain tenancies, employment and social connection – social supports that fall outside the health portfolio but contribute immensely to keeping people well in the community and out of hospital.

CMHA strongly supports the continued involvement of the Commonwealth in direct program management of community sector mental health programs particularly the ongoing involvement of FAHCSIA and DEEWR as embodying the importance of addressing social disadvantage and social inclusion in achieving good mental health outcomes. DEEWR, FAHCSIA and DOHA programs such as the Disability Employment Services (DES), Personal Helpers and Mentors Program (PHAMS), Community Based Projects, Mental Health Respite and the Day to Day Living Program have provided a range of supports to people at risk of becoming socially isolated, losing jobs, homes and tenancies. These programs keep people connected and supported and decrease hospitalisation as a result of deteriorating mental health.

CMHA encourages the Commonwealth to further progress its decision to support people with mental health problems via a range of pathways such as through the MBS primary health care initiatives and the proposed Primary Health Care Organisations, through



employment programs, through housing and through family and community services. CMHA believes this diversified approach will have the greatest impact on decreasing hospital admissions and enabling development of an Australian mental health system aligned to the current international knowledge base on the social determinants of mental illness and recovery orientated mental health practice.

CMHA acknowledges that there has been some concern expressed by hospital based state mental health services that care coordination is improved where funds are managed under one entity, however CMHA believes that this is an operational issue that is able to be managed through agreements and partnerships and should not be used as a reason to narrow the remit of the mental health service system in Australia. The COAG initiatives have demonstrated that the involvement of both the States/Territories and the Commonwealth is more effective in meeting the broad range of community mental health need in Australia.

CMHA would welcome the opportunity to meet with your office to present some of the key challenges and opportunities we see from the community mental health sector perspective as the NHHR agenda develops and as strategies and targets within the 4th National Mental Health Plan progress. Please contact Rori Gibson on 07 3832 2600 or at info@cmha.org.au for further information or to arrange an appointment.

Yours Sincerely,

Rori Gibson

CMHA Secretariat