**Submission to the Australian Government
Productivity Commission on
The Social and Economic Benefits of Improving Mental Health**

5 April 2019

Contents

Australian Government Productivity Commission -
The Social and Economic Benefits of Improving Mental Health 5 April 2019

Page **2** of **10**

Relationships Australia Victoria (RAV) welcomes the opportunity to provide a response to the Productivity Commission's Issues Paper: The Social and Economic Benefits of Improving Mental Health for the Proposed Inquiry.

QUESTIONS ON STRUCTURAL WEAKNESSES IN HEALTHCARE

Why have past reform efforts by governments over many years had limited effectiveness in removing the structural weaknesses in healthcare for people with a mental illness? How would you overcome the barriers which governments have faced in implementing effective reforms?

RAV is a state-wide, not-for-profit, community organisation that delivers a wide range of family and relationship support services including counselling, family dispute resolution (mediation), relationship education, mental health services and family violence prevention, support and recovery services, including Men's Behaviour Change Programs. RAV has been assisting Victorians since 1948, with services are delivered from 16 locations across metropolitan Melbourne and regional Victoria. RAV is a member of the Relationship Australia Federation of state and territory organisations.

One of the challenges for healthcare in Australia relates to the tiered structure of government - federal, state and local – and the impact that this structure has on funding for and gaps in healthcare services for people with a mental illness. In addition, funding from the Australian Government to the Victorian Government for healthcare has not increased relative to population growth in Victoria, resulting in overextended infrastructure and resourcing, including staffing that has been unable to meet the needs of the growing community. Without such adequate funding and infrastructure, services are unable to operate in ways that meet community needs in timely, responsive and appropriate ways, thus resulting in structural weaknesses in healthcare, in the form of service gaps. These gaps in services are evident across metropolitan Melbourne, however are pronounced in remote and rural areas of Victoria, as well as in significant growth corridors and developing outer suburbs of Melbourne, such as across the City of Melton, one of the fastest growing communities in Victoria[1]. This region, which is predicted to double in population in the next 30 years to the population of Canberra in 2018, doesn't have a hospital, with residents required to travel to hospitals in Footscray or Sunshine, more than 30km away, where they face extended wait periods to see a doctor. Those experiencing mental health concerns – whether acute or chronic, require easily accessible medical support. Services need to be placed-based, accessible and available to ensure that those with mental health concerns are not deterred from or delayed in seeking services, which can consequently impact their overall mental and physical health.

In particular, there have been few mental health services for Victorian young people, including those living in regional and rural areas. Recognising this need for youth-specific mental health services,

---

[1] City of Melton. (2018). Build Melton Hospital. Retrieved from https://www.melton.vic.gov.au/News-Media/Build-Melton-Hospital

Australian Government Productivity Commission -
The Social and Economic Benefits of Improving Mental Health 5 April 2019

Page **3** of **10**

RAV extended its services in 2016 and 2018 by successfully tendering as the lead agency for funding from the Department of Health with contract manager Gippsland Primary Health Network, to open two **headspace** centres in Gippsland, Victoria. The centres were opened in Bairnsdale, in East Gippsland, and Wonthaggi with outposts in Bass Coast and South Gippsland, in 2017 and early 2019, respectively. **headspace** centres aim to improve mental health outcomes for young people aged 12-25 years, with or at risk of mild to moderate mental illness, by offering a comprehensive suite of free or low-cost mental health support services.

In 2017/18, **headspace** Bairnsdale provided 760 clients with 2796 occasions of service, and group and health promotion activities. Over two thirds of the **headspace** Bairnsdale clients were aged 15-17 years (61.82%), with that age group in adolescence presenting with the highest need for mental health intervention.

Within our Clinical Governance Model, critical incidents and risks are monitored, managed and mitigated to prioritise client safety through a Critical Incidents Policy and Procedure, and a Critical Incident Register. In 2018, over 12 per cent of risks reported on this Register related to service delivery at **headspace** Bairnsdale, including incidents involving risk of suicide and family violence, as well as child safety and the need to make reports to Child Protection. These statistics indicate the severity and high level complexity of youth mental health issues in the Gippsland region of Victoria. Of all **headspace** Bairnsdale clients, 15.7 per cent have identified as LGBTIQA+. These individuals experience increased risk of mental illness, due to prejudice, stigma, discrimination, and isolation, which is often particularly present in country areas.

Also in East Gippsland, RAV has delivered i-Connect, an innovative Family Mental Health Support Service for young people aged 18 years and younger and their families, since 2014. The service has experienced consistent demand and demonstrated positive outcomes for clients, with 634 clients supported in 2017/18 through case management, with growing demand for services, particularly from primary school students and their families, in more remote areas of East Gippsland.

RAV is focused on providing vital youth mental health services to young people who are at risk of developing, or experiencing mental health issues, as well as their families. However, as a medium-sized, not-for-profit, community organisation, a major obstacle for RAV is that the costs to deliver these vital mental health services outstrip the funding provided by the federal government to deliver them. As an organisation committed to providing high quality and effective services, and client safety, RAV must subsidise each service to ensure that that the quality of our services and outcomes for clients are not compromised. This unfunded expenditure puts RAV's finances and resources under considerable pressure that is neither economically feasible or sustainable in the longer-term.

For example, RAV's **headspace** centres are funded through the Primary Health Network, which is based on a stepped care model that targets levels of diagnosed mental illness (mild, moderate, chronic and severe), with specific service delivery quotients in time aligned with the diagnosed level of mental illness. This funding for this service delivery model, however does not take into account the on-costs of running such a service: including but not limited to administration, staff training and professional development, supervision, reflective practice, crisis intervention, community engagement, case management, and the overarching management and project costs of programs.

The funding for such programs is also often short-term and uncertain, with community agencies required to make costly commitments to lease and fit out buildings, and to staff, that stretch beyond the guaranteed funding periods, in order to maintain current service delivery and an open door policy to those in need, and to keep the service potentially viable beyond the immediate contract period. While to date, funding has been extended for these mental health services, there is considerable risk in assuming ongoing funding. Both the contract uncertainty and the funding shortfalls to deliver services can and do impact service providers' capacity to tender for and continue to operate these much-needed services.

RAV is committed to youth mental health and is providing essential services to the youth of Gippsland, however increased funding would allow the organisation to deliver the services in efficient and effective ways without undue financial strain and organisational risk. It would support the ongoing prioritisation of effective clinical governance, sufficient staff support and our focus on servicing young people who are in need, while meeting the associated salary costs, including salary indexation, and infrastructure costs associated with service delivery.

As community-based centres within townships or suburbs, **headspace** centres are an essential service that bridge the gap between tertiary services, general practitioners, and psychiatric hospitals and general hospitals. They require sufficient and medium-term funding over several years to ensure the continuity and stability of service provision, and to support the growth and reputation of the **headspace** centres in the communities in which they're situated. While it is pleasing that the federal government has allocated additional funding in the 2019/20 budget to increase service availability in existing **headspace** centres and to open 30 new **headspace** centres across Australia, this allocation does not resolve existing issues related to funding contract lengths and the insufficiency of funding to deliver existing services.

There are a range of other challenges related to fragmentation of government funding and service delivery for mental health services.

1. Over many years, funding for tertiary mental health services at the complex and chronic needs end of the spectrum has been reduced. Those with complex mental health concerns often can't appropriately access general mental health care services, with private services being limited in their structural capacity (Medicare-funded single practitioner models) to provide services and the community mental health system having reduced capacity due to funding restrictions.
2. Inpatient services are significantly overextended, with limited resources resulting in prioritisation of services for those with the greatest need and those with even significant need not receiving services.
3. The Medicare system does not utilise a Family Systems Approach, which involves working with partners, carers and/or families, and is associated with good systemic-based practice. While the literature supports the importance of relationship between attachment and mental health, commonly, government-funded services do not recognise nor provide services that are based on this relationship.
4. Funding generally does not allow for a coordinated and integrated mental health system that allows for funding to support clients across the spectrum of service delivery, from prevention

Australian Government Productivity Commission -
The Social and Economic Benefits of Improving Mental Health 5 April 2019

Page **5** of **10**

through to tertiary intervention. Clients with high and complex needs often require both case management and specialist psychotherapy, which is unavailable through Medicare.

5. There are challenges associated with quantifying the positive outcomes of services provided to individuals with high complex mental health concerns. For example, data on the number of sessions or treatment episodes.

6. There are challenges associated with measuring good outcomes in qualitative ways, which often use anecdotal and systemic evidence, such as the client narrative and story, but which are difficult to quantify. The *lived experiences* and the *voice* of people suffering from psychological distress, mental illness and their carers and families need to be heard and documented, including through focus groups and consultations. This narrative of outcomes, however, requires validation through a parallel qualitative research method. The voices and experiences of people from Aboriginal and Torres Strait Islander, and culturally and linguistically diverse communities, as well as those in detention, need also to be considered and heard. Many people with lived experience of mental illness want to tell their stories, including the trauma they have experienced in the mental health system or the detention system. RAV recommends that the Productivity Commission adopt a trauma-informed approach to gathering evidence, as used by the Royal Commission into Institutional Responses to Child Sexual Abuse.

7. A significant number of employees suffer from mental anguish due to toxic and emotionally unsafe work environments in which they may be exposed to bullying, which affects productivity and mental health, and would cost businesses, government departments, insurance, and the Australian economy millions of dollars. Currently, Employee Assistance Programs (EAPs), which support employees and workplaces through the provision of services such as counselling, conflict resolution and management training, are privately operated with limited government regulation. Individuals who cannot access EAP services are often referred to services under Medicare, which does not meet the needs of clients with highly complex issues. Funding for and enhancement of EAPs would enable employees to obtain support for complex mental health needs.

8. Mentally-healthy workplaces enhance employee wellbeing, business success and workplace culture, including through the cultivation of engaged and highly productive employees. Such workplaces also positively influence community attitudes to mental health. A culture of camaraderie and loyalty can protect the mental health of personnel and contribute to their wellbeing.[2] This enquiry presents an opportunity to change the way that people experiencing mental ill health are viewed in the workplace in terms of their capability and productivity, through a new approach to mental wellbeing, and development and enhancement of work environments that support people experiencing mental health issues.

---

[2] Heads Up (2018). Strategies for healthy workplaces. Retrieved from https://www.headsup.org.au/healthy-workplaces/strategies-for-healthy-workplaces

What, if any, structural weaknesses in healthcare are not being targeted by the most recent and foreshadowed reforms by governments? How should they be addressed and what would be the improvements in population mental health, participation and productivity?

RAV proposes that the following structural weaknesses in healthcare which are not being targeted by the most recent and foreshadowed reforms by governments, should be addressed in the following ways, to improve population mental health, participation and productivity.

Currently, family and couple mental health services, which involve the provision of evidence-based couple and/or family therapy and case management, as required, are not funded through Medicare. By implementing this service, under Medicare, in community health settings, or through community-based agencies such as RAV, anyone experiencing a mental health issue can be supported alongside their partners, carers and family, supporting their recovery and wellbeing.

The evidence base suggests that there is a link between family trauma, emotional regulation and mental health problems, as well as a link between chronic family conflict, disturbed attachment and mental health problems in adulthood. Family violence has a significant impact on mental health, and survivors of family violence, as well as children who have been exposed to family violence, often experience mental health problems and post-traumatic stress disorder. Increased funding for trauma-informed specialised family violence counselling services are recommended to be embedded within existing service models, to ensure that anyone who is exposed to family violence can recover from the trauma and reduce the risk of mental health issues.

A cornerstone of Australia's mental health system, the Better Access Scheme, requires evaluation and reform. The Scheme, which costs more than $800 million per year, allows Australians living with a mental illness to receive up to 10 government-subsidised sessions annually with a psychologist, social worker or occupational therapist who is qualified to deliver mental health services (registered with the Australian Health Practitioners' Regulation Agency (AHPRA)). Referrals to these psychologists or allied health practitioners are provided by general practitioners, following a funded mental health assessment. While uptake of the Better Access Scheme has been widespread since its implementation in 2006, societal psychological distress and suicidality continue to be serious issues in our communities.

Another challenge associated with the Better Access Scheme is that it is not sufficient to meet the needs of individuals with complex mental health needs, as complex mental illness requires a collaborative and coordinated approach to care beyond a single professional working outside of a service infrastructure.

Australia's current mental health crisis cannot be solved by solo practitioners working in private practice. While additional funding for mental health is planned through an expansion of the Scheme to increase the number of government-subsidised sessions for people with moderate to severe mental illness to more than 10, it is important to consider the way in which the Scheme is currently used. Frequently, those who access the Scheme utilise the support service available until funding (10 sessions) is exhausted, with service then stopped until the following year when the funding is renewed and the client re-presents, sometimes multiple times over multiple years. This pattern of repeated program use indicates that long-term, positive change is hard to achieve through this

Australian Government Productivity Commission -
The Social and Economic Benefits of Improving Mental Health 5 April 2019

Page **7** of **10**

model for complex psychological problems that are challenging for one individual, or two professionals (the GP and the psychologist) to manage and resolve.

Funding cuts within acute mental health care and community mental health have contributed to the current service delivery model and challenges being experienced within the mental health care system and by patients and clients. RAV recommends the implementation of a community-based, team-based, multi-disciplinary, case management model of health care which utilises the expertise and skills of individual practitioners but includes psychologists, social workers, mental health nurses, peer support workers, mental health advocates, drug and alcohol workers, and employment and housing officers. This team-based approach will increase accountability, and be responsive to the psychosocial nature of mental health issues, which often require a case management approach which incorporates social support services, systemic family therapy intervention, trauma-informed care, financial assistance, and housing and accommodation assistance.

As a state-wide organisation delivering services from 16 centres across Victoria, RAV is well-placed to develop and implement community-based mental health services that utilise a case management, psychosocial, therapeutic approach. RAV is an experienced provider of specialised case management therapeutic programs, having delivered Reclaim Support Services for those affected by the Royal Commission into Institutional Responses to Child Sexual Abuse, and currently delivering Redress Support Services related to institutional child sexual abuse.

RAV also provides Compass Forced Adoption Support Services, which utilises a case management model to support people with complex needs who have been affected by forced adoption policies and practices, including mothers, people who were adopted, and family members.

QUESTIONS ON SPECIFIC HEALTH CONCERNS

Should there be any changes to mental illness prevention and early intervention by healthcare providers? If so, what changes do you propose and to what extent would this reduce the prevalence and/or severity of mental illness? What is the supporting evidence and what would be some of the other benefits and costs?

One in four years for people living with a disability are due to mental and substance use disorders, making it the leading cause of non-fatal burden. The main causes of non-fatal burden for those suffering mental illness in 2011 were *Anxiety disorder*s (27%), *Depressive disorders* (24%) and *Alcohol use disorders* (11%)[3], indicating the significant impact of mental illness.

While early intervention and tertiary mental health services are critical in responding to the presentation of people with mental health issues, it is important to invest in and integrate mental health prevention and promotion programs into service systems. With many mental health problems

---

[3] Australian Government Institute of Health and Welfare. (2018). *Mental health services: In brief 2018*. Retrieved from http://www.aihw.gov.au/mhsa

Australian Government Productivity Commission -
The Social and Economic Benefits of Improving Mental Health 5 April 2019

Page **8** of **10**

in adults stemming from attachment regulation and interpersonal relationship problems, RAV proposes that compulsory healthy relationships education, including relationship safety be established within school curriculums, at all levels of the school system from prep to year 12, alongside other compulsory subjects. Such programs should also integrate trauma prevention training for students and staff. The current model of optional training does not meet the demand nor need, and is largely inadequate, as it would be if other core subjects such as maths or English were delivered in the same way.

RAV has developed and delivers *I like, like you*, and *I like, like you UP*, which are psycho-educational programs for upper primary school and senior school students in Victoria that are based on respectful and equal relationships. The whole-of-community programs foster positive relationships and has demonstrated positive outcomes for students, staff and families.

Which forms of mental health promotion are effective in improving population mental health in either the short or longer term? What evidence supports this?

It is important that a review is undertaken of the evidence base relating to student wellbeing where healthy relationship education is prioritised in the school curriculum, including through pastoral care programs, to identify health promotion factors that contribute to mental health improvements. Such factors could be integrated into healthy relationship education and mental health programs and introduced in workplaces, including through integration in more dynamic EAP services.

What changes do you recommend to healthcare to address the specific issues of suicides and comorbidities among people with a mental illness? What evidence is there to support your suggested actions and what types of improvements would you expect in terms of population mental health, participation and productivity?

Recommendations to healthcare to address the specific issues of suicides and comorbidities among people with a mental illness include:

- Expansion of EAP services to include suicide specific crisis counselling services.
- Conduction of workplace wellbeing audits as part of other formal audits.
- Increased funding to Primary Health Networks to provide suicide prevention programs, which extend beyond existing telephone/crisis support services which can experience surges in demand and availability during peak periods and following media attention.

What healthcare reforms do you propose to address other specific health concerns related to mental ill-health? What is the supporting evidence and what would be some of the benefits and costs?

The utilisation and dependence on antidepressant medication is a serious and significant issue in our society, with adverse effects on the productivity.

Anti-depressants are medicines that are typically used to treat depression, anxiety and related conditions, such as eating disorders, obsessive-compulsive disorders and post-traumatic stress

Australian Government Productivity Commission -
The Social and Economic Benefits of Improving Mental Health 5 April 2019

Page **9** of **10**

disorder.[4] In 2011, 1.7 million Australians (7.8% of the Australian population) had at least one Pharmaceutical Benefits Scheme (PBS) subsidised prescription filled for anti-depressant medications[5]. In that year, females (9.9%) were more likely than males (5.6%) to have had a prescription for anti-depressant medications filled, with rates of use increasing with age. The use of anti-depressant medications is therefore widespread, with use increasing with age, especially for older women, with one quarter of the population of older women, aged 75 or over, utilising at least one prescription for anti-depressant medication.

The Royal Commission into Aged Care Quality and Safety[6] will like address the issue of anti-depressant use and use psychotropic medication with older people, however what is clear is in the midst of a mental health crisis, despite high use of anti-depressant medication, the mental health crisis continues, requiring a Australia-wide approach to investigate the use and impact of psychopharmacological medications and the prescription of anti-depressants.

Loneliness is also an increasing problem in our society, and one which is related to mental health and wellbeing. RAV and the Federation of Relationships Australia state and territory organisations, have conducted research into loneliness and its impacts, including the negative impact on overall health and wellbeing. Research has also been undertaken into loneliness prevention measures, including community involvement, relationships and connectedness, and the development of programs which prevent isolation and family breakdown. Such initiatives can help to reduce and prevent loneliness at all stages of life.

What overseas practices for supporting mental health and reducing suicide and comorbidities should be considered for Australia? Why? Is there formal evidence of the success of these practices, such as an independent evaluation?

There is substantial evidence of the effectiveness of relationship counselling and family therapy programs in the US and Canada, warranting consideration of funding for provision of these services through community-based, not-for-profit, non-government agencies such as RAV, or integration of these services within the community health settings.

---

[4] Health Direct Australia, *Antidepressant Medicines* (2017). Retrieved from http://www.healthdirect.gov.au/#1/anti-depressant
[5] Australian Bureau of Statistics. *Patterns of Use of Mental Health Services and Prescription Medications*, (2016). The Mental Health Services-Census Integrated Dataset. Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4329.0.00.003
[6] Commonwealth of Australia. (2019). The Royal Commission into Aged Care Quality and Safety. Retrieved from https://agedcare.royalcommission.gov.au