

# Medibank Submission

Submission to the Royal Commission into Victoria's  
Mental Health System

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## Executive Summary

Medibank welcomes the opportunity to contribute to the Royal Commission into Victoria's Mental Health System.

Our business has well-established and proven experience delivering mental health services, including: *Beyond Blue*, *1800RESPECT*, and *MHConnex* (see pages two and three of our submission).

Medibank works very closely, co-operatively and in partnership with not-for-profit organisations throughout Australia in delivering our mental health services, particularly *1800RESPECT*. The partnership with not-for-profit organisations has proven to be a highly effective way to deliver services to world-class clinical standards.

Mental health is a significant economic, medical, personal, and social issue with concomitant costs for families, individuals and the community.<sup>1</sup>

Australia spends around \$29 billion a year on mental health.<sup>2</sup>

There are additional indirect costs, including lost productivity, foregone employment and income opportunities for families, and community support services.<sup>3</sup>

Despite the significant expenditure and focus on mental health – from both public and private sectors – the prevalence of mental illness remains high.<sup>4</sup>

A large number of mentally ill people do not seek or receive appropriate treatment, with around two thirds of people with mental illnesses not seeking any treatment.<sup>5</sup>

For those that do seek and receive treatment, their needs are not consistently met and they are less satisfied with mental health services than are consumers of other health services.<sup>6</sup>

Consequently, one of the most important issues to consider is more effective and coordinated care pathways that not just deliver better mental health outcomes, but encourage people to seek and access effective help if they need it.

The nature of mental illness increases the likelihood that consumers will interact – and interact frequently – with multiple parts of the healthcare system and broader social services (including employment, disability and housing services) and support payments systems. Yet the mental health, social services and support payments systems are characterised by fragmentation and insufficient coordination.

As the Australian Medical Association states:

“Currently Australia lacks an overarching mental health ‘architecture.’ There is no agreed national design or structure that facilitates prevention or proper care for people with mental illness...People with mental illness require clearly defined and properly coordinated care of both their physical and mental health.”<sup>7</sup>

While radical change may be necessary to effectively tackle mental health challenges, it is vital that the actual outcomes of such change meet their intention.

Consequently, Medibank proposes that the Royal Commission consider recommending:

- **A trial pilot model of mental healthcare service coordination** that centres on delivering better health outcomes for patients. This reform proposal is detailed on pages five and six of our submission in response to the second question posed by the Royal Commission for public comment. A comprehensive service coordination approach is different from the *status quo* and poses an arguably better way to address the needs for people experiencing mental health issues.

Such a trial would test an alternative model of care that would ensure individuals (and their families) have more effective, supportive, accessible, co-ordinated and easily understood mental health services. A trial would also confirm the practical outcomes of alternative approaches to care before more widespread reforms are implemented.

In addition, Medibank proposes the Royal Commission consider recommending more immediate reform to the current telephone system for people in Victoria seeking mental health care options, with the intent of delivering a more readily accessible, promoted, and centralised system for individuals (and their families) seeking help:

- **Improved clinical triage for mental health care in Victoria.** This reform proposal is detailed in response to the ninth question posed by the Royal Commission for public comment.

## About Medibank

Medibank is one of Australia's largest providers of private health insurance, with 40 years' experience delivering better health to Australians. We look after the health cover needs of 3.7 million Australians through our Medibank and ahm brands and deliver a range of programs to support health and wellbeing in the community.

Medibank is committed to improving the value of health insurance for Australians and to strengthening our health system.

### Our Business

Headquartered in Melbourne, Medibank has corporate offices in Canberra, Brisbane, Perth, Sydney, and Wollongong. We have more than 80 retail stores across Australia, with over 20 in regional areas, employ over 4,100 people, and handle more than 40,000 phone inquiries a week.

For the 2017-18 financial year, Medibank recorded a net profit of \$445 million (down one per cent from the previous year) and paid over \$183 million in tax. Around 270,000 Australians own shares in Medibank.

In addition to private health insurance, Medibank employs around 1,500 health professionals across Australia, delivers 800,000 nurse advice calls for Australians and 70,000 GP tele-consultations per year as part of the more than 1.8 million interactions a year we deliver through our telehealth services, delivers the beyondblue support service, and provides telephone and online counselling services for those experiencing sexual assault or domestic and family violence through 1800RESPECT.

Medibank is focussed on delivering health services, not just health insurance, with our CareComplete program supporting more than 21,000 people with chronic disease in partnership with State Governments.

More than half of our board and senior managers are women and we are committed to increasing the representation of people with disabilities, Indigenous Australian Peoples, and those aged over 55 within our workforce.

### Medibank's Commitment to Deliver Value for Our Customers

Medibank has a fundamental stake in the health and wellbeing of our 3.7 million customers. We spent \$5.3 billion on our customers' healthcare in 2018, covering more than 1.3 million hospital admissions, nearly 24 million ancillary services like dental and optical, and more than half a million surgeries.

Medibank knows that affordability of private health insurance is a real issue for many Australians. That is why our premium increase for 2019 is the lowest in 18 years. We are working hard to deliver greater value to our customers and to address the affordability challenges that the private healthcare industry faces.

Some of our recent initiatives to bring greater value for our customers include:

- Giving 100 per cent back on annual dental check-ups, which will benefit our 2.7 million customers with extras cover.
- Passing every dollar in savings realised through recent changes to prostheses pricing back to our customers.
- Investing in our CareComplete program to improve chronic disease management, collaborating with more than 3,600 GPs to reduce avoidable hospitalisation for people with chronic health needs.
- Delivering more personalised services to our customers to improve their quality of life, help them to stay out of hospital (e.g. non-hospital palliative care, rehabilitation and chemotherapy), and take pressure off premiums and the healthcare system.

### Supporting the Community

Medibank supports many community programs, including our \$1.5 million investment to the Stephanie Alexander Kitchen Garden Foundation, which tackles childhood obesity in more than 1,200 primary schools, and initiatives to improve Indigenous health outcomes. Our Medibank Better Health Foundation has provided \$4 million in funding for more than 20 health research projects since 2013. We are also a major sponsor of the Parkrun fitness program throughout Australia.



## Medibank's Commitment to Mental Health

Our business has well-established and proven experience delivering mental health services.

### *Beyond Blue*

Medibank provides support services for *Beyond Blue*, which is a national information, counselling and referral service, specialising in depression, anxiety, and suicide prevention. The service is delivered by psychologists, social workers, counsellors and registered nurses, utilising a strength-based and solution-focussed intervention style.

A warm, structured and conversational style of assessments allows the service to meet the needs of individual callers and provides a nationally consistent approach for needs assessment, risk assessment, counselling, the development of self-care strategies, and referral to local community providers.

### *1800RESPECT*

Medibank delivers the *1800RESPECT* service on behalf of the Commonwealth Government, which is a confidential national telephone and online counselling, information and referral service available 24/7 for people experiencing domestic and family violence. The service provides a first response service, including initial intake risk assessment, needs assessment and referral, as well as specialised counselling for complex presentations. It is an integrated service with online, mobile app, telephone, and web chat interaction options. The *1800RESPECT* service incorporates a sector advisory group with government and NGO stakeholders, including state-based providers, to ensure the service remains focussed on current best practice in trauma informed counselling. The *1800RESPECT* service receives more than 180,000 interactions a year.

### *MHConnex*

Medibank delivers the *MHConnex* service, which provides mental health nurses via telehealth and place-based services for care management services for people presenting with severe and complex mental health needs. The service is delivered on behalf of the Western Australia Primary Health Alliance (WAPHA). *MHConnex* follows a stepped care model and collaborates with hospitals, community care facilities, primary care, and clinical-based services. The program covers the broad Perth metropolitan area.

### *Rapid Hospital Avoidance Program*

Medibank's Home Support Services will trial a program with the Central Adelaide Local Health Network to fast-track help for mental health patients. The trial aims to reduce mental health hospital admissions and emergency department waits as well as connect consumers to long-term support.

### *Mental Health & Wellbeing Fund*

Recognising the critical role mental health plays in overall wellbeing, Medibank committed \$1 million to establish the Mental Health & Wellbeing Fund. The initial focus of the fund is on preventative initiatives, awareness and education to support the wellbeing of ex-Defence personnel and their families. The Gallipoli Medical Research Foundation is as one of the first groups to receive funding through the Fund. Some of the funds will be used to develop and pilot a new mental health program for veterans and their partners. The Banksia Project is also supported by the Fund. The Sydney-based mental wellness charity facilitates free programs focused on prevention and recovery from mental health conditions.

### *Private Health Insurance*

Medibank has implemented the Commonwealth's private health insurance reform for mental health to make it easier for our private health insurance customers to upgrade their policy and access in-hospital mental health services, resulting in our customers being able to make mental health claims when they needed help the most. 700 customers have used the option in the first nine months, covering some 20,000 patient days. Medibank has been able to assist these customers as a result of the mental health upgrade option, meaning customers can upgrade their cover to include in-hospital mental health treatment without serving a waiting period. Medibank went a step further by removing the two-month waiting period on psychology services on current Extras products.<sup>9</sup>

### *Our Employees*

For our employees, Medibank has increased our focus on mental health, introducing targeted psychological health initiatives and training for customer-facing teams, as well as a range of activities to coincide with Mental Health Week. This was in addition to our ongoing employee assistance program.

## Responses to Questions Raised by the Royal Commission

### 1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Developing clear, coordinated, and accessible pathways for managed mental healthcare is fundamental to tackling mental illness as both medical condition and social stigma.

Mental health issues are invariably complex, but unfortunately the health system is equally complex and fragmented.<sup>9</sup>

The complexity and fragmentation of the health system contribute to mental health issues being perceived as a social stigma and inhibit the capacity of affected individuals (and their families) to both understand and access healthcare options and to receive effective treatment over time.

People with a mental illness often have low utilisation rates of mental health services.

Low utilisation rates are attributable to:

- Lack of awareness of services that are available.
- Unavailability of appropriate services.
- Negative experiences associated with the previous use of services.
- Frustration, confusion and distress in identifying and understanding service options.
- People choosing not to access services.
- The mental health system being seen as separate to, rather than part of, the primary care system.
- People with mild mental illness can be reluctant to identify themselves as having a mental health issue.
- GPs' lack of time, confidence and/or experience in managing mental illness.
- Out-of-pocket costs associated with accessing private psychological care.
- Waiting lists to access public psychological care.

Ultimately, these factors arise because Australia's mental health system lacks a clear end-to-end system design.

Mental health services, and broader non-health services and supports, are comprised of a complex network of care settings and service providers, with mixed and overlapping responsibility for service delivery, funding and expenditure.

The nature of mental illness increases the likelihood that consumers will interact frequently with multiple parts of the healthcare system. Yet the system is characterised by fragmentation and insufficient coordination. This is compounded by similar problems with social services (including employment services) and the support payment system.

The fragmentation that arises from diverse funding and expenditure arrangements is exacerbated by the lack of coordination within the healthcare system. Individuals with more severe mental illness face a further level of fragmentation. In addition to healthcare services, they may also receive a range of government transfer payments and services, as well as insurance and income protection payments.

But coordination is fundamental to effective care. As the Queensland Mental Health Commission observes:

"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."<sup>10</sup>

As the National Mental Health Commission states:

"Delivering safe and high-quality mental health services requires strong multidisciplinary teams, comprising a range of professionals from one or more organisations, with coordinated joint care planning and delivery of supports."<sup>11</sup>

Improving the Victorian community's understanding of mental illness and reducing stigma and discrimination necessitates system change that adopts a comprehensive service coordination approach to ensure individuals (and their families) have more effective, supportive, accessible, co-ordinated and easily understood mental health services.



## 2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

The current healthcare system and community focus on mental health have led to several positive outcomes, including:

- There has been significant growth in the number of mental health professionals working directly with consumers.
- Given the limitations on psychiatric beds in the hospital system, care is now delivered primarily in community settings.
- Access to mental health care in primary care settings has substantially increased, following changes to the Medicare Benefits Schedule in 2006.
- Community mental health literacy has improved.
- Integrated approaches and stronger partnerships have begun to emerge.

Nevertheless, despite the significant expenditure and focus:

- The prevalence of mental illness is both high and stable.
- Significant numbers of mentally ill people do not seek or receive appropriate treatment.
- One in seven young people aged 4 to 17 years experience a mental health condition in any given year.<sup>12</sup>
- For those that do seek and receive treatment their needs are not consistently met and they are less satisfied with mental health services than are consumers of other health services.
- There is a lack of continuity in care across services.
- New initiatives can add complexity to an already fragmented system and fail to address the critical issue of system design.
- It is impossible to tell if Australia is spending the right amount of money to support people with mental illness and if money is being spent in the right areas (especially the appropriate mix of health and nonhealth support).
- Mental health outcomes are likely to be sub-optimal, leading to additional health and non-health costs, especially as mental health is the fastest growing cause of disability in Australia.

There is evidence that effective support requires the clear integration of a comprehensive range of hospital-based care, community clinical treatments, primary care and non-health services such as housing and employment programs.<sup>13</sup>

At the core of most successful models, and supported by a growing evidence base, is a somewhat intensive case management / care coordination function that helps patients (particularly those with severe and complex mental illness) to navigate their way through clinical and community services, thereby avoiding hospitalisation.<sup>14</sup> As the Council of Australian Governments states:

“A society that prevents and reduces the impact of mental health issues and mental illness is a society that has...continuity of care, with effective coordination among primary, secondary and tertiary health care sectors and among different service providers.”<sup>15</sup>

For mental illness at different levels of severity, a tailored service approach with services commensurate with the severity of the condition are required:

- Very severe and severe mental illness – successful treatment requires a very intensive, person-centred, coordinated case management approach, with clear integration of a comprehensive range of hospital-based care, community clinical treatments, primary care and non-health services such as housing and employment programs.
- Moderate mental illness – successful treatment is possible in primary care settings, with the right balance between a standardised care management program and a collaborative, interdisciplinary approach between the clinician, care manager and psychiatrist.
- Mild mental illness – a variety of approaches offer promise such as ‘talking therapies,’ online cognitive behavioural therapy models and primary case-based models that integrate/co-locate mental health services.

In order to better prevent mental illness and to support people to get early treatment and support, the health system needs to integrate health and non-health support and funding. This includes better integration across government departments (at the federal and state/ territories levels) of the assistance they provide and/or fund.

Consequently, Medibank proposes that the Royal Commission consider recommending a trial pilot model of mental healthcare that centres on delivering health outcomes for patients. The trial would:

- Allow healthcare organisations to partner with the Victorian State Government to deliver mental healthcare management plans for a cohort of 5,000 patients over five years.
- Ensure the health services covered are agreed to prior to the commencement of the trial.
- Allow voluntary patient enrolment in the trial.
- Provide a capped amount of funding per patient, with the partners bearing the full financial risk of any shortfall.
- Determine performance benchmarks on the partners delivering the mental healthcare, including clinical outcome measures, quality indicators and patient satisfaction indicators.
- Allow the partners to retain any savings realised through the delivery of the more coordinated and long-term approach to mental healthcare, provided performance benchmarks are met and with penalties applied for any underperformance. Governments at all levels could also cap the amounts of savings that could be retained by the partners or require a proportion of the savings to be reinvested in additional trials.

Such a trial would test an alternative model of care that would ensure individuals (and their families) have more effective, supportive, accessible, co-ordinated and easily understood mental health services. A trial would also confirm the practical outcomes of alternative approaches to care before more widespread reforms are implemented.

The *status quo* is not going to improve health outcomes for patients with mental health issues. New approaches should at least be trialled and the lessons from the trials applied for the benefit of all Australians.

Medibank also notes that partnerships between private and not-for-profit organisations can be a highly effective way to deliver mental health services. As our delivery model for *1800RESPECT* has shown, partnering with not-for-profit organisations across the country has proven to be a highly effective way to deliver counselling services to world-class clinical standards.

### **3. What is already working well and what can be done better to prevent suicide?**

Refer to response to question two.

### **4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

Many people do not recognise they have a mental illness and/or do not seek help.

For people with mild mental illness, the relatively low severity of the illnesses often makes this population difficult to recognise.

As noted in response to question one, developing clear, coordinated, and accessible pathways for managed mental healthcare is fundamental to tackling mental illness and to encouraging people to readily seek help.

### **5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

Refer to responses to questions one and two.

### **6. What are the needs of family members and carers and what can be done better to support them?**

The mental health system requires change to enhance the capacity of affected individuals (and their families) to both understand and access healthcare options and to receive effective treatment over time.



Reducing complexity and fragmentation in the mental health system will better allow families and carers to both understand and access help and to contribute to or support long-term treatment.

## **7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

Medibank's focus is on promoting reforms to ensure individuals (and their families) have more effective, supportive, accessible, co-ordinated and easily understood mental health services.

While the mental health workforce is important, we do not have any specific comments on workforce issues at this time.

## **8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

The social and economic cost of mental health are widely recognised.

Australia spends around \$29 billion a year on mental health.

There are unquantified but intuitively large additional indirect costs, including lost productivity, foregone employment and income opportunities for families, and community support services.

As the Victoria Auditor-General notes:

"Disturbances to a person's mental wellbeing can negatively impact their capacity and the choices they make, leading not only to diminished functioning at the individual level but also to broader societal and welfare losses. There is significant flow on effect to other services if the mental health system is not functioning well, such as housing, justice and other health and community services."<sup>16</sup>

Facilitating a more coordinated approach to mental healthcare is essential.

As a Victorian Parliamentary Committee found in considering ways to boost employment participation for people with mental health issues:

"...coordination of services in specialist mental health, employment support, and education and training is critical. This coordination is necessary to address the complex vocational and non-vocational barriers to participation experienced by many people with mental illness."<sup>17</sup>

Accordingly, adopting reforms proposed in response to question two will promote the capacity of individuals to receive the treatment and care required to improve their social and economic participation.

## **9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

The *status quo* is not going to improve health outcomes for patients with mental health issues. New approaches should at least be trialled and the lessons from the trials applied for the benefit of all Australians.

Medibank proposes two reforms that the Royal Commission should consider and prioritise.

Both of our proposals are intended to improve health outcomes for patients with mental health issues.

### *Trialling a Coordinated Approach to Mental Health Care*

Our proposed reform is detailed in response to question two.

### *Improved Clinical Triage for Mental Health Care*

In addition, Medibank proposes the Royal Commission consider recommending more immediate reform to the current telephone system for people in Victoria seeking mental health care options, with the intent of delivering a more readily accessible, promoted, and centralised system for individuals (and their families) seeking help

Currently in Victoria each health service operates their own phone triage for mental health calls. The duplication of services is economically inefficient, potentially confusing for people seeking help, likely to erode rather than promote

consistent and holistic care approaches, and potentially limiting to the amount of time crises assessment and treatment teams can allocate to face-to-face treatment and coordination.

The current system could be readily reformed with clear benefits for people seeking help, service delivery pressures, and taxpayers.

A single telephone service delivering quality acute triage can improve client outcomes and allow crises assessment and treatment team resources to be focused on the clients most in need – thus improving mental health outcomes.

Such reform would be a cost saving – a single telephone service delivering quality acute triage would be at least half the cost of the present system in direct terms, as well as delivering indirect savings by allowing crises assessment and treatment team resources to be better focused.

Further, a single state-wide access number would be easier to promote and made accessible for consumers, particularly those individuals potentially requiring multiple service support.

More broadly, the mental health system needs to examine incentives that encourage clinicians and hospitals to consider pathways to care other than admission. Concomitantly, there needs to be greater investment in community services that are an alternative to hospitalisation.

#### **10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?**

There is welcomingly growing community awareness that mental health is a significant economic, medical, personal, and social issue with concomitant costs for families, individuals and the community.

The challenges are to not only maintain such awareness, but ensure the pathways for help are widely recognised, understood, and effective. It is thus important that current support services are widely recognised and any improvements communicated to the community in an easily understood way.

#### **11. Is there anything else you would like to share with the Royal Commission?**

No.

## Conclusion

Improving the mental health system will deliver tangible benefits for individuals, families, and the community.

One of the most important issues to consider is more effective and coordinated care pathways that not just deliver better mental health outcomes, but encourage people to seek and access effective help if they need it.

Consequently, Medibank proposes that the Royal Commission consider recommending:

- **A trial pilot model of mental healthcare service coordination** that centres on delivering better health outcomes for patients. A comprehensive service coordination approach is different from the *status quo* and poses an arguably better way to address the needs for people experiencing mental health issues.
- **Improved clinical triage for mental health care in Victoria.** A single telephone service delivering quality acute triage can improve client outcomes and allow crises assessment and treatment team resources to be focused on the clients most in need – thus improving mental health outcomes.

Both of our proposals are intended to improve health outcomes for patients with mental health issues.

Our key point is that reforms are necessary to ensure individuals (and their families) have more effective, supportive, accessible, co-ordinated and easily understood mental health services.

The Royal Commission should consider a large array of reforms – both small and large – and settle on a suite of measures that will deliver better mental health care for our community.



## Endnotes

- <sup>1</sup> Australian Institute of Health and Welfare (2019) *Mental Health Services – In Brief 2018*, Canberra.
- <sup>2</sup> NOUS Group (2013) *The Case for Mental Health Reform in Australia: A Review of Expenditure and System Design*, Melbourne, p.2.
- <sup>3</sup> Productivity Commission (2019) *The Social and Economic Benefits of Improving Mental Health*, Canberra, pp.8-10.
- <sup>4</sup> For example: Victorian Government (2015) *Mental Illness Statistics*,  
<https://www.betterhealth.vic.gov.au/health/ServicesAndSupport/mental-illness-statistics>, accessed on 24 April 2019.
- <sup>5</sup> HealthDirect (2019) *Mental Illness*, <https://www.healthdirect.gov.au/mental-illness>, accessed on 26 April 2019,
- <sup>6</sup> NOUS Group (2013) *The Case for Mental Health Reform in Australia: A Review of Expenditure and System Design*, Melbourne, p.2.
- <sup>7</sup> Australian Medical Association (2018) *AMA Position Statement: Mental Health*, pp.1 and 4.
- <sup>8</sup> The contribution of private health insurance more broadly to mental health expenditure and services is detailed in Private Healthcare Australia (2019) *Submission to the Productivity Commission Inquiry into Mental Health*, Canberra.
- <sup>9</sup> Australian Government (2015) *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, Canberra. Poor coordination and system fragmentation are noted throughout the response, such as on p.5: “Poor coordination of planning and service delivery is leading to a service environment that is difficult to navigate, with silos and duplication across providers and funders and inadequate targeting of efforts.”
- <sup>10</sup> Queensland Mental Health Commission (2019) *Productivity Commission Inquiry into Mental Health – Initial Submission*, p.4.
- <sup>11</sup> National Mental Health Commission (2018) *Monitoring Mental Health and Suicide Prevention Reform*, Sydney, p.37.
- <sup>12</sup> Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR. (2015) *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Canberra: Department of Health; see also Mission Australia (2017) *Youth Mental Health Report: Youth Survey 2012-16*, and Kessler, RD et al. (2005) “Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication,” *Archives of General Psychiatry*, 62: pp. 593-602.
- <sup>13</sup> See, for example: Fuller, J.D. et al (2011) “Effectiveness of Service Linkages in Primary Mental Health Care: A Narrative Review Part 1,” *BMC Health Services Research*, April.
- <sup>14</sup> Australian Government (2015) *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, Canberra, particularly p.17ff.
- <sup>15</sup> Council of Australian Governments, *The Roadmap for National Mental Health Reform 2012–2022*, Canberra, pp. 6 and 7.
- <sup>16</sup> Victorian Auditor-General (2019) *Access to Mental Health Services*, Melbourne, p.22.
- <sup>17</sup> Family and Community Development Committee (2012) *Inquiry Into Workforce Participation by People with Mental Illness*, Melbourne, p.44.