

Call for a comprehensive National Mental Health Plan to respond to the novel coronavirus (COVID-19) Pandemic

To:	The Hon Greg Hunt MP, Minister for Health; Professor Michael Kidd , Principal Medical Advisor, Commonwealth Dept of Health; Ms. Christine Morgan , CEO and Ms. Lucy Brogden , Chair, National Mental Health Commission; The Hon Chris Bowen MP, Shadow Minister for Health.
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CALL TO ACTION: We urgently call on all Australian Governments to implement a comprehensive National Mental Health Plan to respond to the COVID-19 pandemic.

Context

- We welcome the well-timed and targeted first wave of mental health response from the National Cabinet, and States and Territory Governments, to the COVID-19 crisis.
- This initial package of funding has appropriately focused upon the whole population through crisis lines, and also on pivoting MBS funded primary and specialist mental health care to telehealth.
- We also acknowledge the relevant national guidance on mental health aspects of COVID-19 Pandemic from the Commonwealth Government and National Mental Health Commission. We also appreciate the decisive and unprecedented steps taken by the Federal Government to preserve livelihoods through the crisis via various economic stimulus packages. The safety nets that have been established are crucial to prevent loss of jobs, which harshly impact on people with more severe forms of mental illness.
- There is now an urgent need to move the focus to people with moderate to severe and/or complex mental illness, whose numbers will swell as the crisis unfolds.

Key issues

- The needs of people with moderate to severe mental illness were poorly served prior to the pandemic, as evidenced by a series of inquiries and most recently through the Victorian Royal Commission and the Productivity Commission Inquiry. This represents a pre-existing crisis and makes the system extremely at risk.
- Many people with mental illness and psychosocial disability were already existing on the margins of the economy and society, and are extremely vulnerable to an economic recession, and high levels of unemployment. Many are isolated or living with families in need of support themselves, and are at high risk of suicidal behaviour. At particularly high risk are Indigenous people, homeless people, non-citizens, and international students. Their need for acute care will swell during this crisis.

- A substantial rise in suicide risk is building, as in all economic recessions, and it will be more severe this time because of the scale and depth of the global disaster of COVID-19. The suicide prevention field and the National Mental Health Commission has been rightly emphasising the power of social determinants of suicide. The impact will be difficult to counter or moderate in the medium term. Our response therefore must turn much more strongly to freely accessible expert clinical care.
- In the shock of the initial phase of this pandemic, public mental health and many NGO services for people with mental illness have seen a sharp drop in face-to-face care, and a withdrawal from home based and assertive outreach modes of providing such care, just when these are most needed for a wider range of patients. In part this is related to a lack of availability of protection equipment and justifiable concerns about service-user and staff safety. It is also sometimes due to inconsistencies of clinical leadership and central policy direction, and loss of in-person clinical back-up for NGO support services in the community.
- The system is weakest at a point where it needs to be strongest in the context of COVID-19, namely in its capacity to work upstream with timely community interventions to prevent excessive emergency department presentations, and hospital admissions of acute mental illness.
- As with any disaster, and particularly one of the unprecedented scale in which we are now immersed, there will be a surge of new demand and need for care.
- Mental health services, including hospital facilities, will be overwhelmed if we do not intervene early, and intensively, with people we know to be at risk of acute episodes and suicide.
- The key solution is to urgently deploy evidence based mobile assertive community-based mental health services, including home based care with dynamic integration with digital and telehealth platforms.
- We call on all Australian Governments to ensure that national mandated policy guarantees an optimal balance between online and telehealth services, in-person mobile outreach community services, and hospital inpatient services. The focus of the next wave of policy and investment must shift to ensure the safety and optimal care of people with moderate to severe or complex mental illness.

Key Recommendations

1. Expand evidence-based mobile outreach community mental health services. The Hospital in the Home model of care is a key innovation that will help to prevent likely access block at hospitals and should play a central part in the next wave of mental health responses.
2. Further enhance digital and Telehealth technology to help minimise unnecessary person-to-person contact on safety grounds.

3. Ensure safety and personal support of all service-users, clinical and NGO providers. Mental health providers must be assured that there will be no retractions of community staffing or their outreach capacity, with strong and compassionate management support, thorough safety training, adequate supplies of personal protective equipment, regular supervision and pastoral mentoring, in full consultation with their industrial representatives.

Thank you for taking our growing concerns into account. We offer to help with all Australian Governments on the urgent implementation of these recommendations.

Signatories

- Professor Alan Rosen, Universities of Sydney & Wollongong, Chair, Transforming Australia's Mental Health Service System [TAMHSS].
- Professor Patrick McGorry, University of Melbourne, Executive Director, Orygen.
- Professor Helen Herrman, President, World Psychiatric Association [WPA], University of Melbourne, Former Director, St Vincent's MHS, Melbourne.
- Dr Tony Bartone, President, Australian Medical Association [AMA].
- A/Prof John Allan, President, Royal Australian & New Zealand College of Psychiatry [RANZCP].
- Ms. Melanie Cantwell, Acting CEO, Mental Health Australia.
- Professor Fiona Stanley, Patron, Telethon Kids Institute, UWA [tbc].
- Professor Ian Hickie, Executive Director, Brain & Mind Centre, University of Sydney.
- Ms Irene Gallagher, CEO, BEING: NSW Consumer Advisory Group-Mental Health, Inc..
- Professor Luis Salvador-Carulla, Director, Centre for Mental Health Research, ANU.
- Ms. Vivienne Miller, Executive Director, The Mental Health Services (TheMHS) Learning Network.
- Ms Lisa Sweeney, Chair, Australians For Mental Health [AFMH]
- Professor Frances Dark, Chair, (Qld)
- Professor Carol Harvey, Secretary, (Vic)
- Professor Lisa Brophy, Treasurer, (Vic)
- A/Prof Richard Newton, Executive, (Vic)

- World Association of Psychiatric Rehabilitation (Australia) [WAPR(Aus)].
- Dr Andrew Howie, immediate past Chair, RANZCP Rural & Remote Psychiatry Section, Adult Psychiatrist, Indigenous MH.
- Ms Irene Gallagher, CEO, BEING: Consumer Advisory Network, NSW.
- Adjunct Professor Tom Callaly, Director of Medical Services, Mildura Base Hospital, Vic.
- Professor Patricia Dudgeon, Indigenous Mental Health, Institute of Indigenous Studies, UWA
- Associate Professor Roger Gurr, Transcultural Community & Young Persons' MH & Trauma, Chair STARTTS, NSW.
- A/Prof Elizabeth Scott, Psychiatrist, Young Persons' MH, Notre Dame University.
- A/Prof Neeraj Gill, Adult Psychiatrist, Human Rights, Qld MHS.
- Dr. Michael Dudley, Adolescent MH, Refugee & asylum Seeker MH, UNSW.
- Dr Paul Fanning, former CEO of LHD, former Area Director MHS, Epidemiologist, MH Nursing.
- A/Prof Peter McGeorge, Adolescent & Adult Psychiatrist, UNSW & Notre Dame University, NSW.
- Dr Sebastian Rosenberg, Brain & Mind Centre, University of Sydney.
- Mr. Tom Brideson, Indigenous Mental Health, NSW & National.
- Mr Kevin Kidd, MH Executive and MH Nursing, ACT Health.
- Mr Douglas Holmes, Super CRO Lived Experience Project.
- Dr Neil Phillips, Consultant Psychiatrist, Indigenous MH, NSW.
- Dr Steve Baily, Adult Psychiatrist, WA MHS.
- Professor John Hurley, Professor of Mental Health and Director of Higher Degree Research, Southern Cross University, Community MH Nursing.

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