

Monday, May 27, 2019

Dear Commissioners,

Thanks for the opportunity to write regarding the Productivity Commission Inquiry into Mental Health Issues Paper titled 'The Social and Economic Benefits of Improving Mental Health' and; the complimentary outcomes of the Family Mental Health Support Services program.

drummond street services acknowledge that if undertaken comprehensively, the Productivity Commission Inquiry into Mental Health could:

- Identify the implications of improved mental health on participation, productivity and the economy, and; develop a framework to measure and report policy outcomes and investment returns
- Examine and build recommendations on how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health across a range of populations as well as support better outcomes for people in recovery;
- Examine the efficacy of current mental health, suicide prevention programs and other investments (such as policy, Inquiries and investments not limited to the health portfolio which address mental health impacts and determinants).

It is our hope the inquiry outcomes will direct future government investments across a spectrum of interventions including; prevention, early intervention, crisis and recovery services; and as per the broad scope of the inquiry - across a wide range of sectors. Investment over the life course also has the potential to reduce the costs of mental illness on communities.

drummond street would like to draw attention to the social and economic cost benefits of the Commonwealth Early Intervention – Targeted Mental Health Program: Family Mental Health Support Services (FMHSS) and the potential of this program to reduce both the long-term impacts of mental illness on children and whole families; and the likelihood of mental illness onset among children and young people. This program provides early intervention and intensive support to vulnerable children and young people (0-18yrs) at risk of or affected by mental illness through community-based, whole-of-family support.



FMHSS has a focus on early support for young children and recognises mental health risks/signs and symptoms emerge early and respond well to interventions which are implemented as early in life as possible.

FMHSS has been operating for over a decade and was re-orientated in 2011-2012 to support children and their families, early in life and early in onset. It is one of the few current investments nationally with the aim of mental health early intervention and prevention.

It is our view FMHSS has received insufficient Government attention. This is despite its significant cost benefits to State and Commonwealth mental health programs and initiatives. FMHSS has a national footprint, with 121 services operating across Australia ⁽¹⁾. These include regional and remote locations, albeit at comparatively smaller funding base at these sites

drummond street's Vision is '*Promoting Wellbeing for Life*', which embodies our commitment to the provision of early in life, early in onset supports across a full spectrum of mental health interventions; (and other interventions) which are evidenced to improve mental health, wellbeing and the resilience of individuals and families.

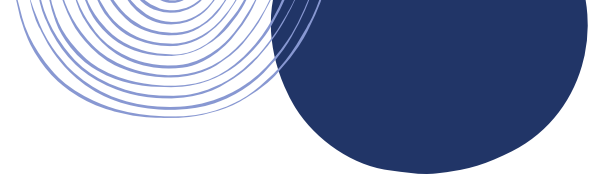
We believe it is vital to assess funding models and assumptions, and ensure emphasis is placed on using relevant evidence. This includes evidence which factors significant life transitions; applies a social health determinants framework and public health models.

drummond street looks forward to the draft productivity report and I welcome any further queries regarding the content of this discussion paper.

Kind Regards,

Karen Field (CEO drummond street services)

¹ <https://www.dss.gov.au/our-responsibilities/mental-health/programs-services/family-mental-health-support-services/locating-a-family-mental-health-support-service-fmhss>



About drummond street

drummond street is a 130+-year-old, non-denominational, not-for-profit organisation that provides services across the North Western regions of Melbourne and Geelong. These services include a range of specialist child, youth and adult mental health services and targeted programs for LGBTIQ+, First Nations, migrant and refugee families and communities.

drummond street promotes inclusion and drives innovation and research into family support interventions. We apply a public health approach and a social health determinants lens which underpins all our programs and services. drummond street uses population-based data and identifies common life-course risk and protective factors to wellbeing across multiple domains to map community needs and address negative preventable outcomes ⁽²⁾. drummond street's health and human services sector capacity-building work extends nationwide through our Stepfamilies Australia National Office and our national Centre for Family Research and Evaluation (CFRE) which works closely with a range of university partners.

drummond street's additional sub entity, queerspace is the first nationally funded LGBTIQ+ community specialist mental health service and is Victoria's largest provider of LGBTIQ+ specialist mental health services. queerspace provides services for individuals, families, children and young people and works to the principle 'for community/by community'. queerspace has close partnerships with a range of grassroots LGBTIQ+ capacity building organisations.

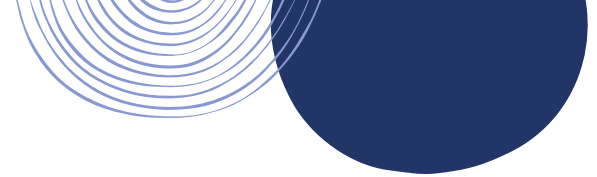
drummond street's public health aspirations and specialist practice knowledge has resulted in close relationships with both universal and tertiary-end services, organisations and agencies who either have contact with, or act as gateways for highly vulnerable families. drummond street works closely with State and Commonwealth services across mental health promotion, prevention, early intervention, primary (and), specialist mental health, emergency and crisis services.

These relationships range from service delivery partnerships, advocacy networks, contracted consortia's and research partnerships, to the provision of training and secondary consultation to services regarding key vulnerable cohorts with whom drummond street works. Over the past decade drummond street has been at the forefront of developing innovative responses to marginalised populations with complex trauma histories including child and adult experiences of family violence, institutional child sexual abuse and LGBTIQ communities.

FMHSS model

From 2006, as part of the National Action Plan on Mental Health 2006-2011, the Commonwealth funded community organisations across Australia to provide early intervention and intensive support to vulnerable children and young people at risk of or affected by mental illness. The Commonwealth Early Intervention – Targeted Mental Health Program: Family Mental Health Support Services (FMHSS) were implemented to provide

2 Program Planning and Evaluation: how to use evidence to support Communities for Children's services drummond street services and Deakin University, 2016, Program and Planning and Evaluation p. 10 cites Toumbourou, J. (2015)



flexible, responsive, non-clinical mental health support services to meet the needs of children and young people affected by, or at risk of, mental illness, and their families and carers.

In 2011 the Government identified the FMHSS as key to reaching the most severely affected by mental illness; and that the FMHSS program would improve access to the full range of services people needed to stay well and out of hospital through a single point of contact. An additional 40 FMHSS sites were funded to provide integrated prevention and early intervention services to over 30,000 children and young people; and to also help them and their families navigate mental health and other key human services systems. The expansion of FMHSS complimented national coverage of 'headspace' and Early Psychosis Prevention and Intervention Centres (EPPIC) ⁽³⁾.

The FMHSS Activity funds organisations to deliver a model which **includes three levels of support:**

1. **Intensive**, long-term, early intervention support for children, young people and their families which may include: Assessment and identification of needs; practical assistance and home-based support; linking with other relevant services; and, targeted therapeutic groups.
2. **Short-term** immediate assistance for families which may include: Assessment of needs; information or referrals; and, limited direct support.
3. **Community outreach**, mental health education and community development activities which may include: organisation of, and participation in, community events; and, general group work in the community ⁽⁴⁾.

FMHSS service providers must include the following in their program:

- A primary focus on children and young people in a whole-of-family context
- Quickly/early response to achieve best outcomes for children, young people and families/carers
- Flexible use of funding for practical assistance tailored to the needs/ circumstances of each child, young person and family/carers, and;
- Quality partnerships and links with first to know agencies, services, good referral pathways into and out of the service to reach vulnerable children, young people, families and carers who may be disengaged with the mental health or children's service sector ⁽⁵⁾.

Young people and children experiencing mental illness are at increased risk of attempting or completing suicide ⁽⁶⁾. Research has shown the first symptoms of mental illness typically

³ National Mental Health Reform, Statement by the Hon Nicola Roxon MP, Minister for Health and Ageing, the Hon Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon Mark Butler MP, Minister for Mental Health and Ageing, 10 May 2011, (p. 24, 3 & 6)

⁴ Early Intervention Support for Vulnerable Families with Children and Young People who are Showing Early Signs of, or are at Risk of Developing, Mental Illness – Family Mental Health Support Services (FMHSS) Operational Guidelines, Department of Social Services, p.8

⁵ Early Intervention Support for Vulnerable Families with Children and Young People who are Showing Early Signs of, or are at Risk of Developing, Mental Illness – Family Mental Health Support Services (FMHSS) Operational Guidelines, Department of Social Services, p. 8

⁶ Australian Government Response to: Before it's too late: Report on the inquiry into early intervention programs aimed at reducing youth suicide - House of Representatives Standing Committee on Health and Ageing's Inquiry into early intervention programs aimed at reducing youth suicide. June 2013.



precede the full onset of the illness by two to four years (7, 8). FMHSS recognises mental illness in adults often originates in childhood and adolescence. Half of all lifetime cases of mental health disorders start by age 14 years and three fourths by age 24 years (9), with onset peaking between 12 and 24 years (10).

Agencies funded to provide FMHSS operate according to the principles outlined in the National Standards for Mental Health Services which includes 'Standard 3: Consumers and carers are actively involved in the development, planning, delivery and evaluation of services'. By meeting this standard, providers involve children and young people in the process of ensuring services are appropriate, effective and responsive to their mental health and their family's needs. This involvement occurs during initial access and support planning.

Due to FMHSS services being provided at different levels (including 'community outreach'), and across a range of service sectors and contexts, this program avoids barriers caused by more formal engagement strategies and hinder young people's input into service design (11).

Currently drummond street are the largest Victorian provider of FMHSS with delivery sites in Geelong, Wyndham, Brimbank, Inner Northern Melbourne and Whittlesea. drummond street built these services by applying learnings from the delivery of the FMHSS demonstration pilot program for Inner-Southern Melbourne between 2006-2015.

drummond street's FMHSS model

The drummond street model has been refined as a consequence of practice learning through the development, delivery and evaluation of the FMHSS program. This work has allowed us to expand a mental health 'lens' across the agency's work, guide the development of programs, and practice and apply frameworks to good mental health outcomes for children. This is achieved by:

1. targeting modifiable child/adolescent mental illness risk and protective factors for intervention;
2. providing a broad spectrum of interventions for mental illness, with priority on prevention and early intervention, early in life and onset;
3. focussing on family life course transitions for intervention (where children and young people are vulnerable to poor mental health), with priority on early life stages to maximise long-term impact and the best outcomes for children and young people;
4. engaging 'family' and using intensive family-based practice as a setting for interventions to address mental illness risk, experience and impacts in a holistic and environmental way;

7 National Research Council and Institute of Medicine. *Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities*. Washington, DC:National Academies Press, 2009.

8 Commissioner for Children and Young People Western Australia. *Report of the Inquiry into the Mental Health and Wellbeing of Children and Young People in Western Australia*. Perth: Commissioner for Children and Young People Western Australia, 2011.

9 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR & Walters EE (2005). *Lifetime prevalence and age of onset distributions of DSM-IV Disorders in the National Comorbidity Survey replication*. *Archives of General Psychiatry*, 62, p 593

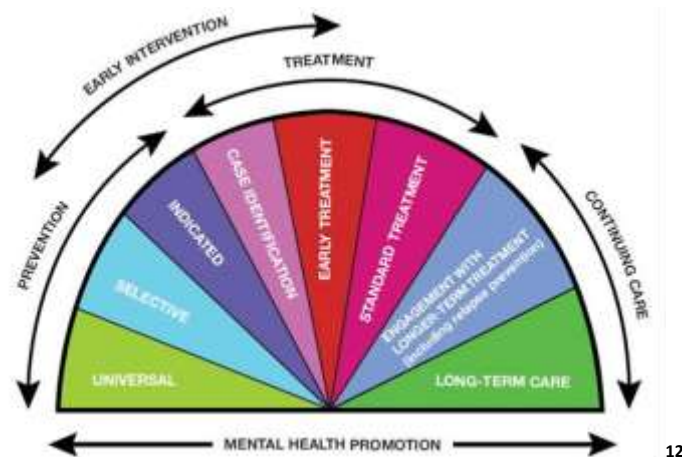
10 Kessler, R.C., et al., *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. *Archives of General Psychiatry*, 2005. 62(6): p. 593-602.

11 *Commissioning and Youth Mental Health: Addressing an Untreated health issue*, Orygen, 2017, (p. 5) accessed online 27.5.19 ([https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Commissioning-and-Youth-Mental-Health.aspx?ext=.](https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Commissioning-and-Youth-Mental-Health.aspx?ext=;))

5. co-designing and co-producing complementary and targeted interventions for at-risk communities or vulnerable cohorts and families.

Policy and Practice: Risk and Protective Factors

As identified by Toumbourou et. Al (1994) prevention refers to strategies or programmes that avoid or delay the onset or severity of health, mental health, or social problems. This diagram reveals that prevention responses can be classified as: universal, where they apply to an entire population; selective, where they target groups with elevated risk; and indicated, where they target individuals already showing signs or symptoms of problems. (p.7)



The FMHSS framework requires careful consideration of the local community profile in relation to risks for children and special needs groups, service integration issues and gaps, which should inform design and targeted interventions. The FMHSS model itself is flexible and activities undertaken are tailored to the local context, family and child needs. Both the FMHSS guidelines (and the drummond street enactment of FMHSS) comply with the Mzrek and Haggerty (1994) public health framework^(13, 14).

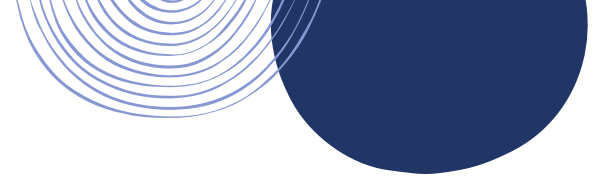
A document produced by the Australian Government National Mental Health Strategy (2000), Promotion, Prevention and Early Intervention for Mental Health Monograph (Monograph) provides factors generally accepted by practitioners and researchers as important contributors to the development of mental health problems and illness⁽¹⁵⁾. These factors identified in the Monograph, build on the work of Fuller and McGraw (1996), and Blum and Resnick (1996) who outline a common set of risk and protective factors for multiple dangers to health including: mental illness; alcohol and other drug (AOD) abuse; violence; anti-social behaviour; crime and offending; school disengagement; and youth pregnancy. These risk and

12 Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). *Strengthening prevention and early intervention services for families into the future*. Deakin University and FRSA.

13 Mzrek PJ & Haggerty RJ, 1994 *Reducing the Risks for mental Health Disorders: Frontiers for Preventative Intervention Research*, National Academy Press, Washington

14 Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). *Strengthening prevention and early intervention services for families into the future*. Deakin University and FRSA.

15 Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health—A Monograph*, Mental Health and Special Programs, Branch, Commonwealth Department of Health and Aged Care, Canberra.



protective factors are identified within families to prioritise areas for intervention and to identify strategies to enhance children’s mental health and wellbeing.

Evidence has shown dealing with symptoms of poor mental health through working with the whole family rather than the individual child works. FMHSS evaluation data at drummond street confirms this and demonstrated also that child/children’s symptoms were improved as were those present in the adult/parent post intervention and supports.

Saving Costs Upstream

Within a public health approach, interventions are described as either ‘upstream’ (preventative measures), or ‘downstream’ (rescue measures). A robust public health system should support both upstream and downstream interventions. However, it makes good public health sense to invest resources upstream to prevent issues from arising rather than having to allocate more resources downstream when problems or impacts may be severe and/or entrenched. Health promotion activities are useful for client groups across the spectrum but are often left out of intentional programming, practice and funding allocation.

The use of a public health framework within the FMHSS model encourages interventions across the spectrum, and as early upstream as is possible with a given individual, family or community, towards’ children’s mental health and wellbeing.

The current scope of the Productivity Commission Inquiry into Mental Health needs to examine the cost benefits of prevention programs targeting child mental health. drummond street believes examining the way in which FMHSS can deliver long term outcomes by working ‘upstream’ is important when considering mitigating costs of mental illness.

There are three main types of these upstream prevention interventions (See Table). The level of risk largely determines the focus of the intervention and the aims or programmes

Prevention Intervention type	Target Group	Aim/Programmes	Example
Universal	Whole population not identified based on individual risk	Improve population mental health via mental health promotion	Perinatal mental health Three-year-old social and emotional well-being health check
Selective	Individuals with a significantly higher risk of developing a mental disorder due to biological, psychological or social risk factors. This includes vulnerable life course transitions (e.g. primary and secondary school transition, transition to parenthood and post separation) and specific subpopulations/ cohorts (e.g. refugees, ATSI, LGBTIQ)	Reduce identifiable risk and augment protective factors	Support around trauma related issues for refugee humanitarian entrants Family/emotional support for families with a gender diverse child Support for children post separation Health promotion in schools in the middle years
Indicated	Individuals identified as having signs or symptoms of a mental health problem/disorder	Evidence based early interventions	Family mental health and wellbeing support services, advocacy around service access and coordination



FMHSS context and benefits

FMHSS is one of four Sub-Activities funded under the Community Mental Health Activity of the Disability, Mental Health and Carers Programme. This Programme provides early intervention and other support through community-based initiatives to assist people with mental illness, their families and carers to develop capabilities, increase their wellbeing and actively participate in community and economic life (16). The focus of the FMHSS model on early intervention outcomes for children and young people has driven need to embed the program within local service system contexts.

Meanwhile Child and Adolescent Mental Health Services are undergoing significant expansion and reform. There is a new focus on national and state funded mental health services due to the evolving role of Primary Health Network (PHNs) – especially Child Mental Health Access to Psychological Services (TPS; formerly ATAPS) – and the rollout of Headspace Centres which focus on prevention, early intervention and treatment for adolescent mental illness.

drummond street are aware of models proposed over the years which are potentially useful at enabling earlier access to universal mental health services such as ‘childspaces’, which more recently emphasise the ‘First 1000 days’, and the integration between childcare and Child and Maternal Health and family support services (17). We note too, calls (18) for a national network of ‘specialised community mental health hubs’ to provide rapid expert backup for GPs and headspace centres, to provide additional outreach to complex clients.

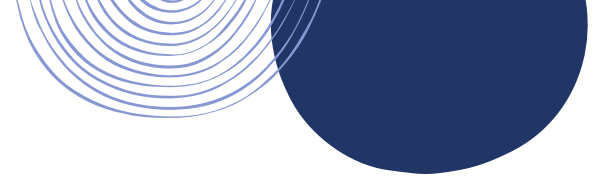
While not wanting to downplay the positive impact of headspace services, ds believe further investment to deepen the capacity of the headspace model will not resolve key issues of maximising prevention and response to the cycle of environmental risks to/and the exacerbating factors of poor mental health which exist for children and young people. Similarly, neither would a new platform for collaborative care between local GPs and emergency departments prevent and intervene in the full range of social, health and socio-economic impacts of poor mental health of adults on their families and communities.

drummond street believes these initiatives would greatly benefit from a supportive case management framework alongside a range of non-clinical, community-based whole of family services which can link those most at risk of not accessing universal services or losing contact with them.

16 2015, Department of Social Services, ‘Early Intervention Support for Vulnerable Families with Children and Young People who are Showing Early Signs of, or are at Risk of Developing, Mental Illness – Family Mental Health Support Services (FMHSS) Operational Guidelines’, p. 6

17 DSS, 2015, National Framework for Protecting Australia’s Children – Third Three-Year Action Plan 2015–2018, p. 8

18 Patrick Mc Gorry, 26th April 2019 Mental illness is more ubiquitous than cancer. How can we help the ‘missing middle’? (accessed online 27.5.19) <https://www.theguardian.com/commentisfree/2019/apr/26/mental-illness-is-more-ubiquitous-than-cancer-how-can-we-help-the-missing-middle> The Guardian



Family inclusive engagement with children under 12

The PHN's flexible funding pool was set up to support the planning and commissioning of primary prevention using the stepped care model (See: Discussion Paper 13 figure 5¹⁹). The model outlines specifically what needs to be achieved and which services may achieve these objectives.

It was a striking omission that the family setting is absent from the stepped care model especially in relation to child and adolescent mental health. However, FMHSS can resource much needed whole-of-family, wrap-around case support and group programs. It can also cover the administration incurred when linking people with PHN's allied health stepped care services. The Commonwealth's PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance⁽²⁰⁾ note recommends 'PHN's liaise with relevant local organisations in the context of future regional planning, *including those delivering Family Mental Health Support Services (FMHSS)*'.

The National Mental Health Commission 2018 report identifies 0 - 12 as a critical gap which requires local and integrated community action to ensure healthy child development and wellbeing (21). This includes the provision of necessary supports for primary care givers.

drummond street understands through our experience in service delivery of both TPS and FMHSS services, that FMHSS is in a unique position to work with and wrap services around Child and Adolescent Mental Health offerings within different jurisdictions (Federal and State Mental Health funding), and at a local level.

FMHSS programs have a strong capacity to value-add and further integrate service systems which could target and respond to earlier risks occurring *prior to adolescence*. FMHSS can create support touch points where service gaps exist in the mental health systems alone (for example children under 12 who are not targeted by Headspace).

From a public health context, the partnership between FMHSS and the range of other Federal and State Mental Health services already provides the combination of expertise and effort required to facilitate a broad 'front door'; and introduce a critical mass of younger children and their families to mental health promotion and literacy efforts, illness prevention and early intervention services. In addition, FMHSS provides a gateway to child and adolescent mental health clinical treatment services where this becomes required.

Given the overwhelming evidence of risk and protective factors to mental health *residing in the family setting*; and, evidence of the effectiveness of family/parenting interventions to address child/adolescent needs, it is concerning there are limited investments responding to this evidence. That said, the FMHSS is one investment which has capacities to engage and prove effective, yet it is both underfunded and has an uncertain future.

19 Australian Government Productivity Commission 2019, *The Social and economic benefits of improving Mental Health: Productivity Commission Issues paper*

20 http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools (see sheet 7) *Child and Youth Mental Health services*

21 National Mental Health Commission, 2018: *Monitoring mental health and suicide prevention reform: National Report 2018*. Published by: National Mental Health Commission, Sydney



Mitigation of mental health system costs by targeting people at risk and during life transitions

FMHSS is a hidden cost saver in the mental health services landscape – albeit at small investment - and drummond street believe the benefits of the program also raise considerations for the assessment approach for the Productivity Commission Inquiry into Mental Health, particularly in relation to the gaps in current programs and supports available.

Emphasis on the costs of mental illness highlighted in the discussion paper were welcome; such as lower economic and social participation, pain, suffering and stigma and discrimination that radiates into families and the wider community. This does encapsulate more holistically the ripple effects on communities and the nation of poor mental health. It does also reflect some indicators in the Fifth National Mental Health and Suicide Prevention Plan which also noted broader impacts of mental illness ⁽²²⁾. However, we believe this approach examines only a portion of what we need to know.

For instance, we believe Figure 1 on page 3 of the Issues Paper should have been expanded so that the Commission explore beyond the individual. This diagram does not take a life-course approach to the development of mental illness, nor does it address the causes and development of childhood symptoms, or the risk and protective factors which become established within family settings.

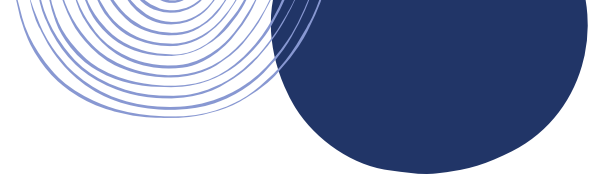
In addition, what are perceived as the *consequences* of poor mental health in the Inquiry discussion paper are too frequently also driven by other causes which correlate with poor mental health outcomes. We believe this should also be factored into the Productivity Commission's assessment approach.

One example are the forms of discrimination people may experience not due to a mental illness, but rather because of another characteristic. These characteristics may be Aboriginality, cultural or faith diversity, gender or sexual orientation. Racism for instance, can have similar impacts on people to those attributed to mental illness in the discussion paper. Simultaneously racism can impact the mental health of those who experience it and increase risks to mental illness ⁽²³⁾. This creates compounded impacts; e.g. those due to racism (disadvantage and discrimination), and those due to the poor mental health resulting from racism (further disadvantage and discrimination).

Similarly, a sudden transition such as family separation, being a victim of crime, or having new care responsibilities for a child with a disability for example may result in a period of lower social participation, pain and suffering and stigma. Therefore, when marginalised cohorts are examined beside a cost analysis of poor mental health in their communities, it is essential to also examine the cause of disadvantage and risks to wellbeing which lie beyond the scope of the mental health system to fix; and, also examine how responses to distress, trauma and adversity may act as a preventative mechanism to reduce prevalence/or the exacerbation of mental illness.

22 Commonwealth of Australia as represented by the Department of Health 2017 The Fifth National Mental Health and Suicide Prevention Plan, Appendix B pgs. 53 - 64

23 Ferdinand A, Kelaher M & Paradies Y 2013. Mental health impacts of racial discrimination in Victorian culturally and linguistically diverse communities: Full report. Victorian Health Promotion Foundation. Melbourne, Australia p. 5



Funding certainty for FMHSS is required

Mental health prevention is effective in improving population mental health in the longer term when it assesses **individual risk factors alongside** others such as **family and social factors, school contexts, life events and community and cultural factors**.

Services which can both *identify risks to mental health* and simultaneously *mitigate and respond to the impacts of poor mental health* are required.

The FMHSS remit currently supports mental health through initiatives and activities which target populations at risk of mental ill-health due to inadequate social participation and inclusion – in particular, those at risk of not accessing universal service platforms. It plays a useful role in overcoming barriers to better coordinated health, mental health and non-health services for families in a way which can both respond to and protect family member's needs.

The FMHSS program indicators drummond street use to monitor progress in improved mental health outcomes are applied using identified validated measures within six domains. These are **Individual Wellbeing, Connected Family Relationships, A Safe Family Environment, Competent Parenting, Material Security and Connection to Community**. This is a valuable way to monitor progress of improved mental health outcomes as these relate to social participation and inclusion.

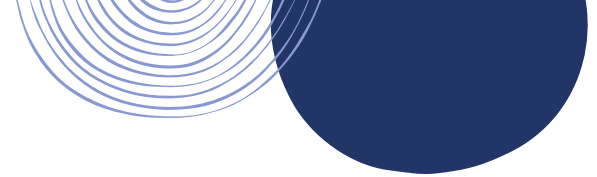
The Commonwealth has been historically reluctant to relocate expenditure away from acute/crisis services due to unclear dichotomy between community and hospital-based services including the role of hospitals in the management of community based clinical mental health services⁽²⁴⁾. However, the primary prevention, early intervention and recovery support role of the FMHSS makes sense and can play a role easing the burden on clinical services in hospitals and community. drummond street note neither the last two action plans for the implementation of the National Plan for the Protection of Australia's Children included this significant program despite the public health model of the Framework, nor have key Mental Health Policy Initiatives.

FMHSS regions receive \$480,000 per annum and the cessation of funding is lurking (2020). Certainty and significant funding increases are required to provide these much-needed additional resources to the universal platforms provided by the Commonwealth.

drummond street believes the continuation of FMHSS funding would be suited to current National tender processes for Sub-Activities funded under the Community Mental Health Activity of the Disability, Mental Health and Carers Programme.

Future reforms in health could alter the scope of PHN data collection. However, the current capacity and focus of PHNs are on clinical care and primary health provision; as well as the variable approaches by PHNs to commissioning and service design shapes drummond street's preference for the Commonwealth to administer FMHSS services into the future. This would ensure consistency in both FMHSS service provision and the collection of national outcomes data for children and families.

²⁴ Australian Government, 2015, Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, p. 10



drummond street would like to see costs and savings of existing health systems which support mental health (p. 11 discussion paper) analysed alongside targeted mental health investments in prevention and early intervention that use a public health model (including a focus on the social determinants of health). This analysis would include the impact of effective prevention and risk mitigation work with vulnerable communities on the expenditure of tertiary, acute and universal, primary mental health services. Particularly among any cohorts, where needs may exist that are not able to be addressed within a clinical model of support alone; or where mental illness is a secondary impact of/or exacerbated by a range of disadvantageous circumstances.

We view the FMHSS has an opportunity to create a platform for this sort of analysis which could assist Government to determine the impact of early intervention and prevention with whole families on the costs of clinical services.



Note: This paper was framed around the following questions in the Productivity Commission Inquiry discussion paper.

- *What suggestions, if any, do you have on the Commission’s proposed assessment approach for the inquiry?*

Questions on specific health concerns

- *Which forms of mental health promotion are effective in improving population mental health in either the short or longer term?*

Questions on Social Participation and Inclusion

- *What role do non-government organisations play in supporting mental health through social inclusion and participation, and what more should they do?*
- *Are there particular population sub-groups that are more at risk of mental ill-health due to inadequate social participation and inclusion? What, if anything, should be done to specifically target those groups?*
- *What indicators are most useful to monitor progress in improving mental health outcomes through improved social participation and inclusion?*
- *What are the barriers to achieving closer coordination of health, mental health and non-health services and how might these be overcome?*