Productivity Commission Inquiry into Mental Health

MHCC ACT – 2nd Submission

Mental Health Community Coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

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About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation which was established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGO) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness.

The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services

- To represent our members and provide advice that is valued and respected

- To showcase the role of community managed services in supporting peoples' recovery

- To ensure MHCC ACT is well governed, ethical and has good employment practices.

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Executive Summary

This is MHCC ACT 3rd contribution on behalf of its members to this important Productivity Commission inquiry process.

To a large extent the success of this inquiry depends on political, professional and community will, alongside the courage and tenacity to implement recommendations. There is already a huge amount of existing evidence, reports, inquiries and recommendations relating to mental health and wellbeing in Australia and from other countries.

In response to the request made by PC Commissioners during the Canberra hearings, MHCC ACT has focused this submission in the areas of:

- Funding for initiatives, frameworks and programs
- Defining the NGO community mental health sector
- Recovery
- Trauma
- Socio-economic determinants of mental health and wellbeing

Australia's population is growing and so is the call on mental health and wellbeing services. The benefits of good mental health and wellbeing are self-evident as well as well-documented. However, it remains an area desperately in need for an injection of funding to match the prevalence and burden of disease.

Mental health and wellbeing investment is also in need of a change in focus towards community based early intervention, prevention, education and specialist mental health services and supports. A broad socio-economic determinants approach must be taken to improving and ensuring population mental health and wellbeing. Doing all this will improve outcomes for everyone, including by easing demand on tertiary mental health services and thereby allowing them to provide more support to those in need of it.

MHCC ACT notes its support for the Submissions made to this process by CMHA, our member organisations in the ACT[1], and out state and territory counterparts[2].

Recommendations

RECOMMENDATION 1: Adequate funding and realistic timelines to properly implement recommendations and outcomes from existing government initiatives, including:

RECOMMENDATION 2: Improve understanding of NGO community mental health services

RECOMMENDATION 3: Invest in sustainable robust NGO community mental health services

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[1] https://www.mhccact.org.au/our-members
[2] https://cmha.org.au/about-us/who-we-are/

RECOMMENDATION 4: Invest in a highly skilled and experienced NGO community mental health workforce to meet the full range of mental health needs

RECOMMENDATION 5: All mental health and wellbeing services are founded on best practice recovery principles

RECOMMENDATION 6: Invest in widespread understanding of trauma and how to provide trauma informed services, including outside the mental health sector

RECOMMENDATION 7: Develop a National Wellbeing Index for Australia and give it equal status to economic indicators in government decision making

RECOMMENDATION 8: Take a broader approach to socio-economic determinants of mental health and wellbeing in the final PC report

RECOMMENDATION 9: Reduce disadvantage in society by identifying and addressing systemic socio-economic barriers

RECOMMENDATION 10: Prioritise development and implementation of policies and programs to address the impacts of climate change on mental health and wellbeing

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RECOMMENDATION 11: Fund the development of a national trauma, mental health and wellbeing response framework for people impacted by climate related emergencies

RECOMMENDATION 12: Improve understanding of how to make 'reasonable adjustment' for employees with mental illness and psychosocial disability. Make financial support available for organisations to do this.

RECOMMENDATION 13: Invest in mentally healthy workplaces and more effective protection for victims of workplace bullying and harassment

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The economic benefits of mental health and wellbeing

Introduction

MHCC ACT welcomes the opportunity to make a submission in response to the Productivity Commissions draft report (October 2019). We also appreciated the opportunity to appear before the Commission when it held its hearings in Canberra.

MHCC ACT, its member organisations, umbrella organisation Community Mental Health Australia (CMHA), and its State and Territory counterparts, see this PC process as having the potential to lead to some much needed change in the services, supports, organisations and sectors which collectively influence the mental health and wellbeing of all Australians. It is well documented what the economic benefits arising from this are.

MHCC ACT has focussed this submission on the areas which we were asked to by the Commissioners in Canberra. These are:

- What is the NGO community mental health sector?
- What is recovery in the mental health context and why is it important?
- Why is trauma informed care important and why does it need to be more broadly understood?

In addition, we have included a focus on the socio-economic determinants of mental health and wellbeing including some recommendations to do with climate change and workplaces.

In writing this submission, MHCC ACT has also been informed by a survey (46% response rate) conducted with member organisations undertaken specifically for this purpose. See Attachment 1 for the questions and responses.

Recommendations

A. FUNDING FOR EXISTING PLANS AND INQUIRY RECOMMENDATIONS

How this relates to the Productivity Commission draft report:
➢ *Generally applicable*

RECOMMENDATION 1: Adequate funding and realistic timelines to properly implement recommendations and outcomes from existing government initiatives, including:

- **5th National Mental Health and Suicide Prevention plan**
- **Recommendations from the 2019/20 Productivity Commission inquiry into the social and economic benefits of improving mental health**
- **The Tune and other reviews of the NDIS**
- **The National Framework for Recovery Oriented Mental Health Services**
- **Standards and Safeguards requirements**

How?
- Additional resources are usually needed to ensure the effective implementation of work programs, recommendations and requirements
- Ensure a collaborative inclusive approach between different levels of government and between government and non-government entities to develop and implement successfully
- Ensure effective open communication around timelines, processes, expected outcomes, evaluation of outcomes, and learnings for future refence.

Why is this important?
- Additional investment is needed in population mental health and wellbeing
- More integration and less fragmentation is needed to improve the mental health and wellbeing system and the services, supports and relationships that constitute it
- Rushed processes lead to suboptimal outcomes and unintended negative consequences Using codesign type principals takes time but leads to better results.
- A lack of funding and adequate timelines often shifts risk and responsibility to service providers and users
- A culture of continuous quality improvement is needed to achieve better outcomes
- Plans and inquiry recommendations provide a much needed framework for priorities and decision making at all levels
- Due to the breadth and depth of expertise and analysis underpinning these reports and plans, they provide important guidance to improving mental health and wellbeing outcomes for all Australians.

Explanation
Significant time and financial investment is made by government and non-government stakeholders into these plans and reports. As such they are informed by a wide range of expertise. Funding appropriate and effective implementation represents best value to tax payers.

The reality is however that governments often require implementation of inquiry recommendations without new funding. Notwithstanding budgetary constraints, the extent of underfunding of mental health and wellbeing services is well documented, so these constraints are difficult to justify and make it difficult to achieve improvements.

B. THE VITAL ROLE OF NGO COMMUNITY MENTAL HEALTH SERVICES

How this relates to the Productivity Commission draft report:

➢ *Reform area 1: Prevention and early intervention for mental illness and suicide attempts*
➢ *Reform area 2: Close critical gaps in health care services*
➢ *Reform area 5: Fundamental reform to care coordination, governance and funding arrangements.*

RECOMMENDATION 2: Improve understanding of NGO community mental health services[3]

How?

- Invest in a more thorough and widespread understanding of the distinct and vital role of NGO community organisations in improving and supporting the mental health and wellbeing of Australians
- Improve understanding of the value for money proposition that these organisations represent by supporting people to live well in their community and reducing the demand on more expensive and intensive tertiary services
- Map the range of services and supports provided by NGO community mental health organisations. Ensure that prevention, early intervention and promotion services are included in this.
- Ensure NGO community organisations are explicitly included and referenced in government studies, inquiries, planning and research into mental health and wellbeing
- Improve the interface between government/public community mental health services and NGO community mental health services, including by sharing recovery and care plans and focussing primarily on consumer and carer needs and experiences.

Why is this important?

Despite efforts to the contrary, the NGO community mental health sector remains poorly understood and is often missed in analyses on the mental health and wellbeing system as a result.

Mostly when community mental health services are referred to it is with respect to government provided community services with close links to hospitals. This results in their important role being well understood while the rest of community services – those provided by NGOs - are underestimated, misunderstood or forgotten.

The NGO community mental health sector plays a vital role in delivering specialist mental health services outside of hospital settings. These non-government organisations offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness. They are based on principles of social inclusion, recovery, and being trauma informed.

A well-developed community mental health sector reduces institutionalisation of people with lived experience by instead supporting them to live contributing lives in the community. This

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[3] Refer to the submission to this part of the PC Inquiry from Community Mental Health Australia (CMHA), our umbrella organisation, for a discussion of the many ways that this part of the mental health sector is referred. Naturally this lack of clarity causes confusion about who we are and what we do.
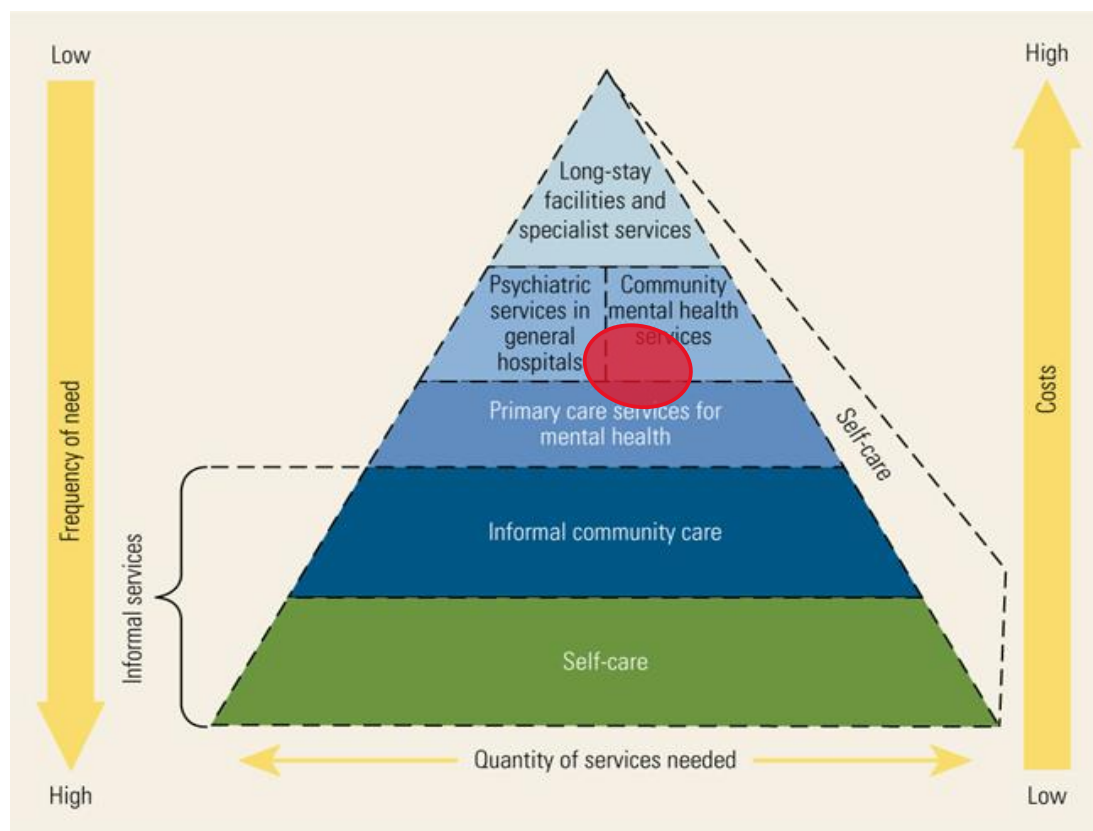
sector also reduces the rate of crisis interventions required which currently put a strain on emergency services and hospital beds, and therefore government budgets. NGO organisations play a distinct and important role in this, and in doing so offer a good value for money proposition.

Explanation

The following diagram was developed by the World Health Organisation. It is also referenced in the 2012 Community Mental Health Australia report, 'Taking our place – Community Mental Health Australia' which aimed to improve the level of understanding of the critical role of not-for-profit, non-government community mental health services — which are delivered in partnership with people affected by mental illness and public, private and primary health care services — to ensure the economic, social and emotional health and well-being of all Australians. This remains one of the best sources on this sector.

The red circle on diagram 1 represents the range of services provided by NGO community mental health services. Due to the overlap with other services it is difficult to neatly represent this sector in this diagram – however, as indicated it most neatly fits with secondary mental health services delivered in community settings. Additionally, the diagram completely leaves out the critical early intervention, prevention and mental health education and promotion services provided by the NGO community sector. It also does not capture the more recent evolution of psychosocial disability – NDIS – services.

Diagram 1: The optimal mix of services for Mental Health - WHO [4]

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https://www.who.int/mental_health/policy/services/2_Optimal%20Mix%20of%20Services_Infosheet.pdf sited 21/1/20

To date this group of community based mental health services have most commonly been referred to as:

- Community managed mental health support services OR

- NGO community support services OR

- Phsychosocial support services

In this report we will refer to them as <u>NGO community mental health services</u>. They are made up of specialist, non government, psychosocial support services largely provided by community managed, not for profit organisations as indicated in red in the diagram 1. focuses more on the specialist non clinical aspects of recovery and community reintegration. It is trauma informed, person centred and responsive to the episodic nature of mental illness.

Historically this sector has been poorly defined and therefore often overlooked in studies and inquiries of this kind. It is also often erroneously confused with other community based services such as those provided by government which are by nature more clinically focussed, usually closely aligned with a hospital and controlled by local/state/territory government. It is also not to be confused with 'informal community care/supports' in that it is being provided by qualified paid professionals as part of a business which is accountable to funders. Some of these organisations employ volunteers as part of their business model but even they are not to be confused with informal community supports.

To have a complete understanding of the mental health system and how it works best, it is important that the unique characteristics of the NGO community mental health services sector are properly understood – even more so given the mounting evidence that this is where investment is increasingly seen to have the greatest return. It is the work done in this sector which is so successful at keeping people out of hospital and engaged in their community; and supporting people on their recovery journey (including by reducing the rate of relapse) after they have been in hospital. This reduces pressure on the more expensive hospital and public community mental health services. It also contributes to the economy in terms of increased economic activity.

These organisations also support people on their recovery journey after they have been in hospital. They are also important due to their capacity to respond well to the episodic nature of mental illness given they have the flexibility and person centred approach underlaid by recovery principles and a trauma informed approach.

Attempts have been made to define and label this sector in the past[5] but as yet no definitive answer has been found and commonly adopted. The '*Taking Our Place*' 2012 report by Community Mental Health Australia made an excellent contribution to this issue. One of the difficulties in differentiating this part of the mental health system is that while the types of supports and services provided can be categorised mostly as secondary, this sector also sometimes provides primary (eg. a resident GP), and tertiary (eg. psychologist) services – increasingly so in recent times with commissioning organisation such as PHNs requiring the inclusion of clinical staff in community service delivery models.

Difficulty in defining this sector has in turn contributed to other issues such as appropriate workforce qualifications, development and career paths; funding models; recruitment and retention of appropriate staff; data collection; evaluation; and standards and safeguards. The

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[5] https://cmha.org.au/publications/ sited 17 January 2020

introduction of the NDIS has manifestly worsened many of these issues for the delivery of psychosocial disability services due to the funding model and approach to psychosocial disability – while some of these issues are starting to be addressed there is a long way to go still.

RECOMMENDATION 3: Invest in sustainable robust NGO community mental health services

How?

- Ensure the full costs of service delivery are paid for
- Longer funding cycles and with more certainty around their status
- Ensure ongoing strong mental health peak bodies to work collaboratively with consumers/carers/services providers and the government to achieve positive change and inform policy and programs
- Recognition that simple free market principles will not on their own deliver the best outcomes for the mental health and wellbeing of all Australians
- Ensure best practice contract design and management to facilitate optimal outcomes
- Value local knowledge and expertise.

Why is this important?

As is stated many times in this submission, NGO community mental health organisations provide good value for money in terms of supporting people to stay well in their community and reducing the demand for more expensive and intensive acute services. This is also one of the themes explored in the Productivity Commission draft report on Mental Health (October 2019).

The majority of these organisations are not-for-profit and for-purpose organisations. To be robust and sustainable they, like others, need a level of financial stability and certainty to have the ability to innovate and invest in their staff, services and processes. Also, like any other organisations they will respond rationally to market signals.

Explanation

Member organisations have been reporting to MHCC ACT for some years now that the changes to their operating environment since the introduction of the NDIS and, to a lesser extent the commissioning role given to the Primary Health Network (in Canberra the Capital health Network), have introduced vulnerabilities in the sector not previously experienced.

Key issues include:

- Organisations are not being paid the true cost of service delivery
- Conflicting messages from government funders: requiring no duplication of services on the one hand (even when there is unmet demand) while on the other being required to behave more like a market driven business (even while this 'market' is strictly defined by government)
- Less opportunity and incentive for the type of collaboration between organisations which is so central for specialist mental health services in taking a responsive, whole of person approach to support
- Local knowledge and expertise is not being valued; often there is an expectation that it be given freely, including to government, big consulting firms and organisations new to the local market. This is unsustainable.
- Government programs and decisions often drive fragmentation instead of integration – with different funding bodies having different objectives, eligibility criteria, operating

frameworks, contracts, definitions, reporting, terminology, etc. This can undermine the values and mission of this sector by leading to gaps in service and making it difficult for organisations to provide recovery focussed, responsive, holistic, person centred services.

- Best practice – eg. codesign, partnerships, engagement, evaluation, evidence informed programs and policies – is often difficult to achieve due to funding and time constraints
- Significantly increased, unfunded administrative burden
- A shift of risk to service providers and service users
- The movement of government funding associated with the introduction of the NDIS has led to the loss of a range of highly effective services – such as Personal Helpers and Mentors (PHaMs) and Partners in Recovery (PIR) – with no equivalent to replace them and not all participants of these services entering the NDIS. This is particularly an issue for people with the most complex needs.

RECOMMENDATION 4: Invest in a highly skilled and experienced NGO community mental health workforce to meet the full range of mental health needs

How?

- Explore ways to support community organisations address impediments to best practice induction, training and development
- Invest in a national framework and support for the widespread understanding and employment of a professional peer work force
- Work with the Commonwealth Government and the NDIA to change the NDIS financial model so that service providers can offer competitive pay, conditions and employment security to their employees (ie. pricing reflects the real cost of delivering appropriate services).
- Explore ways to establish career pathways in the community mental health sector
- Ensure government contracts and contract management provide sufficient job security to help attract and retain staff. MHCC ACT members support the notion of 5-10 year minimum contracts as touched on in the PC draft report.

Why is this important?

- Competitive remuneration, employment security, and adequate training, development and career opportunities are paramount to attract and retain an appropriately skilled workforce.
- A skilled workforce allows for the full range of appropriate services to be offered, so people with mental health challenges are able to recover and actively contribute to the community including by studying; volunteering; working and paying taxes; and expending income
- Without such a skilled workforce it is difficult to deliver appropriate supports and services meaning people inevitably become more unwell resulting in pressure on other government services, including acute health services, the justice system and housing.

Explanation

MHCC ACT stakeholders are unanimous in their experience that since the changes introduced by the NDIS, and to a lesser extent PHNs, it has become more difficult to attract,

retain and invest in an appropriately skilled workforce. This is an ongoing issue and is at a critical juncture. The key issues include:

- Increased casualisation due to a more fluid operating environment with much tighter margins
- Tighter operating margins allow limited capacity for the time and cost involved with induction, training and development of staff
- Inability to employ appropriately skilled staff, particularly for those with the most complex needs

This is particularly the case when it comes to the workforce providing NDIS services where we are seeing the emergence of a situation whereby the 10% of people with the most complex disabilities associated with mental health are being supported by the least qualified staff. *"The most vulnerable workforce is looking after the most vulnerable in the community."*[6]

In recognition of these types of issues, the Australian Health Services Union has launched a campaign about the detrimental impact of wages and conditions of NDIS workers:

> *"The National Disability Insurance Scheme (NDIS) is a desperately needed and well intentioned piece of social reform. However, in many cases, the very people it's meant to help – people with a disability – and the workers employed to support them, are both worse off under it."*[7]

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[6] Stakeholder quote from MHCC ACT budget consultation 29 August 2019
[7] https://hsu.net.au/campaigns/support-disability-support-workers/ sited 22 January 2020

C. RECOVERY FOCUSSED AND TRAUMA INFORMED

How this relates to the Productivity Commission draft report:

➢ *Reform area 1: Prevention and early intervention for mental illness and suicide attempts*
➢ *Reform area 2: Close critical gaps in health care services*

Recovery focussed

RECOMMENDATION 5: All mental health and wellbeing services are founded on best practice recovery principles

How?

- Provide adequate resources to consolidate understanding and allow implementation of best practice recovery-oriented principles and practices in all mental health and wellbeing services, to the extent that is appropriate.
- Clarify and promote understanding of the term 'recovery' as it applies to mental illness
- Invest in multi-disciplinary recovery focussed and trauma informed teams/centres to support consumers to live a meaningful life on his/her terms.
    - Mix of clinical, NGO mental health services, mainstream services
- One recovery treatment plan involving developed in genuine between service providers and the consumer and their carers
    - Allow for flexibility in the plan to adjust to the episodic nature of mental illness

Why is this important?

A recovery-oriented approach is the most effective, evidence-based way of supporting people to maintain a level of wellness which allows them to reintegrate into their communities and mainstream life, according to their individual aspirations

It focusses on the needs of the people who use services rather than taking a prescriptive approach according to the organisation which delivers them. Recovery is a non-linear ongoing process, it is based on giving people hope, encouragement, and the tools and ability to live a fulfilling life on their terms.

Explanation

Dr Stephen King in his speech[8] at the Grace Groom Oration on 25 November 2019 stressed that the focus of the Productivity Commission is to create a mental health system that is consumer centred. He stated that the only value of a service is measured by how it is perceived by the consumer and their carers.

This view, while laudable, is not new. A person centred approach to mental health and wellbeing has been advocated for a long time by consumers and carers and there are many policy and planning documents with this sentiment imbedded. For example, the National Framework for Recovery-Oriented Services, the Fifth National Mental Health and Suicide Prevention Plan, and Vison 2030 from the Mental Health Commission, all put the consumer central.

Despite all these intentions the reality is different for many people with lived experience. What is needed is a fundamental shift within the mental health sector departing from a focus
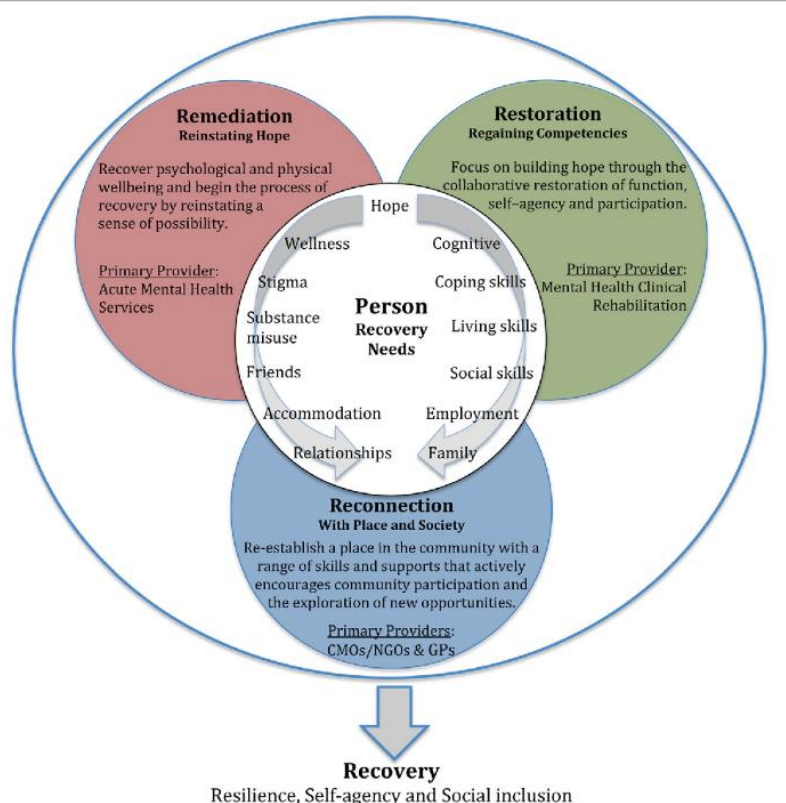
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[8] Grace Groom memorial speech - Dr Stephen King, 2020

on a clinical model with its emphasis on diagnosis, deficit and dependency to a recovery model with a focus on the person, self-determination and empowerment.

For this model to work the following needs to happen:

- Cultural shift within mental health services to be more responsive and focused on individual consumer needs and objectives. While this is the intention of the NDIS, with its stated objective of consumer choice and control, it is an evolving model and someway yet from uniformly achieving this objective
- A multidisciplinary approach to support consumers and their carers
- Widespread trauma informed service provision, including for non-health related services

The Integrated Recovery-oriented Model (IRM[9]) for mental health services could be used as a starting point to understand the complexity of such a model and provide the tools to improve the Australian mental health system. The IRM puts the person central and all services are built around his/her needs and capabilities, allowing people to live a meaningful life. Transition to services and support is seamless and adapted to the episodic nature of mental health. This requires one treatment plan co-designed and co-produced by all involved stakeholders with the needs and goals of the person with lived experience central.

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[9] Frost, B.G., Tirupati, S., Johnston, S. *et al.* An Integrated Recovery-oriented Model (IRM) for mental health services: evolution and challenges. *BMC Psychiatry* **17,** 22 (2017) doi:10.1186/s12888-016-1164-3

Trauma Informed

RECOMMENDATION 6: Invest in widespread understanding of trauma and how to provide trauma informed services, including outside the mental health sector

How?

- Widespread training in trauma informed care and education around trauma
- Consolidation, development and provision of best practice resources on trauma and trauma informed care
  - An excellent example of this is the recent New Zealand national resource on trauma informed approaches.[10]
- A public education campaign about trauma
- Government policy commitment to eliminating intergenerational trauma

Why is this important?

Trauma is a leading cause of mental illness. The cost of not having Trauma Informed Care is high both for consumer and society. It can lead to re-traumatizing and escalation of the mental health issues leading to crisis and hospitalisation.

In a trauma informed support system, service providers have knowledge and understanding of the impact of trauma on people's life and act accordingly. Trauma informed services need to be a central part of any prevention and early intervention policy. There is a lot of evidence that shows the benefits[11] of trauma informed services for consumers, carers and staff.

There is a need for a more widespread understanding of trauma, how it manifests, how to respond to it, and how to prevent intergenerational trauma. This applies equally to mental health services as it does to other parts of society such as health, disability, education, public services and workplaces.

Intergenerational trauma is often seen in children of parents living in insecure housing, with low education levels, under financial duress and suboptimal mental health and wellbeing. Addressing the associated policy areas will help avoid trauma and intergenerational trauma. One's ability to cope is impacted by the level of trauma a person has encountered in life. (See the next section on Socio-Economic determinants of mental health and wellbeing.)

Explanation

Trauma-Informed Care is not about treating symptoms or issues related to sexual, physical or emotional abuse or any other form of trauma but rather to provide support services in a way that are accessible and appropriate to those who may have experienced trauma[12]. Trauma can be defined as a psychological emotional response to an event or an experience that is deeply distressing or disturbing. Everyone processes a traumatic event differently because we all face them through the lens of prior experiences in our lives:

> "*The impact of trauma can be subtle, insidious, or outright destructive. How an event affects an individual depends on many factors, including characteristics of the*

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[10] Weaving together knowledge for wellbeing: trauma informed approached

[11] https://yourexperiencesmatter.com/learning/trauma-informed-care/benefits-of-being-trauma-informed/

[12] Harris, M. & Fallot, R. D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services.* San Francisco: Jossey-Bass

individual, the type and characteristics of the event(s), developmental processes, the meaning of the trauma, and sociocultural factors."[13]

To be effective in providing recovery-oriented support, services need to be trauma informed.[14] Trauma-Informed Care requires the system to make a paradigm shift from asking, "*What is wrong with this person*?" to "*What has happened to this person*?". The intention of Trauma-Informed Care is not to treat symptoms or issues related to sexual, physical or emotional abuse or any other form of trauma but rather to provide support services in a way that is accessible and appropriate to those who may have experienced trauma[15].

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[13] *(Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014, chapter 3.
Available from: https://www.ncbi.nlm.nih.gov/books/NBK207201/)*

[14] https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf; http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html

[15] Harris, M. & Fallot, R. D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services.* San Francisco: Jossey-Bass

D. SOCIO-ECONOMIC DETERMINANTS OF MENTAL HEALTH AND WELLBEING

How this relates to the Productivity Commission draft report:

➢ *Reform Area 3: investment in services beyond health*
➢ *Reform area 4 assistance for people with mental illness to get into work and enable early treatment of work-related mental illness.*

RECOMMENDATION 7: Develop a National Wellbeing Index for Australia and give it equal status to economic indicators in government decision making

RECOMMENDATION 8: Take a broader approach to socio-economic determinants of mental health and wellbeing in the final PC report

RECOMMENDATION 9: Reduce disadvantage in society by identifying and addressing systemic socio-economic barriers

How?

- Improve understanding of the widespread benefits to all Australians of reducing socio-economic inequality
- Recommend evidence-based policies to address the socio-economic inequities in Australia
- Reform policies that negatively affect people of disadvantaged backgrounds – especially those which effectively trap people in poverty
- Ensure every Australian has a 'living wage'
- Reduce trauma in services by operating with a trauma informed care policy in all government and non-government service providers
- Learn from the experience of New Zealand and the ACT from the introduction of a Wellbeing Index
- Apply the evidence: see '*Explanation*' below

Why is this important?

A person's mental health is shaped by various social, economic and physical environments operating at different stages of life.[16] Reducing socio-economic disadvantage reduces inequality in our community and has a positive effect on the prevention of common mental health conditions. It helps keeps people out of the mental health and criminal justice systems and improves the overall productivity of the economy.

There is also evidence that the socio economic status of parents can have a long term impact on the mental health and wellbeing of children and adolescents. Creating access to safe housing, education and employment will have beneficial effects on the whole family and future generations.

Explanation

To address the full scale of socio-economic determinants of mental health and wellbeing, the Commission's final report should address more than housing and employment. The impact

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[16] World Health Organisation, Social determinants of mental health 2014

of socio-economic determinants on people's mental health is well established with a clear link between social and economic inequality and poor mental health[17]. *A sharper focus on fundamental inequalities, and the economic system which underpins them, may be critical to addressing the 'upstream' influences on mental health* (Macintyre, 2018).

It is of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age. Action throughout these life stages would provide opportunities for both improving population mental health, and for reducing risk of those mental disorders that are associated with social inequalities (WHO, 2014)[18] .

How to address inequality in our society? The Othering & Belonging Institute at UC Berkeley has suggested 6 areas of policies[19] to reduce economic inequality. Some of the areas they mention are an increase in minimum wage, support for people to build assets by supporting wealth creation and the investment in education. All these policy changes will create stability and allow access to education and skill building which will increase people's changes in the labour market and add to their wellbeing and that of their children. A recent US study showed that even a $1 increase to the minimum wage would have saved thousands of lives ended through suicide[20].

Impact of climate change on mental wellbeing

RECOMMENDATION 10: Prioritise development and implementation of policies and programs to address the impacts of climate change on mental health and wellbeing

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RECOMMENDATION 11: Fund the development of a national trauma, mental health and wellbeing response framework for people impacted by climate related emergencies

How?
- Improve understanding of the mental health and wellbeing impacts of climate change
- The relevant government body develop a suite of policies on the impact of climate change on our society with a focus on psychological wellbeing, socio-economic equality, infrastructure and evidence-based responses
  - Refer to the guidelines released by Community Mental Health Australia for appropriate community embedded mental health and wellbeing response services[21]
- Government policies be assessed with a climate change lens, comparable to gender mainstreaming[22]

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[17] .Addressing the social determinants of inequities in mental wellbeing of children and adolescents, 2015; What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action),2018

[18] Social determinants of mental health, World Health Organisation, 2014
[19] Responding to rising inequality: policy intervention to ensure opportunity for all
[20] A tiny increase could have saved 13,800 deaths in 6 years, Medical News today 2020 – sited 16 Jan 2020
[21]https://cmha.org.au/wp-content/uploads/2020/01/Appropriate-mental-health-supports-services-for-communities-in-a-post-crisis-stage.pdf
[22] https://en.wikipedia.org/wiki/Gender_mainstreaming

Why is this important?

Already reports are showing:

- a link between rising temperatures and an increase in violent deaths, including suicide, especially among young males[23]
- a link between depression and suicide and air pollution[24]
- a link between bushfires and increasing homelessness[25]
- the loss of income either because of drought or fire
- threats to food security
- the loss of community when people are forced to leave their homes
- the trauma for the frontline services and animal rescuers responding to crisis events

Explanation

The end of 2019 and beginning of 2020 has highlighted the impact of climate change on Australia's national psyche and on the mental wellbeing of individuals - both people directly impacted and others who are feeling anxious about the future of our country. The fear is that the fall out of climate change is potential mental health crisis. In 2010 the Climate and Health Alliance was established for exactly such reasons[26].

The consequences of climate change are complex and sometimes not immediately visible. They touch all aspects of everyone's lives but will disproportionately impact on society's vulnerable. Without action this will lead to a further increase in inequality and an increasing prevalence of trauma and mental health issues.

We would like to implore the Commission to look at the far-reaching impact of the consequences of climate change on the mental wellbeing of Australians.

Mental health in the workplace

RECOMMENDATION 12: Improve understanding of how to make 'reasonable adjustment' for employees with mental illness and psychosocial disability. Make financial support available for organisations to do this.

RECOMMENDATION 13: Invest in mentally healthy workplaces and more effective protection for victims of workplace bullying and harassment

How?

- Review the Safety, Rehabilitation and Compensation Act and surrounding policies to make sure it is trauma informed.
- Investigate the use of non-disclosure agreements to cover up bad behaviour and silencing victims of corporate abuse.
- Enforce meaningful consequences for employers and perpetrators who continue to abuse and intimidate staff. For example:
  - create a public database of employers and perpetrators who are known for misbehaving in the workplace

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[23] Higher temperatures increase suicide rates in United States and Mexico,2018

[24] Air Pollution exposure and associations with depression, anxiety, bipolar, psychosis and suicide risk: A systematic review and meta-analysis, 2019; Air pollution, mental health and implications for urban design: a review, 2018

[25] What impact will the bushfire crisis have on homelessness? Probono Australia, sited 15 January 2020

[26] https://www.caha.org.au/about

     o compel employers to (financially) support the victims of abuse during the investigation.

Why is this important

It is well understood how to support employees with physical disability however not at so when it comes to mental illness and psychosocial disability. Additionally, the latter is laden with stigma and myths around mental illness. This also leads to nondisclosure, which in turn leads to more misunderstanding and stigma. It also impacts productivity negatively.

To highlight the magnitude of the issue just in economic terms, the Australian Human Rights Commission estimates up to $36 billion dollars is lost each year from Australian businesses[27] because of workplace bullying. These costs can be attributed to losses in productivity, sickness, lawsuits and even reputational damage. This does not include the (ongoing) mental health cost due to trauma[28].

Explanation

The PC draft report encourages workplaces to employ people with mental health issues. MHCC ACT supports this and is looking forward to Australia improving its rate of employment of people with mental illness, including through more best practice Individual Placement and Support (IPS) programs across Australia[29].

The Commission claims that the current compensation system is adequately protecting people who are suffering mental health injury in the workplace. Unfortunately, that is rarely the case. The current legislation and policies are not working in support of people suffering corporate abuse and (sexual) harassment in the workplace. Making a complaint and receiving compensation and support can tarnish a person's career prospects. It is a scary, complex, long and costly process, adding stress and anxiety to already traumatised people[30]. It is very difficult for individuals to get justice.

Often out of fear for reputational damage, victims are silenced with non-disclosure agreements[31]. This allows bad behaviour to continue and creates toxic workplaces where people are afraid to speak up and testify in support of their abused colleague(s)[32].

Attachment 1

MHCC ACT stakeholder survey

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[27] Good practice, good business: Eliminating discrimination and harassment from your workplace, Australian Human Rights Commission

[28] Bullying and harassment in Australian Workplaces: Results from the Australian workplace barometer project 20147/2015

[29] International IPS Learning Community

[30] Mental health impacts of compensation claim assessment processes, Phoenix Australia, Centre for posttraumatic mental health. Workcover can make matters worse, 2019

[31] Preventing the cover up: Curbing the use of no-disclosure agreements in workplace discrimination and harassment cases, 2019

[32] Workplace harassment and abuse are hugely under-reported, and the problems are only made worse by the fact witnesses hardly speak up, 2019; How manager, co-workers and HR pressure women to stay silent about harassment, 2018; Shutting-up or speaking-up: Navigating the invisible line between voice and silence in workplace bullying, 2017

Introduction.

This brief survey was conducted among MHCC ACT members between 15 December 2019 and 15 January 2020. The survey aimed to draw upon the experience of our members and to give us some insight on their view of some of the issues the Productivity Commission is trying to address.

Questions and answers

What are the main issues the PC should address?

Top 3

1. A whole of life, person centred mental health system (81%)
2. A trauma informed mental health system (81%)
3. Simpler and easier access to mental health services and supports (81)

Other

- A skilled workforce for the NGO community mental health sector (64%)
- A strong NGO community mental health sector (55%)
- A peer Framework (55%)
- Addressing socio-economic determinants of mental health and wellbeing (55%)
- Mental health promotion and stigma reduction (45%)

What does a well-funded mental health system look like?

An easily accessible and affordable system for all, at any given time, with both clinical and psychosocial support tailored to individual needs. With focus on early intervention to avoid escalation and expensive crisis intervention. An affordable, holistic, wrap around approach, that includes non-health services, peer workers that is trauma informed and recovery oriented.

What is your definition of NGO community mental health sector?

There was no clear agreement on how to define the NGO community mental health sector. Reiterating why it is difficult to come up with an all-encompassing definition.

Answers that were given:

- Informative NG access and help
- NGO, NFP services that support people experiencing mental ill health to improve their mental health in a variety of ways
- Redefining the sector to embrace the widening it is experiencing. In essence it is services of all types that are not delivered by government, psychosocial could be used more to define the non-clinical work but the NGO sector also needs to embrace clinical work. NGO bears all risk and responsibility with inadequate funding.
- Services not attached to hospitals, non-clinical therapeutic interventions.
- Peer based and community controlled.
- Community of services that are working together to help individual live the best life they can live.

- Semi-autonomous organisation who can work collaboratively with individuals at the point of need to increase capacity and ability to contribute to their community of choice
- Informative non-government access and help

What do you see is the main role of the NGO community mental health sector?
- Enabling people with lived experience to recover and live a meaningful life (82%)
- Better able to support people with lived experience in their own environment (73%)
- Prevention of escalation, reducing crisis situations and hospitalisations (73%)

What is needed for viable NGO community services?
1. Long term funding (100%)
2. Appropriately trained and skilled workforce (91%)
3. Funding that allows services to respond to individual needs and complexity (73%)
4. Building trust and improve collaboration between all different parts of the system 64%)

Can you give us some examples of initiatives that work well and why?
- Day to Day living (D2DL) used to be accessible to people leaving hospital who are not on NDIS
- Wayback program but with a broader scope to also include people who are feeling suicidal.
- The Woden Community Services Transition to Recovery (TRec) program – supporting people for 3 months after leaving psychiatric unit or people close to hospitalization (ask Pam for more info)
- Partners in Recovery (PIR), Personal Helpers and Mentors Program (PHaMs
- Peer based services for LGBTIQ community cohort
- Recovery College- reduces stigma and creates self-management
- We have just begun to provide an 'earlier intervention' mental health service targeting people with severe mental illness primarily between the ages of 18 and 35 or who are experiencing the mental health system for the first time. It is funded under the National Psychosocial Support Measure (NPSM). It is very small compared to what we had before the NDIS. However, initiatives like this can begin to address the gap created when federal programs like PHaMs, PIR and D2DL programs and locally funded community based mental health services were de-funded to pay for the NDIS.

How do you think we can improve the mental wellbeing of Australians?
- More prevention, early intervention, early in life, episode and first occurrence (82%)
- Addressing the socio-economic determinants underlying disadvantage (82%)
- Stigma reduction, myth busting and mental health promotion (64%)
- Service in the right place with the capacity to respond when needed (64%)
- Easy access support services – no wrong door approach (55%)
- Better referral pathways and collaboration between services, including private, public and not for profit (45%)

In your experience, what are the most effective ways to bust stigma and myths around mental health?
- Peer support and advertising
- Combinations of strategies

- o Broad public messaging
- o Opportunities early on in education system
- o Meeting people with lived experience
- Using the voice of people with lived experience
- Improve the balance of reporting on mental health
- Easy access to information
- Robust peer framework
- Employing peer workers

How can we improve data collection to better inform the design of the mental health system?
- Outcome based data (64%)
- Aligning data sets collected by different funding bodies (64%)
- Publicly available and easily accessible data (45%)
- Investment in data analysis and dissemination of feedback (45%)

What is needed to strengthen the workforce?
- More funding for professional development (78%)
- Longer ongoing contracts (78%)
- Opportunities for career progression (67%)

Additional comments
- Bring back block funding to be able to help all, even non NDIS and new diagnosis.
- Greater trust and acknowledgement from funding provider