Queensland
Mental Health
Commission

Productivity Commission Inquiry into Mental Health

Initial Submission to the Productivity Commission by the Queensland Mental Health Commission

April 2019

The Queensland Mental Health Commission

The Queensland Mental Health Commission (QMHC) is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013*, (the Act).

It was established to drive ongoing reform towards a more integrated, evidence-based and recovery-oriented mental health and substance misuse system. The QMHC, in part achieves this by developing, monitoring and reporting on, and reviewing the whole-of-government strategic plan for the improvement of mental health and the limiting of harm associated with substance misuse. The current strategic plan, *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* (*Shifting minds*) can be found at www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf.

The QMHC promotes policies and practices that are aligned to the vision of *Shifting minds* for a fair and inclusive Queensland, where all people are able to achieve positive mental health and wellbeing and live their lives with meaning and purpose.

The QMHC works in four main ways:

- researching, advocating and advising on positive change to policy, practice and systems in order to support people who experience mental illness and substance misuse, their families and their carers
- partnering with agencies and engaging across the sector to inform the ongoing implementation and evaluation of the Strategic Plan
- promoting prevention, early intervention and community awareness strategies.
- promoting the best interest of people who are vulnerable to, or otherwise at significant risk of developing mental health or substance misuse issues.

QMHC response

Context

In responding to the Productivity Commission's request for initial submissions, the QMHC acknowledges the significant reforms and unprecedented investment in the mental health sector over the past three decades. The QMHC also wishes to acknowledge the genuine commitment of the dedicated and passionate individuals who work both in the mental health system and across other agencies and sectors to improve the mental health and wellbeing of Australians.

The QMHC largely agrees with the approach outlined in the Productivity Commission's Issues Paper (Issues Paper). Many of the areas of reform required to improve the mental health and wellbeing and social and economic participation of the Australian people lie outside of the health system. The QMHC also agrees on the need to draw on the findings and recommendations of the many reviews that pre-date this inquiry.

The QMHC is also pleased to note that the definition of key terms highlight the relationship yet key differences between: (a) mental health as a state of wellbeing; (b) mental illness/disorder as a health problem that significantly effects how a person feels, thinks, behaves and interacts with other people; (c) mental health problems that refers to some combination of diminished emotional, behavioural and social abilities, but not to the extent

of meeting the criteria for a mental illness/disorder; and (d) mental ill-health which refers to the diminished mental health from a mental illness/disorder or mental health problem.

Balanced approach to cross-sectoral action

The complexity of modern society necessitates that improving mental health and wellbeing focuses on responses that consider the entire context of people's lives. This includes individual, familial, social, cultural, economic and environmental factors. Both universal and targeted approaches are required to support all Australians to be resilient when faced with life's challenges, flourish across their lives, and meet their individual needs, goals and aspirations.

To achieve good mental health and wellbeing; prevent and reduce the impact of mental illness, problematic alcohol and other drug use; and prevent suicide, a more balanced approach to investment across the health, social and human service systems is needed.

When people do experience mental health problems and/or mental illness, people's recovery will be better supported by having appropriate psycho-social support, especially in relation to participating in social and economic activities.

The voice of people

The QMHC values the voice of people who can speak from their experience living with a mental illness, problematic alcohol and other drug use and suicide. The number of people who are prepared to speak out about their experiences is increasing. They are experts in their own life experiences and have a significant amount to offer in relation to improving the policies, systems and programs that affect them. Their voice is critical to this inquiry and the feedback received through consultation undertaken by the QMHC to guide the development of key strategic documents has been included below.

The Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18 'Proud and Strong' was significantly shaped by the views of Aboriginal and Torres Strait Islander peoples in Queensland who participated in community forums (including a youth forum); strategic conversations; or who responded to a discussion paper.

The key themes were captured in the progress report, *Acknowledging and Celebrating Aboriginal and Torres Strait Islander Cultures* available at www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2016/07/PROGRESS-REPORT_Acknowledging-and-celebrating-Aboriginal-and-Torres-Strait-Islander-cultures_July-2016.pdf as well as in the communique: *Strategic Conversation: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing* available at www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2016/03/COMMUNIQUE_Aboriginal-and-Torres-Strait-Islander-SEWB-Strategic-Conversation_29Feb2016.pdf.

The key themes described across both documents are listed below:

- Aboriginal peoples and Torres Strait Islanders have understood the importance of social and emotional wellbeing for thousands of years. Social and emotional wellbeing have been an intricate part of traditional practices and customs which have been at the centre of the world's oldest continuing cultures.

- Important aspects of social and emotional wellbeing included:
  - feeling culturally safe is essential to having good social and emotional wellbeing (this is described as having respect for oneself and others as well as being respected by others)
  - being connected to community, family, culture, land and sea as well as having a strong identity and spirituality.
- Racism and discrimination are the main issues impacting on social and emotional wellbeing as they directly impact on self-esteem but also act as barriers to accessing services and supports.
- Social and emotional wellbeing is supported by acknowledging the diversity within and between Aboriginal and Torres Strait Islander communities.
- Aboriginal and Torres Strait Islander leadership and involvement is important in policy and program development and in decisions affecting Aboriginal and Torres Strait Islander people's futures and the future of their community.
- The journey of healing for individuals and families, needs to be led by communities.
- There is a need to work from a strengths base, rather than from a perspective that focuses continually on disadvantage.
- Services, service providers and responses need to be culturally capable, better integrated, reduce barriers to access and meet community needs.
- Short term funding arrangements should be reviewed as they prevent services from being implemented effectively and having an impact.

The 2017 consultation report *Your voice, one vision* guided the development of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023*. A full copy of the report is available at www.qmhc.qld.gov.au/sites/default/files/your_voice_one_vision_consultation_report_2017.pdf.

Key themes that emerged through the consultation processes are listed below:
- Services are designed from the perspective of people working in the system, not people using the services.
- Services are poorly integrated and not available when needed most or people fall through the gaps because they do not meet eligibility criteria.
- The system is designed and funded to provide support only after the signs of poor mental health or problematic alcohol and other drug use or self-harm become apparent, or at the point of crisis.
- There was a call for greater investment in programs that seek to promote good mental health and wellbeing and prevent mental illness, problematic alcohol and other drug use, and suicide.
- Increased funding for preventive programs, low intensity services and supports, and recovery services which were viewed as being able to help reduce and stem demand for more expensive acute services.
- No single service can meet all the needs of individuals so greater coordination, collaboration and integration within and between services is integral to a recovery-oriented system, which places people first.
- Concerns were raised about an increasingly complex set of regional, state and federal planning processes and funding streams that make it difficult to implement programs

and services with a state-wide reach, potentially contributing to duplication of activity, gaps in some areas and a loss of focus and impact.

- Some groups, such as young people, older people, Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse backgrounds (CALD); people who identified as lesbian, gay, bisexual, transsexual, intersex or queer or questioning (LGBTIQ+); people with chronic health conditions or disability; and people living in rural and remote areas were either experiencing higher levels or were at greater risk of mental health problems, mental illness, problematic alcohol and other drug use or suicide. There was a call for more tailored approaches to address the specific needs of these groups as well as ensuring mainstream and specific services were better able to work together.
- A whole-of-population approach was viewed as being central to creating a balanced system. This approach attends to the needs of the entire population, as well as groups at higher risk, and people with ongoing mental health, alcohol and other drug use problems or those impacted by suicide. It requires people having access to a wide-range of universal health and social services, as well as a range of low, medium and high intensity interventions, including acute care services.

Stretch2Engage

The QMHC considers that it is a human right for individuals to have self-determination and a voice in the decisions that affects them. To improve and increase engagement of people with a lived experience, their families and carers in service delivery, the QMHC engaged the Queensland Alliance for Mental Health Inc. to work in a consortium with the Queensland Network of Alcohol and Other Drug Agencies and Enlightened Consultants to develop draft best practice principles. The resulting Stretch2Engage Service Engagement Framework was published in 2017 and can be viewed at www.qmhc.qld.gov.au/about/publications/browse/research-reports/stretch2engage-service-engagement-framework-february-2017.

The QMHC is now supporting a pilot and evaluation of this framework in six sites across mental health and alcohol and other drugs services in public, private and non-government settings in Brisbane and surrounding areas. The final report of this initiative is due to be submitted to the QMHC in early 2020.

Response to Terms of Reference

In providing this submission, the QMHC has commented on the Terms of Reference for the inquiry from the broadest perspective including mental health, mental health problems, mental illness and mental illness as defined in the key definitions for the inquiry.

Examine the effect of supporting mental health on economic and social participation, productivity and the Australian economy

Investing in the early years

The QMHC notes the section in the Issues Paper on children focuses on child safety and the mental ill-health experienced by children in the child protection system. While the QMHC believes this is an area of important focus, ensuring that all children have good mental health and wellbeing is foundational for ensuring flourishing and prosperous individuals,

families, communities and economies. This requires a universal approach with graded interventions aligned with the risk and needs of families, parents/carers and children.

All children need safe, stable, environments and nurturing relationships to assure that they grow up to be healthy and productive and reach their full potential. People in lower socio-economic classes may be exposed to more stressors by virtue of their life circumstances and may have fewer resources to manage them. Due to these circumstances, their children are often more at risk of being deprived of the nurturing developmental opportunities essential to their long-term wellbeing.[1]

Negative early childhood experiences can have a profound impact on children's wellbeing and can have a profound lifelong consequence as they can affect learning, health, behaviour and impact on relationships, education and employment. One study reported a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.[2]

The early years present a unique opportunity for early intervention to promote better mental health through programs designed to improve outcomes for children and their families by building parents' capacity to provide safe, responsive care and a home environment that supports children's development and mental wellbeing.

One example is the right@home program that is being implemented in sites across Australia. The research is being conducted under the collaborative partnership of three organisations – Australian Research Alliance for Children and Youth; the Centre for Community Child Health and the Translational Research and Social Innovation Group at Western Sydney University. Further information on this program is available at www.aracy.org.au/the-nest-in-action/righthome.

The Commission also acknowledges that significant activity is already underway in Queensland to support children in the early years, including, investments in Early Years Places, Family and Child Connect services, Intensive Family Supports, Aboriginal and Torres Strait Islander Family Wellbeing Services, and the Centre for Perinatal and Infant Mental Health.

Investing in the early years makes good economic sense. Research has demonstrated that investing in the formative years from pregnancy to three years is one of the most efficient and cost-effective ways to create the human capital needed for economies to grow. For every $1 spent on early childhood development interventions, the return on investment can be as high as $13.[3]

These returns diminish every year that intervention is delayed. The short terms costs of investment in early years programs, are more than offset by the immediate and long-term benefits in terms of reduction in the need for special education and remediation, better health outcomes, reduced need for social services, lower criminal justice costs and increased self-sufficiency and productivity among families.

Social inequities and social exclusion

Improving population health requires a universal approach with targeted intervention to respond to the unique life circumstances of individuals, families and communities who may,

for a range of health, social or economic reasons or at critical transition points in their life, be more likely to experience mental health problems or mental illness. Older people and Aboriginal and Torres Strait Islander people can be particularly impacted by social inequities and social exclusion.

Older people participate in, and contribute to, society in many ways as caregivers, volunteers, entrepreneurs and members of the workforce. This social engagement may in turn reinforce the health and wellbeing of older people themselves. Ageing can also be a challenging time associated with loss and social isolation. *Beyondblue* says that around 10 to 15 per cent of older Australians experience depression and 10 per cent experience anxiety, with the rate of depression climbing to 35 per cent for people living in residential aged care.

Due to a complex mix of intergenerational trauma, social disadvantage and exclusion, racism, and discrimination since colonisation, Aboriginal and Torres Strait Islander Queenslanders experience mental illness as a leading contributor to their burden of disease, contributing up to 20 per cent of their total disease burden.[4] Aboriginal and Torres Strait Islander Queenslanders also experience higher rates of psychological distress, mental illness, assault and suicide than other Queenslanders.[5]

The importance of involving Aboriginal and Torres Strait Islander peoples in the co-design of the consultation, research, development and implementation of policies and strategies that affect their lives cannot be overstated. *Shifting minds* acknowledges the protective and enabling function that connection to culture, community, family and Country has for Aboriginal and Torres Strait Islander social and emotional wellbeing. Two priority actions being considered through *Shifting minds* are:

- developing a collaborative approach to driving cross-sectoral reform for Aboriginal and Torres Strait Islander social and emotional wellbeing, and responses to mental illness, problematic AOD use and suicide
- adopting healing-informed approaches by service providers in their communication, policies and practices.

In addition to these two priorities *Shifting Minds* also includes a commitment to implement the *Gayaa Dhuwi (Proud Spirit) Declaration* developed by the *National Aboriginal and Torres Strait Islander Leadership in Mental Health* (NATSILMH) to support Aboriginal and Torres Strait Islander leadership to achieve the highest achievable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

The QMHC supported NATSILMH and the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) to host a stakeholder workshop on 14 November 2018. The report from the workshop is available on the NATSILMH website at natsilmh.org.au/sites/default/files/Final%20Brisbane%20workshop%20report.pdf.

Examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity

Stigma and discrimination

As noted in the Issues Paper, experiences of stigma and discrimination can be a common occurrence in the everyday lives of people with a mental illness and can be a significant barrier to gaining and maintaining employment.

The QMHC acknowledges the *Human Rights Act 2019* (QLD) includes a clause that states every person in Queensland has the right and opportunity without discrimination to take part in public life. This Act can be found at www.legislation.qld.gov.au/view/html/asmade/act-2019-005.

The QMHC commissioned research into the workplace experiences of Queenslanders living with mental health conditions, and how these experiences affect their ability to gain and maintain employment. The final report can be access at www.qmhc.qld.gov.au/sites/default/files/mental_health_stigma_reduction_in_the_workplace_ey_sweeney_june_2018.pdf.

Lived experience workforce

There is growing evidence that the use of lived experience workers within the health and psychosocial support sectors can produce improved outcomes for people experiencing mental illness and can have important economic impacts for service delivery.

The QMHC commissioned research to identify the key barriers and enablers to lived experience workforce development in government and non-government mental health services. This research high-lighted three key messages:

- senior management support and 'buy-in' is crucial to setting an organisational culture that is recovery-oriented and values lived experience perspectives and work
- having clear roles for lived experience workers increases understanding of the role and in turn the value placed on it
- strategic workforce development is required to support the existing and emerging lived experience workforce.

The report of this research, *Identifying barriers to change final report*, is available at www.qmhc.qld.gov.au/documents/identifyingbarrierstochangefinalreportpdf. Based on this research, the QMHC has commissioned the development of a lived experience workforce development framework.

Housing and homelessness

The Issues Paper highlights the relationship between mental ill-health, housing problems and homelessness. In 2014, the QMHC commissioned the University of Queensland to undertake a review of system issues for social housing clients with complex needs. The report is available at www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2014/12/FINAL-report-Review-of-systemic-issues-housing-clients-with-complex-needs-September-2014-ISSR.pdf.

Housing First models, which prioritise the provision of stable housing for people experiencing homelessness, prior to providing support through a multidisciplinary team of support workers, have been employed internationally and found to provide savings compared to other models. Further information can be found on the Housing First model at www.ahuri.edu.au/policy/ahuri-briefs/what-is-the-housing-first-model.

Justice

The Productivity Commission's Issues Paper highlights the key issues associated with people's experience of mental illness and the justice system. People with mental illness comprise a disproportionate number of the people who are arrested, who come before the courts and who are imprisoned.[6] Suboptimal diagnoses and management of conditions such as psychosis, early substance use disorders and personality disorders, may cause some people to behave in a way that poses harm to themselves or other people and may increase the risk of re-offending if the mental illness is a contributor to the criminal behaviour.

The person encountering a mental health crisis may find it difficult to communicate their distress and come to the attention of the police.[7] Recidivism rates are also higher for people living with a mental illness. This may be due to personal health and community factors that increase the difficulty of complying with community-based sentence conditions.[8]

The QMHC, wishes again to emphasise the importance of early intervention in the lives of children to help prevent a trajectory that leads to interactions with the youth justice system and ultimately the adult justice system. An increased focus on intervention in the early years to address behavioural issues that may lead to antisocial behaviour is warranted.

Multisystemic therapy (MST) is one approach that may provide an effective response to violent youth. MST is an intensive, family-focused and community-based treatment program for chronically violent youth operating in South East Queensland to target youth in the justice system who are at high risk of reoffending. It is an intensive family- and community-based treatment that addresses the multiple causes of serious antisocial behaviour in juvenile offenders. The MST program seeks to improve the real-world functioning of youth by changing their natural settings - home, school, and neighbourhood - in ways that promote prosocial behaviour while decreasing antisocial behaviour. Therapists work with youth and their families to address the known causes of delinquency on an individualised, yet comprehensive basis. By using the strengths in each system (family, peers, school, and neighbourhood) to facilitate change, MST addresses the multiple factors known to be related to delinquency across the key systems within which youth are embedded. The extent of treatment varies by family according to clinical need. Therapists generally spend more time with families in the initial weeks (daily if needed) and gradually taper their time (to as infrequently as once a week) over the three- to five-month course of treatment.

From October 2015 until February 2017 the QMHC held eight strategic conversations between frontline service providers (i.e. Queensland Police Service, Queensland Ambulance Service) and others including people with a lived experience. These strategic conversations led to the QMHC releasing an options paper *Improving outcomes from police interactions.* This options paper is available at www.qmhc.qld.gov.au/sites/default/files/downloads/options_paper_improving_outcomes_from_police_interactions_a_systemic_approach_october_2017_0.pdf.

Education, Training, and Employment

The QMHC agrees with the importance that the Productivity Commission's Issues Paper places on the need for children and young people especially those experiencing mental ill-health to be supported to participate effectively in education and training. The QMHC also agrees with the importance placed on employment for people who are living with these issues. The QMHC notes the complex web of supports offered to both jobseekers and employers through Australian and State/Territory governments.

The QMHC believes there are opportunities to improve this system of supports by the Australian and State/Territory Government working together, employment support services (e.g. jobactive and disability employment service), employers, and jobseekers, especially in this case, those who are living with mental health problems, illness, and ill-health. The QMHC recommends the Productivity Commission considers the recommendations put forward by the Employment Services Expert Advisory Panel report to the Australian Government in December 2018 in relation to the redesign of the Australian employment services model which is available at docs.jobs.gov.au/system/files/doc/other/final_-_i_want_to_work.pdf.

Another innovative approach to help people living with a mental health problem or illness obtain work is being achieved through social enterprises. Vanguard Laundry Services in Toowoomba is one such example. Vanguard considers itself as a launch pad for people who have experienced mental illness and struggle to secure gainful employment. The Productivity Commission may be interested in seeing the results of Vanguard's first year in operation which are available at corporate.amp.com.au/content/dam/corporate/newsroom/files/Vanguard%20First%20Year%20Impact%20Report.pdf.

Examine the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups

Integrated services

The Issues Paper identifies that poor integration and coordination between health and non-health service areas remains a fundamental concern. As noted earlier in this submission, this was a consistent theme in the consultation undertaken to inform the development of the *Shifting minds.*

The Floresco integrated service hub, 'a one-stop shop' for adult mental health services in Ipswich, is an example of an integrated service that was evaluated by the Queensland Centre for Mental Health Research, University of Queensland on behalf of the QMHC. The final report is available at www.aftercare.com.au/wpcontent/uploads/2018/12/Floresco_evaluation_final_report.pdf.

Assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy

Health funding

The complexity of the general health system and funding arrangements in Australia is consistently reported as a major impediment to improving patient experience and outcomes and the overall efficiency of the system.[9] Doggett also states that the approach taken to destigmatise mental illness/ill-health by comparing it to physical health, creates the presumption that the needs of people with mental health problems can be neatly shoehorned into a system designed around the paradigm of physical illness.[10]

While the current move to the Activity Based Funding (ABF) approach for public hospitals fits well with procedural health care a fixed price is less obvious for many of the activities mental health services have with patients, their families and staff.[11] Concerns have been raised with the QMHC, that the ABF model and associated performance measures will promote acute-hospital bed-based approaches to mental health service delivery to the detriment of the optimal care and supported recovery of people with a mental illness that require less acute, community-based services.

The QMHC welcomes the extensive and on-going work being led by the Independent Hospital Pricing Authority to develop the *Australian Mental Health Care Classification* which seeks to price mental health service across admitted and non-admitted settings. The potential benefits of this are appreciated, however implementation will need to be monitored and reviewed to ensure that funding models are used to drive improved recovery-orientated care.

The QMHC is also encouraged by the recommendations from the *Mental Health Reference Group* established to review Mental Health MBS items to:

- seek to improve access to mental health services for Australians, taking into consideration the latest evidence and focusing on preventive, flexible and cost-efficient models of care
- seek to ensure access to subsidised mental health services where people are either not eligible for services commissioned by PHNs or provided by public mental health services, or where the person is a family member or carer rather than the 'patient'.[12]

This approach has the potential to address reported concerns that the current Medicare Benefit Schedule (MBS) fee-for-service approach, incentivises care based on the items in the schedule, which often do not meet the needs of complex patients.

While a bundled payment approach is considered as a possible alternative to the current fee-for-service approach, it is acknowledged that the evidence base for this is still not robust and as outlined by Hall and Van Gool this information will need to include:

- what constitutes an optimal bundle of care for a particular condition
- the cost of delivering those services
- how the payment should be adjusted for the specific characteristics of a patient
- the role performance targets may play in motivating health providers to deliver high-quality care.[13]

The QMHC also acknowledges the opportunities that the on-line/digital environment provides for assisting people living with mental health problems and illness. Rosenberg and Hickie claim that on-line therapies can be an effective alternative or adjunctive approach to face-to-face support and especially in relation to depression, stress and anxiety. [14] They highlight that:

- on-line therapies can support access for traditionally under-serviced groups, are available 24/7, at a reduced cost associated with face-to-face services
- new research is examining whether on-line mental health tools can be used for prevention as well as treatment
- digital technologies may be able to drive new models of care to meet individual needs.

Beyond the complexity of MBS funding and the obvious need for a range of face-to-face, online and other delivery modalities, there is also a need to continue to develop an understanding of the impact of the relatively recent Primary Health Network (PHN) role in commissioning stepped primary mental health care services to maximise joint planning between PHNs and local health networks (Hospital and Health Services in Queensland).

If real change in population mental and suicide rates is to be achieved, the QMHC is of the view that action must be taken to overcome entrenched disadvantage and provide support at the important transition points in life (e.g. starting school, leaving school, entering the workplace, parenting, retirement). This may require joint commissioning or the pooling of agency funds instead of a siloed approach to address complex needs.[15]

The *Inquest into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia* concludes that while the stated aim of giving people the incentives to bring themselves out of poverty (through better health services, education and employment prospects) is very sound, some consideration needs to be given to those people who are presently beyond being able to take advantage of those incentives. The full report is accessible at www.coronerscourt.wa.gov.au/_files/inquest-2019/13-Children-and-Young-Persons-in-the-Kimberley-Region-Finding.pdf.

Focus on improving existing data and reporting mechanisms and supporting the 'bring together' of information from across sectors rather than creating new approaches; and

Develop a framework to measure and report the outcomes of mental health policies and investment on participation, productivity and economic growth over the long term.

As noted in the Issues Paper, much information is collected in relation to mental health services. Despite this and in the absence of a shared methodology for collection and reporting, it is often difficult to gain meaning from the data that enables a clear understanding of the outcomes and impacts of policies, programs and investments. Measuring outputs or comparing health expenditure alone provides no insight into achieving the best outcomes for people or providing the evidence-base for a future course of action.

The QMHC recommends the Productivity Commission considers the 2018 Report by Mental Health Australian, *Investing to save*, which is available at

mhaustralia.org/publication/investing-save-kpmg-and-mental-health-australia-report-may-2018. In this report, Mental Health Australia and KPMG suggest improvements in data, research and evaluation which would support understanding the impact of action against their three recommendations for mental health reform that they believe will provide strong economic benefits and positive returns on government investment across Australia.

With the amount of effort currently being invested in mental health performance frameworks, it is not clear to the QMHC as to the benefits of the Productivity Commission developing a new framework. The QMHC instead suggests that perhaps further efforts should be directed to:

- ensuring that funded holistic evaluation is a standard part of policy and program implementation
- continuing to invest in and improve the collection of time-series information on the Australian population's mental health and wellbeing and the impact of mental health problems, illness and problematic alcohol and other drug use and suicide
- seeking to resolve gaps and data issues within existing reporting or performance frameworks.

Paucity of data should not prevent action on mental health reform. Where there is available evidence and where there is collective belief that an approach will work action should be taken. This should be underpinned by continuing to collect evidence which would support ongoing learnings and quality improvement. There is a need to continue to focus on testing innovative approaches and translating evidence into policy and scaled-up interventions.

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