14 March 2019

Submission by Hope Community Services to the Productivity Commission, Inquiry into Mental Health

Thank you for the opportunity to provide this submission to the Productivity Commission's Inquiry into Mental Health.

HOPE has been a community service provider in Western Australia for over a century, providing much needed support to people affected by alcohol and other drugs, mental ill-health, youth justice issues and socioeconomic disadvantage. In our role, we have first-hand experience of the impact of mental health concerns on individuals, their families and the broader community.

As a service provider, HOPE takes the view that:

1. There is a distinction between the presence of wellbeing and the absence of mental illness. Through effective management, people with mental illness (including serious/chronic conditions) can have high levels of wellbeing. Equally, a person may not present with any mental illness; however, can experience very low levels of wellbeing. Any strategy needs to have a balanced approach to both wellbeing and mental health.

2. We need to be very clear about what constitutes a mental health concern and what is, in fact, a normal reaction to life experiences and/or circumstances. A careful and accurate diagnosis is critical to effective management of mental health conditions as well as an improvement in overall wellbeing.

3. Many mental health concerns are exacerbated, and sometimes caused, by external factors rather than problems within the person. In our experience focussing on mental health conditions in isolation has a limited impact. If people can be supported to resolve the life issues/vulnerabilities, then we can more effectively address mental health challenges and low levels of wellbeing. Given this, we believe the matter needs be viewed from a different perspective and treated as a social wellness issue (which has health implications) rather than primarily as a medical issue (which is influenced by social factors). While it remains primarily viewed as a medical issue, there will be a natural tendency to manage it via medical avenues.

We believe the key to improved outcomes for individuals and the broader community is to accurately identify the pathway to wellness, in the context of a person's life and community, and provide the necessary supports to achieve this, regardless of whether or not they formally are classified as having a mental illness.

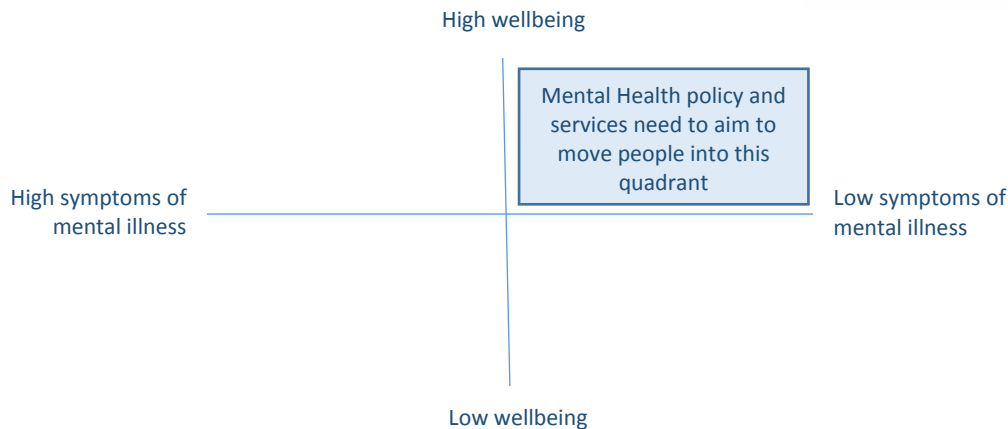## An absence of mental illness does not equal wellness

Based on our history of successfully working with mental health clients, we would recommend that the Inquiry clearly distinguish between addressing mental illness and improving mental wellbeing because the two do not necessarily correlate.

High wellbeing

| High symptoms of mental illness | Mental Health policy and services need to aim to move people into this quadrant | Low symptoms of mental illness |

Low wellbeing

The model on page 1 is adapted from research[1], which shows it is possible to have wellbeing despite the presence of ongoing mental illness. The research also observed that among US adults with no mental illness, 1 in 10 are 'languishing' and less than 2 in 10 are 'flourishing'. This is consistent with our own anecdotal evidence observed while assisting clients with mental health and drug and alcohol issues. In our experience, services that simultaneously work to reduce mental illness and improve wellbeing can achieve better and more sustainable outcomes.

Accurate diagnosis is critical

Underpinning the Inquiry is the assumption that a person has had a correct mental health diagnosis. We would argue however that the ability to obtain an accurate diagnosis is the first hurdle within the current system and that work needs to be done in this area. Obtaining a careful and accurate diagnosis is essential to moving clients into the 'high wellness, low symptoms of mental illness' quadrant.

Current diagnosis and mental health approaches are highly contentious[2]. There are varying views as to whether or not mental health is an illness, whether or not diagnostic tools are effective and whether diagnosis helps or hinders a person's ability to address the issues they're having. People with mental health concerns and/or life challenges are already vulnerable and the lack of clarity amongst professionals makes it even more challenging for people to know where to go for help and how to access the support they need.

What is definite is that mental health is highly complex. For this reason, it is important that any diagnosis carried out is holistic, individualised and carefully considers all the relevant factors, including the implications of the diagnosis. The people carrying out diagnosis need to be well-trained in this area.

Factors that need to be considered include:

1. **What is normal?** Current definitions of mental health, mental illness/disorder, mental health problems and mental ill-health are extremely broad. Practitioners need to be clear about whether a person is experiencing a mental illness/disorder/problem or whether they are experiencing a natural reaction to what is occurring in their life. This distinction

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[1] Slade M. (2010). Mental illness and well-being: the central importance of positive psychology and recovery approaches. *BMC health services research*, *10*, 26. doi:10.1186/1472-6963-10-26

[2] See latest Lancet Psychiatry pieces on this https://www.ncbi.nlm.nih.gov/pubmed/29680468
https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30051-3/fulltext

is critical to directing people into the best support pathway that will genuinely meet their needs.

As the British Psychological Society noted, "Medicalising normal experiences stigmatises and cheapens the human condition and promotes over treatment with unnecessary and potentially harmful drugs."[3]

Recognising that a person's response to their life context is 'normal', rather than diagnosing a mental illness, does not seek to minimise or dismiss problems or imply that they don't need addressing. Rather it works to acknowledge and empower people by helping them get the practical supports and personal skills they need to address their life issues without attaching labels and the associated stigma.

2. **The need for caution when labelling:** We would advocate caution when labelling people as 'mentally ill'. While many people advocate diagnosis for its benefits of providing reassurance, information and direction, the process of labelling comes with inherent risks.[4]

   - The label and associated chosen pathway can create the very problem that the label is trying to address.

   - It can create a self-fulfilling prophecy when people take an 'illness' on as part of their identity. Belief has been shown to play an extremely powerful role in both ill-health and therapeutic outcomes.[5]

   - It can result in a victim mentality, hindering self-responsibility which is critical for recovery.

   - It can lead to stigma and discrimination. Stigma is known to limit people's access to work, housing, finance, insurance, education etc. and these factors are key contributors to a range of mental health issues, further exacerbating the original problem.

   - Once a person has been 'labelled' there can be a natural tendency to look at 'fixing' the person rather than any environmental or systemic factors.

3. **Current diagnosis criteria are too broad.** The Issues Paper notes that mental illnesses or mental disorders are diagnosed according to standardised criteria; however, Australia currently uses two separate diagnostic systems: The DSM-5 developed by the American Psychiatric Association, and the International Classification of Diseases developed by the World Health Organisation.

   Our concerns about the current diagnostic tools are as follows. They:

   - are based on behavioural descriptors (not physical symptoms), which are mostly based on social norms and consequently subject to opinion;

   - are categorical in that a person either has a mental illness or they do not. The mental health concern is not viewed as being on a spectrum; and

   - move clients into medical pathways to address symptoms. They don't facilitate addressing external factors such as social isolation, relationship challenges and

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[3] British Psychological Society

[4] Beyond Blue Information Paper – Stigma and discrimination associated with depression and anxiety 2015; Corrigan, P et al (2002) Challenging Two Mental Illness Stigmas: Personal Responsibility and Dangerousness, Schizophrenia Bulletin, Vol 28, No 2.;

[5] https://www.thewholehealthlife.com/blogs/resources/in-conversation-with-damien-finniss-md-22min

unmet needs that can be addressed via practical social supports rather than a medical approach.

Furthermore, using two different tools opens the door to inconsistency of diagnoses.

Our concerns are highly relevant as it is the diagnosis that will direct the course to recovery, and the resources required for treatment of ill-health are not necessarily the same as the resources required to make the life changes that lead to wellbeing.

HOPE suggests that in line with recovery research[6], Australia needs a single, holistic assessment tool that considers the person's:

1. strengths and assets so these can be maximised;

2. needs and any harmful factors in their environment so these can be managed;

3. resources and opportunities in their environment so these can be accessed;

4. culture and belief systems so that strategies are in context; and

5. the impact that symptoms may be having on day-to-day life,

in addition to the symptoms themselves, which need to be assessed against tight criteria.

The outcomes of the assessment would direct people into either a:

1. mental health pathway, which seeks to address mental health concerns and improve wellbeing, or

2. wellness pathway, which supports the person to address underlying issues and build their personal skills; however, doesn't seek to unnecessarily label.

Evidence suggests that only 46% of the people with mental health disorders access treatment.[7] We believe this second pathway would open up options for those people who need assistance; however, for a variety of reasons do not wish to enter the medical system. Under the current arrangements, clients who choose to remain outside the medical system have minimal support options available. By providing a new support pathway, there is a greater chance of assisting those in need.
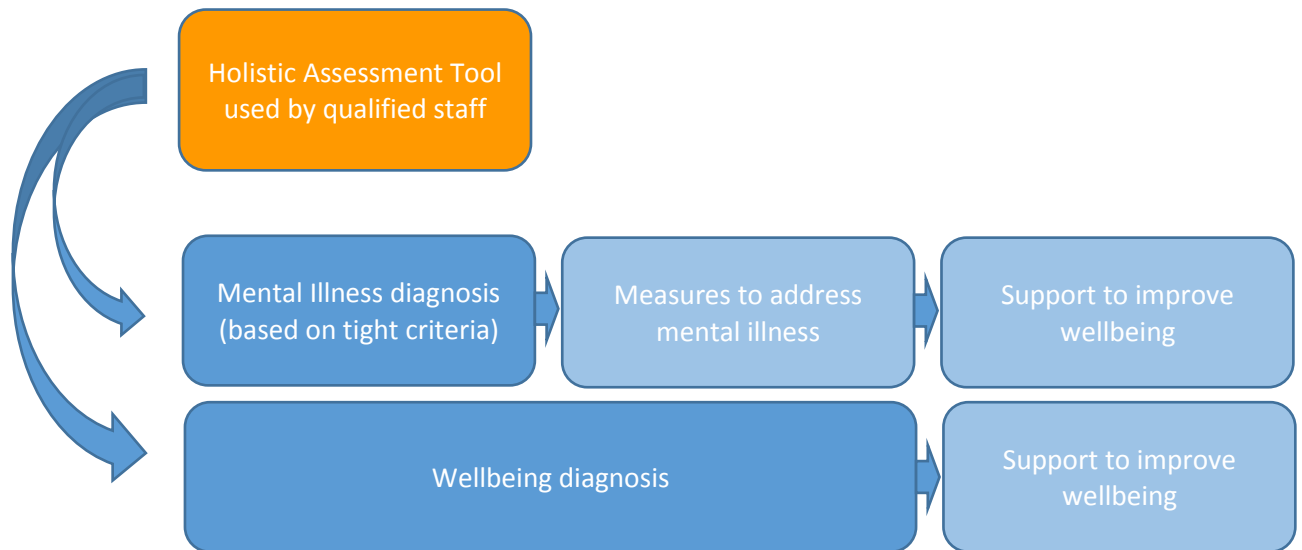
The following model demonstrates the pathways, which will enable funding to be directed to those who genuinely need mental health assistance and prevent mental health resources being stretched too thinly.

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835700/
[7] https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia/overview

For example, a newly arrived immigrant may present as depressed; however, further investigation may reveal a combination of factors[8] such as; being subject to discrimination, Generalized Anxiety Disorder, poverty feeling grief for loved ones who may be lost or back in their home country, being unable to obtain meaningful work because their qualifications are not recognised and financial concerns due to being a low-income earner. In this instance a medical diagnosis won't change any of these contributing factors. A label may in fact add to existing discrimination, compounding the issue. Practical, empowerment-based supports such as community connections, being assisted to access recognition of prior learning programs and find training providers and job networks, would be of greater value and have a more positive long-term impact. By addressing the contributing factors, the symptoms of depression have a greater likelihood of decreasing and self-correcting without medical assistance. Economically, it is more cost effective to provide community supports that lead to increased wellbeing and ultimately productivity rather than long term medical treatment, which comes at high cost to the individual, community and government.

We need to reframe our assessments and look at what pathways will actually achieve sustainable change.

Moving towards wellness: prevention and treatment considerations

The following factors are important in both the prevention and treatment of mental illness and improvement in wellness.

1. **Individualised planning and case management**: People's real needs will not be met purely through a mental health diagnosis. To obtain the outcomes the Inquiry is seeking, there needs to be a focus on ably assisting people to increase their personal capacity and wellbeing. There is no one right way to do this. Given the variations in people's experiences, it follows that recovery plans need to be equally as varied. People who are

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[8] An Examination of Poor Mothers and Their Children
https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30051-3/fulltext

experiencing mental health concerns and/or life challenges
are vulnerable and would benefit from case management to help them access the supports available and move towards greater wellbeing.

2. **The importance of self-responsibility and empowerment:** Self-responsibility is an important part of improving mental health and wellbeing. Based on our experience clients need to be supported to:

- Accept themselves and their situation;

- Stop blaming themselves, others, chemical imbalances, life circumstances, genes, illnesses or conditions; and

- Regain control of actions, thoughts (so that thoughts are 'useful') and environmental factors, and make the changes they need over time.

Encouraging self responsibly should be an intrinsic part of any treatment pathway.

3. **Mental health as a social wellbeing issue:** One of the current challenges is that mental health is seen primarily as a medical issue rather than a social one. It is well known that psychosocial factors contribute to mental distress[9] and medical treatment for the condition alone is rarely enough to address the complex needs of mental health patients. Factors such as socioeconomic status, education, employment, marginalisation, displacement, housing, individual personal characteristics, physical health, emotional intelligence, upbringing, family and social connections need to be considered for both prevention and treatment. Reframing our mindset to see mental health and wellbeing as a predominantly social wellbeing issue will encourage a more holistic approach to prevention, treatment and public policy.

4. **Public policy**: People, and their need for holistic wellness, need to be put at the centre of all public policy. If their vulnerabilities can be addressed at a population health level as well as at a personal level, then we have a better chance of increasing their capacity and resilience in normal situations, reducing their reliance on mental health treatment and freeing up resources to support those people with more complex issues.[10]

5. **Putting medication into perspective**: We note the use of medication does not seem to be part of the Inquiry's scope; however, believe this is an area that needs consideration. 16.6% of the population take mental-health related medication with 69.4% of medication prescribed was for antidepressants[11]. While we believe that medication has its place in treating mental health conditions, we are concerned about prescribing drugs at the outset, prior to any other approaches being implemented.

Our concerns are that:

1. drugs may address symptoms, however, rarely lead to a cure. They do not change people's thinking, life challenges or socioeconomic situations;

2. drugs may be prescribed because they will work faster (a quick fix) and with less 'work' than making life changes;

3. prescribing drugs medicalises mental health conditions and can turn them into longer term problems;

4. patients can easily become over reliant on drugs;

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[9] World Health Organisation and British Psychological Society

[10] British Psychological Society

[11] https://www.aihw.gov.au/getmedia/d35a03a3-1500-4775-b3e1-9a99f3168bb8/Mental-health-related-prescriptions-2016-17.pdf.aspx

5. drugs come with serious side effects including fatigue, blurred vision, gastric disorders, headaches, dizziness, sexual dysfunction, risk of cardiac disorders, and weight gain;[12] and

6. there is high potential for medication to be prescribed regardless of whether it's in the person's best interests. As one reviewer noted: "Remember, no psychiatric label, no billing insurance. No psychiatric label, no drug prescribed."[13]

In 2016-2017, 87.4% of mental health related prescriptions were prescribed by GPs[14], which raises the question as to whether alternative treatment options are being considered. The reality is that GPs are often poorly trained in this area and 15-minute timeslots do not provide enough time to fully assess a person's situation.

Our experience dealing with our clients has shown that clients progress better once off medication; therefore, we work towards this wherever possible. It is our view that medication should be a last resort option, after environmental and personal contributing factors are addressed. We recognise that medication may be needed in the short term to bring people to a level that enables them to access the supports available; however, in this instance it should be done in tandem and prescribed as a temporary approach until other factors are addressed. The ultimate aim should be a medication free life wherever possible.

Limitations of the Economic Viewpoint

We understand that this Inquiry is focussing on the cost of mental health with a view to improving productivity and participation. Mental health and wellbeing is highly complex area and we are concerned that taking a purely economic view of mental health is too simplistic.

- When assessing services, we need to keep in mind that, although well intentioned, mental health is an industry. Many organisations rely on mental health funding for their survival, therefore organisations have strong motivation to justify the continued funding of their programs and service approach. Further, competition between organisations for a limited pool of funding can hinder the creation of collaborative, transparent and accountable systems of care.[15]

- Finding and accessing a service doesn't necessarily mean problems are resolved. People, and the complications in their lives, are rarely 'quickly and easily' sorted. Mental illness develops over time as a result of multiple contributing factors. Similarly, it takes time to unravel and address those factors in a manageable way. It is possible to make changes, in the immediate and short term, that improve a person's situation and contribute to KPIs within a funding round or term of government office; however, the journey to improving mental health and wellbeing often takes time, in some case years and this needs to be taken into account when assessing effectiveness.

- Some mental health initiatives may be extremely valuable yet not result in a tangible economic outcome or a clear return on investment. HOPE is of the view that we need to see mental health and wellbeing funding as a human service for human conditions.

Recommendations

We advocate the following:

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[12] https://www.psychologytoday.com/au/blog/why-we-worry/201401/overprescribing-drugs-treat-mental-health-problems
[13] https://www.cchrint.org/psychiatric-disorders/psychiatric-labels-are-the-problem/
[14] https://www.aihw.gov.au/getmedia/d35a03a3-1500-4775-b3e1-9a99f3168bb8/Mental-health-related-prescriptions-2016-17.pdf.aspx
[15] British Psychological Society

- a distinction between the absence of mental illness and the presence of wellbeing;

- policies and services that balance both addressing mental illness and improving individual and community wellbeing;

- a shift in perspective from diagnostic labels to assessing individuals on their individual functional needs and life situation;

- the development of a single, holistic assessment tool;

- services being organised around people rather than conditions;

- the development and delivery of personalised, strength-based care plans that work to address needs and circumstances;

- wherever possible, a priority being placed on addressing environmental factors and enhancing personal skills before seeking to medicate; and

- the development of initiatives that enhance personal and community capacity and wellbeing.

Based on our experience, we believe this would achieve the outcomes the Inquiry is seeking to achieve.

Thank you again for the opportunity to put forward this submission.

Yours Sincerely

Mick Geaney
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