



Response to Proposed Draft National Mental Health Roadmap

Never Stand Still

Medicine

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The following are our responses to the specific questions from the online survey tool regarding the National Mental Health Roadmap.

- The draft Roadmap makes no specific references to the mental health needs of people with Intellectual Disability who are 2.5 times more likely to experience mental illness than the general population. While, the Roadmap makes general reference to ‘other vulnerable population groups,’ into which people with disabilities is invariably included, we feel that greater specificity is needed to outline the needs of people with an intellectual disability with co-occurring mental illness.

While the Roadmap does recognise the need to improve early intervention and reduce hospitalisations, which we concur with as having a positive effect on overall improvement of mental health services by placing emphasis on strong community mental health support networks and specialist mental health services rather than at the high cost, high acuity end of treatment, we do find that greater specificity is needed to detail what the specialist services and support systems might look like for people with an intellectual disability and co-occurring mental illness.

We have reservations that the link between the Roadmap and the National Disability Insurance Scheme (NDIS) is more fiscally driven than driven by the needs of this marginalised population group and find that greater detail around how the Roadmap and the NDIS will intersect in ways that go beyond mere ‘reductions in the number of people on the Disability Support Pension (DSP)’ would be beneficial.

- We feel that support for people with comorbid conditions and complex needs requires greater emphasis in the Key Directions. Given that the majority of people who experience moderate to severe mental illness are likely also to experience either an intellectual disability and/ or drug and/ or substance misuse disorder. A Key Direction in the Roadmap focused on how these complex needs will be accommodated in the development of support networks and greater interagency collaboration is highly recommended.
- We feel that within this Key Direction "improving the mental health literacy of frontline service employees so they can better meet the needs of consumers (and their families and carers)" should specifically state that this extends to encompass the mental health needs of people with an intellectual disability.

¹ Responses input into online survey tool.

- We feel that it would be beneficial here to specifically acknowledge that the staff literacy in mental health needs to encompass the mental health needs of those with an intellectual disability. Current evidence indicates that mental health literacy regarding the needs of people with an intellectual disability is sorely lacking.
- A good place to start with building stronger connections with mental health services and schools would be to replace the School Chaplaincy program with qualified psychologists and counsellors with improved referral and treatment capacity.
- Our comment is that the training in mental health first aid for frontline service staff should accommodate the mental health issues of people with an intellectual disability. This is very important at the interface with the Police as people with an intellectual disability with an undiagnosed mental illness often present with having challenging behaviour and are usually picked up by Police for either minor or serious offences. It would be opportune that the training at this level incorporated recognition of the mental health needs of persons with an intellectual disability.
- While we acknowledge that this Roadmap appears to recognise the importance of the consumer voice in service planning, we have concerns about the capacity of the Federal Government to recognise the physical reality of the needs of mental health consumers given the mechanism by which consultation was sort for this Draft Mental Health Roadmap, ie. via internet survey within a two week consultation period.
 Firstly this assumes that mental health service consumers have access to the internet to provide comment on this Roadmap, and secondly that they have the computer literacy to perform such a task. Neither of which are necessarily the case. It is more likely that those who are, or have experienced a mental illness would require significant support to navigate an online survey response, especially to complete this within the very brief two week window period that has been provided. That these factors have not been given greater consideration in the consultation framework for this document gives us cause for concern that this Key Direction will suffer the same lack of strategic insight.
 It is our hope that greater effort goes into thinking about how consumers and carers are involved in the actual roll out of this Key Direction.
- While the Key Direction has merit, it is vital that focus here is on providing the consumer with the appropriate supports, rather than being on performance indicator data showing improved statistics in this area.
- Improving the coordination and integration of services is integral to any mental health service reform as the needs of people with mental illness interface with so many other sectors, such as Disability, Drug & Alcohol, Housing, Criminal Justice etc. The Roadmap requires greater specificity in the mechanics of this coordination, such that consumers and frontline staff across the range of sectors alike are aware of, and can easily access

the appropriate supports in a timely fashion. This will require concerted cultural change within a number of government agencies and service providers, and we have concerns that the extent of this effort is not detailed enough in this Draft Roadmap.

- Again, our concern is that any training or accreditation mandated under this Roadmap should include the mental health needs of people with an intellectual disability. Further, it is unclear what is meant by Item 6 - 'Proportion of consumers of mental health services who report their overall health status as "good" or "better"', especially given that the proportion of people experiencing enduring mental health issues will be on antipsychotics which are known to have side-effects that are detrimental to both the health of the consumer, and their perception of their health. Greater clarification is required around this being an indicator of achievement under Key Direction 5.
- We would firstly like to acknowledge the efforts of the Federal Government in formulating this Roadmap, and feel that it is largely on the right track. With improved clarification around a number of items, we feel that the proposed draft Roadmap has the potential to provide a suitable strategic framework for progressing mental health reform in Australia over the next 10 years. Our several concerns about the Roadmap are:
 - That the Roadmap is lacking in detail around what is expected to be done by governments over the next ten years, and the immediate and longer term priorities, especially in terms of improving service coordination and integration. Improving service coordination across a range of sectors is paramount to the success of mental health reform as the needs of people experiencing mental illness traverse a variety of sectors, and little detail about how this will work in practice is provided in this Roadmap.
 - That not enough detail and specific consideration has been given regarding people with complex needs, such as those with intellectual disabilities. We feel that any training, education and awareness raising efforts should be required to include the needs of people with intellectual disabilities as, without which the gap between services will be perpetuated.
 - The brief consultation period and methodology (online survey) chosen for a policy pertaining to people with high support needs does not bid well for the Policy in terms of portraying an understanding of the complexity of the issues for people with mental illness, whose ability to respond online and by the deadline set are relatively slim.