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RACP Submission: Productivity Commission Inquiry into The Social and Economic Benefits of Improving Mental Health

April 2019

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide a submission to the Productivity Commission's Inquiry into The Social and Economic Benefits of Improving Mental Health.

The RACP is the largest specialist medical college in Australasia, and trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians across Australia and New Zealand. The RACP represents physicians from a diverse range of disciplines relevant to this inquiry, including but not limited to public health medicine, occupational and environmental medicine, rehabilitation medicine and paediatrics.

We note that the Productivity Commission's inquiry covers the role of mental health in supporting social and economic participation as well as the broader goal of improving population mental health.

Our submission focusses on the elements of the inquiry that relate to the work of our members and our health policy priorities. Our members routinely see how mental health impacts and interacts with the general health of their patients and how it can lead to disconnectedness and decreased participation in employment and the broader community.

The RACP is a strong advocate for population mental health and wellbeing and believes that a mentally healthy population is a critical building block for long-term national productivity and prosperity. We understand that enhancing population mental health and wellbeing is the responsibility of all sectors including health, education, employment, social services, housing, and justice. We support the adoption of Health in All Policies (HiAP) across government

The Productivity Commission's issues paper on The Social and Economic Benefits of Improving Mental Health connects mental ill-health with housing problems and homelessness. We recognise that social determinants of health drive health inequalities, including systematic differences in mental health between social groups or by income or education[1]. Our clinicians have seen such impacts first-hand and we urge action on the broader factors that shape mental health.

Our emphasis on HiAP and the social determinants of health informs all our work. This includes the health benefits of good work, physician and trainee wellbeing, Indigenous health and children and young people's health, which all focus on or encompass mental health:

Our work on the health benefits of good work presents a proactive approach to healthy work and workplaces. This focus on work includes our own trainees and Fellows and their workplaces. We hope our contributions in these areas will assist the Commission with recommendations on workplaces and the health workforce.

Further, we have focussed on Indigenous mental health because Indigenous health is a key priority for the RACP and Indigenous people face a disproportionate burden of mental ill-health. We urge the Commission to place significant emphasis on addressing the mental health of Indigenous people, including the social determinants.

We note the Commission has requested submissions on justice and child protection. We have addressed this along with some broader concerns about the mental health of children and young people.

[1] World Health Organisation. Social determinants of mental health. 2014. https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=CFE0B1BEA9D1944F6234346B7974077B?sequence=1

Finally, we note that the Commission is still assessing 'the extent to which substance use disorders and autism spectrum disorders fall within the scope of this inquiry.' We recommend that the Commission consult with key groups including the RACP's Australasian Chapter of Addiction Medicine in relation to this.

1. Health benefits of good work

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the RACP has been actively advocating that governments, insurers, businesses and workers all have a role to play in encouraging "good work" through its Health Benefits of Good Work (HBGW) campaign.

The Productivity Commission's issues paper rightly recognises the connection between work and mental health. Work is a determinant of health and wellbeing and conversely poor mental health makes workforce participation harder. Further, the issues paper highlights the value of mentally healthy workplaces for both employees and employers, and the economy more broadly.

We also note the recognition in the issues paper that unemployment is associated with psychological distress. Further to this, we highlight that this impact extends to suicide. In Australia, unemployed women have a suicide rate 8.4 times that of employed women, and unemployed men have a suicide rate which is 4.6 times that of employed men.[2]

While being employed is a protective factor from mental ill-health, this is not the case for those in workplaces with poor psychosocial job conditions.[3] The RACP's HBGW campaign recognises the impact of poor workplace conditions and that for work to have a positive impact, it must be 'good work'. This means workers are engaged, have work-life balance, a level of autonomy and job security. The campaign explores how workplaces can become environments for fostering good work. This includes addressing work-related stress. Further, AFOEM physicians report that if workers encounter a work-related illness or injury within poor working environments, they often appear reluctant to return to work, and seek ongoing certification as being unfit to do so.

AFOEM is also a member of the National Mental Health Commission's Mentally Healthy Workplace Alliance, which commissioned a report on mentally healthy workplaces. A summary of the report sets out potential strategies for creating mentally healthy workplaces. These strategies are wide-ranging from anti-bullying policies to training for leaders and supporting workers' recovery from mental illness.

We believe there is a pressing need to promote and develop a work culture in Australia, which is more caring and supportive of workers at all levels, and this requires good leadership.

To push implementation of the strategies and actions identified by the Commission and in the Mentally Healthy Workplace Alliance report summary, the RACP recommends that workplace-specific interventions need to be embedded in organisational strategy. This should be based on and developed from an understanding of the contextual journey organisations need to follow to create sustainable mentally healthy workplaces. Only if they are implemented in this context, are those workplace-specific interventions and mentally healthy workplace initiatives likely to be successful.

[2] Milner, Morrell, LaMontagne. Economically inactive, unemployed and employed suicides in Australia by age and sex over a 10-year period: what was the impact of the 2007 economic recession? Int J Epidemiol. 2014 Oct; 43(5): 1500–1507.
[3] Butterworth, Leach, McManus, Stansfeld. Common mental disorders, unemployment and psychosocial job quality: is a poor job better than no job at all? Psychol Med. 2013 Aug;43(8):1763-72.

The RACP has developed a Consensus Statement on the Health Benefits of Good Work and is asking organisations to pledge to introduce this into their workplaces. There are over 250 organisations in Australia and New Zealand who are signatories and we recommend all employers to publicly commit to building healthier workplaces by signing on.

1.1 Barriers to fostering mentally healthy workplaces

The RACP is of the view that all organisations have the responsibility to manage work-related risks to their employees and take measures to prevent or minimise those risks. While the economic incentive has been evidenced, as the Commission notes, there is still lack of investment in mentally healthy workplaces.

A Deloitte UK report indicates that there is a varying level of engagement by organisations with mental health workplace wellbeing, with some already investing in it as a strategic priority, while others are still trying to figure out what best practice looks like.[4] The following key challenges identified in Deloitte's report can also be applied to the Australian context:

- Failure to see mental health and wellbeing as a priority due high operational demands and the lack of time, energy and resources.
- Reactive approaches driven by triggers such as employee mental health incidents, rather than proactive and preventative approaches.
- Lack of collective knowledge on best practice.

The RACP maintains that it is vital for the government and organisations to remove barriers to fostering mentally healthy workplaces to improve employees' performance and productivity. Further, the responsibility of successfully providing a mentally healthy workplace, including overcoming potential barriers, must be placed on employers. Further, the RACP supports the obligations on management outlined in the Safe Work Australia's national guidance material.

1.2 Workers' compensation schemes for psychological injury

As the Commission's issues paper highlights, mental ill-health claims are costly and result in relatively more time off work compared to other claims.

The RACP is concerned about the lack of a nationally agreed best practice model for psychological injury claims to support long-term recovery outcomes and safe return to work. This can explain the longer periods of time taken off work for mental health claims. We strongly support early intervention in response to any mental health injuries, putting safeguards in place to prevent further injuries, together with instituting claim management support and assistance to support injured workers' recovery and early return to work.

The RACP supports the measures in Safe Work Australia's framework for improving the claims experience and ensuring it is well-managed.

1.3 Recommendations

- Leadership to promote and develop a work culture in Australia which is more caring and supportive of workers at all levels – including training for leaders and managers on workplace mental health education.

[4] National Mental Health Survey of Doctors and Medical Students. Beyondblue. 2013. (dataset available by request).

- Workplace-specific interventions on mentally healthy workplaces need to be embedded in organisational strategy. This must be contextualised to organisational needs.

- Organisations publicly pledge to building healthier workplaces by signing onto the Consensus Statement on the Health Benefits of Good Work.
- RACP supports the obligations on management outlined in the Safe Work Australia's national guidance material.
- Development of nationally agreed best practice model for psychological injury claims to support long-term recovery outcomes and safe return to work.

2. Physician and trainee wellbeing and workplace culture

The RACP is committed to improving the health and wellbeing of medical professionals. We are concerned about the stress and burnout faced by our trainees and Fellows. Health workers are at the heart of the health system and health system is a large part of the economy. However, physicians across the nation experience high rates of burnout across emotional exhaustion, cynicism towards work, and professional efficacy[5]. According to a survey of junior doctors in NSW only 55 per cent felt that their hospital or training site valued their wellbeing. Burnout in the medical profession puts the health, safety and wellbeing of both workers and patients at risk. Further, all RACP's trainees, like most junior doctors, are actively engaged in work-based postgraduate specialist medical training, which can be demanding and stressful.

Our 2017 position statement on the Health of Doctors outlines our part in improving the health and wellbeing of doctors. However, specialist training is a shared responsibility between government, hospitals, health services, specialist colleges, training supervisors, doctors' own doctors, and doctors themselves. Improving the wellbeing of physicians and trainees through a system-level response from the wider medical professional, hospital system and health authority is critical to increasing the capacity of the health system to operate to its maximum potential and subsequently bolstering the economic growth over the long term.

We acknowledge the cultures of workplace bullying, harassment and discrimination in the hospital system that have recently been in the media. The RACP has zero tolerance towards bullying and harassment and is a signatory to the *NSW Health Statement of Agreed Principles on a Respectful Culture in Medicine*. We urge the development and implementation of a similar health statement across all states and territories.

We seek meaningful commitment from all political parties to work in partnership with the RACP and other healthcare organisations to combat discrimination, bullying, harassment, and racism. This includes taking proactive steps to enable, normalise and accommodate safe work arrangements and implementing practices to support all aspects of a physician's work, training and career development, in a way that is appropriately mindful of family and other care responsibilities. We also urge putting measures in place to better support senior doctors' ongoing professional development and flexible work arrangements.

We are currently finalising our Physician Health and Wellbeing strategy to better support our members. This will include a review of our policies and procedures to ensure there is no inadvertent discrimination or any undue hurdles. Further, we will develop procedures to support at-risk members

[5] National Mental Health Survey of Doctors and Medical Students. Beyondblue. 2013. (dataset available by request).

and their families and colleagues. This will be alongside working with our trainees, Fellows and training settings by offering education and support in creating workplaces where the stigma of ill-health is destigmatised, and the mental wellness of doctors is prioritised.

2.1 Recommendation

The development and implementation of a similar health statement to the *NSW Health Statement of Agreed Principles on a Respectful Culture in Medicine* across all states and territories.

3. Indigenous mental health

The Commission's issues paper recognises the high rates of suicide and gaps in services and support for Indigenous Australians. However, given the ongoing impact of colonisation on the health and wellbeing on First Nations people, the recommendations resulting from the inquiry must not just consider, but prioritise funding and resources for improving Indigenous mental health.

The Uluru Statement from The Heart outlines the systemic and ongoing nature of these impacts and declares:

> *"These dimensions of our crisis tell plainly the structural nature of our problem. This is the* torment of our powerlessness*."*

The RACP supports the Uluru Statement from the Heart and agrees with its identification of the structural nature of the issues Indigenous people have been burdened with. The RACP recognises that the impact of social determinants of health are particularly stark for Indigenous people and have caused the higher rates of disease, mental ill-health, suicide and incarceration they face.

Further, we understand the holistic and life course approach to health and wellbeing that is central to Indigenous people and communities. Dr Tamara Mackean, former Chair of the RACP Aboriginal and Torres Strait Islander Health Committee (ATSIHC), outlines in the RACP Indigenous Strategic Framework 2018-2028:

> "*To us health is so much more than simply not being sick. It's about getting a balance between physical, mental, emotional, cultural and spiritual health. Health and healing are interwoven, which means that one can't be separated from the other."*

We work with the RACP ATSIHC and Australia's peak Indigenous health bodies to Close the Gap. Our Aboriginal and Torres Strait Islander Health Position Statement, emphasises that health is a human right and explicitly states the detrimental impact of both personal and structural racism on health. Internally, our Indigenous Strategic Framework recognises our part in contributing to a healthcare system that is culturally safe. Further our Medical Specialist Access Framework supports and promotes equitable access to specialist care for Indigenous people. Further, we are currently working on a position statement on Indigenous Child Health to enable more effective advocacy for culturally safe and accessible healthcare for Indigenous children and young people.

The RACP urges the government to reduce the intergenerational effects of trauma, loss, racism and social disadvantage. Central to this is recognising self-determination and that the Indigenous concept of mental health encompasses social and emotional wellbeing and putting this at the core of Indigenous-led, evidence-based policy and program development. We recommend that the Productivity Commission develops a suitably encompassing understanding of social wellbeing.

We note the appointment of Mr Romlie Mokak as the first Indigenous Policy Evaluation Commissioner of the Productivity Commission, effective April 2019. We hope Mr Mokak's leadership of the Productivity Commission review of programs and progress towards COAG's Closing the Gap targets will increase the effectiveness of initiatives that aim to improve health outcomes for Indigenous people.

We also note that COAG's recognition of the priority areas identified in the Special Gathering Statement to COAG, which cover not just health and economic development but also, culture and language, education, healing and eliminating racism and systemic discrimination. The Special Gathering's emphasis of these areas is an important consideration for *this* Inquiry in that the dimensions of mental health should not only be understood via the Western biomedical paradigm.

Accordingly, while Mr Mokak is not a Commissioner on this inquiry it would be desirable for the Productivity Commission to develop a draft report that allows these two distinct functions of the Commission (this Inquiry, and the ongoing evaluation of Closing the Gap) to be undertaken in a consistent manner.

We support the National Aboriginal Community Controlled Health Organisation's (NACHHO) pre-budget submission and its policy proposals. The submission reiterates the current inadequacy of primary health care services infrastructure, the need for safe, secure housing, culturally safe early intervention services for Indigenous children and the fundamental requirement that the psychological, social, emotional and spiritual needs of Indigenous people are acknowledged and supported. A key aspect of NACHHO's policy proposals is the call for increased funding for Aboriginal Community Controlled Health Services (ACCHS). The RACP joins NACCHO in this urgent call to provide further funding for Indigenous-led healthcare

3.1 Suicide

Indigenous suicide is a national priority that requires immediate attention, particularly given the recent rates of Indigenous youth suicide. Thirty-five Indigenous people took their own lives in the first three months of 2019. There is a clear correlation between poverty and suicide in Indigenous communities. Western Australian State Coroner, Ros Fogliani's report into the suicide deaths of 13 Aboriginal young people in the Kimberley Region emphasised the effect of intergenerational trauma and systematic inequalities as being factors in the deaths and on the poor mental wellbeing of Aboriginal people in the Kimberley region.

Our joint statement with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and NACCHO on Aboriginal youth suicide calls on the Federal Government to make addressing Indigenous youth suicide a national health priority and implement a coordinated crisis response. This needs to be short-term as well as long-term and must include:

- Secure, long-term funding to ACCHSs to expand their mental health, social and emotional wellbeing, suicide prevention, including increased funding for employing staff.
- Increased training to Aboriginal health practitioners to build on their skills in mental health care and support, including suicide prevention.
- Commitment to developing a comprehensive strategy to build resilience and facilitate healing from intergenerational trauma, designed and delivered in collaboration with Aboriginal and Torres Strait Islander communities.

3.2 Indigenous incarceration

The RACP has serious concerns about the over-representation of Aboriginal and Torres Strait Islander people especially children and young people who are incarcerated, as outlined in our position statement on The Health and Well-being of Incarcerated Adolescents.

The RACP urges action and funding to improve Indigenous mental, social and emotional-wellbeing, focussing on education, counselling, community development and empowerment. We also support the Australian Law Reform Commission's recommendation on justice reinvestment – diverting money spent on imprisonment to community-based initiatives to reduce crime and strengthen communities with a focus on supporting families.

3.3 Recommendations

- The Government enact the recommendations outlined in the Uluru Statement from The Heart.
- The Government supports and promotes equitable access to specialist care for Indigenous people through the uptake of the Medical Specialist Access Framework as part of its Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.
- The Productivity Commission ensures a culturally appropriate understanding of social wellbeing is applied to this Inquiry. The analysis and subsequent recommendations of this Inquiry and the review of Closing the Gap program targets must be consistent in their approach and include Indigenous leadership.
- The Government supports the NACHHO pre-budget submission and its policy proposals.
- The Government addresses:
    - Secure, long-term funding to ACCHSs to expand their mental health, social and emotional wellbeing, suicide prevention, including increased funding for employing staff.
    - Increased training to Aboriginal health practitioners to build on their skills in mental health care and support, including suicide prevention.
    - Commitment to developing a comprehensive strategy to build resilience and facilitate healing from intergenerational trauma, designed and delivered in collaboration with Aboriginal and Torres Strait Islander communities.
- Implement a justice reinvestment approach that uses place-based, community-led initiatives to address offending and incarceration, using a distinct data-driven methodology to inform strategies for reform.

4. Children and young people's mental health

We believe supporting children and young people's mental health is crucial to overall population mental health, which is one of the key elements of the Commission's inquiry. Investing in the mental health and wellbeing of children and young people is a cost-effective way to improve their long-term social, physical and mental outcomes.

The current capacity of mental health services for children and young people is limited, making referral difficult and often excluding children with disabilities. Children and young people with mental health problems require coordinated and comprehensive care involving general practitioners, paediatricians, child psychiatrists and other mental health professionals. Due to limited specialised

mental health services, especially in rural and remote Australia, the role of the paediatrician is particularly important.

The RACP will soon launch our position statement on the importance of the early years of childhood (enclosed). Our position statement emphasises how critical healthy infant behaviour and emotional development are for adolescent and adult mental health. It also recognises the infant mental health depends on parental mental health.

Accordingly, our key recommendations in this area are a home visiting program providing support to all parents for the first ten days after birth and a focus on the early identification of parental antenatal and postnatal depression.

Further, our position statement on The role of paediatricians in the provision of mental health services to children and young people recommends that governments capitalise on the knowledge and experience of paediatricians, and other child and adolescent health professionals, to develop effective models of mental health care service delivery for children and young people.

Further, we support the recent Medicare reforms to include clinical psychologists for the management of mental disorders and recommends the involvement of other providers such as schools and carers.

4.1 Youth justice

The RACP acknowledges the Commission's recognition of the connection between justice and child protection and the higher rates of mental illness of incarcerated people. We appreciate that the issues paper acknowledges the impact of incarceration on mental health and the longer-term impact on children and youth who encounter the criminal justice system.

Further, medical evidence[6] shows that children aged 10 to 14 years lack the emotional, mental and intellectual maturity to have a full understanding of their decisions and complete control of their impulses. Moreover, the health needs of children in detention are greater than adolescents in non-custodial settings.

Accordingly, we support the recommendation in the Royal Commission's report on the Protection and Detention of Children in the Northern Territory (NT) to raise the age of criminal responsibility. We believe this age should be raised to at least 14 years.

As mentioned in the Indigenous health section above, Indigenous people continued to be over-represented in the justice system, and this includes Indigenous youth. The Royal Commission considered the issue of institutional or systemic racism with 100% of the children in detention at that time in the NT being Indigenous. Accordingly, any approach to addressing the mental health of children who have been in contact with the criminal justice system, must be culturally safe and have Indigenous input. Further, we join NACCHO in their call for the reduction in the proportion of Indigenous children and young people in out-of-home care and detention.

Finally, the current youth justice health system model in some states and territories is inadequate. We understand that there is no forensic child and adolescent psychiatry service in the Northern Territory to provide assessment and support to children and young people in detention. The responsibility falls

[6] RACP submission to National Children's Commissioner report: Australia's progress in implementing the United Nations Convention on the Rights of Children. RACP. 2018. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-national-childrens-commissioner-report-australias-progress-implementing-the-united-nations-convention-on-the-rights-of-the-child.pdf
The Children's Report. Australian Child Rights Taskforce. 2018. https://www.unicef.org.au/Upload/UNICEF/Media/Documents/Child-Rights-Taskforce-NGO-Coalition-Report-For-UNCRC-LR.pdf

on the primary health care service (with or without collaboration with the consulting paediatric service), to manage complex, acute and chronic mental health and behavioural problems. We urge the government to develop and implement an appropriate model of care for incarcerated children and adolescents across all states and territories.

4.2 Child protection

The Commission's issues paper recognises that mental ill-health is widespread among children and young people in the child protection system and recognises the trauma that they have often experienced.

Our paediatricians and adolescent physician members are increasingly being asked to manage the complex trauma, attachment histories and behavioural and mental health issues of children in out-of-home care.

We recommend investment in the provision of adequate psychological assessment, psychological, long term trauma informed support and management of medication by psychiatrists for children in child protection system, particularly those in out of home care.

Our position statement on the Health of Children in Out-of-Home Care from 2008 outlines a number of recommendations to improve the overall health and wellbeing of children in out-of-home care including mental health screening using accessible and validated tools; promoting the use of fast tracking therapeutic services, given the often, small window of opportunity available due to transient care placements; and ensuring that such services are provided for all health needs and in particular mental health needs. Over a decade has passed since our position statement, however, the recommendations remain relevant, and we call for urgent implementation of the suggested approaches.

4.3 National Disability Insurance Scheme

The RACP recognises that National Disability Insurance Scheme (NDIS) is not a focus of this inquiry. However, we are unclear about the availability of support services for people with psychosocial disabilities. Although the recent introduction of the 'psychosocial disability stream' will help improve provision of specialised planners and better linkages between the NDIS and mental health services, concerns remain for ineligible applicants and those who are not currently engaged in the NDIS system.

Further, we are concerned about the gap in the NDIS for children and young people and the lack of clinicians with appropriate training. The considerations and recommendations in our position statement on The role of paediatricians in the provision of mental health services to children and young people need to be taken into account to ensure the NDIS is broad and flexible enough to cover the mental health needs of children and young people.

4.4 Recommendations

- Implementation of a home visiting program providing support to all parents for the first ten days after birth.
- Appropriate resourcing and training for health professionals to enable the early identification of parental antenatal and postnatal depression.
- In line with the recommendation in the Royal Commission's report on the Protection and Detention of Children in the NT - raise the age of criminal responsibility to at least 14 years.

- Mental health services for Indigenous children in contact with the justice system must be culturally safe and Indigenous led.
- Governments to develop and implement an appropriate model of care, including access to forensic child and adolescent psychiatry services, for incarcerated children and adolescents across all states and territories.
- Provision of appropriate mental health screening and early intervention and support for children in the child protection system, especially those entering out-of-home care.