



Mental Health Inquiry
Productivity Commission
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Productivity Commission Inquiry into Mental Health

Thank you for the opportunity to provide a submission to the Productivity Commission's Inquiry into Mental Health. The East Metropolitan Health Service (EMHS) is pleased that the Federal Government has requested that the Productivity Commission conduct an inquiry focussed on mental health – a significant issue that impacts all Australians.

EMHS has also chosen to respond to specific questions, where relevant, outlined under specific headings in the Productivity Commission's Issues Paper – *The Social and Economic Benefits of Improving Mental Health*.

Assessment approach

The broad scope and approach of this inquiry is consistent with evidence that there are many factors in addition to healthcare which should be targeted in order to improve mental health, and doing so will achieve improvements not possible by focusing solely on mental health services. For example there are a number of workforce health factors to be considered in a broader wellness framework (e.g. environmental, physical health).

There is a significant crossover and interaction between mental health and alcohol and other drug (AOD) issues. It is therefore problematic to review mental health in isolation without concurrently taking AOD into consideration during the inquiry. Services need to be designed to address and manage these issues jointly as opposed to a siloed approach. Similarly when assessing the consequences of mental ill-health and effectiveness of current programs, the reduced life expectancy of these individuals due to concomitant poor physical health is important context. There has been a lack of progress in providing a holistic mental and physical health approach.

When considering the current and potential interventions to improve health outcomes, there is a clear need to define and agree on practical national indicators for mental health treatment outcomes, and a more robust approach to monitoring clinical management and organisational performance over time.

Structural weakness in healthcare

The mental health system remains difficult to navigate for the end user. This in part relates to the structure of the services with multiple agencies and funding sources involved. Mental health has been frequently viewed as a system in isolation to other social determinants and

drivers such as housing, education, justice and aged care. These barriers could be overcome through improved collaboration and relationships, or in some cases, integrated government departments. Recent initiatives in WA have started to adopt this philosophy.

There is a lack of consistency in prevention strategies implemented across the country. An important step in understanding current gaps and opportunities in this area will be to map and define strategies currently implemented at both a national and state and territory level. The expansion of services continues to be heavily focused on inpatient and emergency mental health services at the expense of growth in the community setting. Service planning and programs which prioritise care in the community and shifting people away from the acute setting ensures a more person-centred focus in mental healthcare and builds greater community resilience. During this transition, however, there needs to be continued investment in acute care to manage the demand.

There is a clear need for a different type of community accommodation and associated workforce. There are now people who need much higher levels of care and support to be maintained in the community but the structure and pay for these carers isn't sufficient for what is required.

Specific health concerns

There are a number of strategies that have the potential to enhance mental health promotion, prevention and early intervention. These include:

- Greater focus on prevention. A number of programs are badged as health promotion but are more akin to early intervention. There needs to be a greater understanding of the primary determinants of mental ill-health and then implement health promotion initiatives to address them.
- Integrated prevention, primary and community treatment models rather than silos.
- Shared electronic medical record across all primary, secondary and tertiary services including non-government organisations (NGOs).
- Public notification data on the trend of suicide and identification of at risk communities.
- Improved mental health training for frontline staff such as teachers and police, and enhanced undergraduate training for all health professionals.
- Improved understanding on the effectiveness or efficacy of Employee Assistance Programs (EAPs), which are utilised widely across the country. Critically there needs to be accountability at all levels of government for mental health promotion and prevention.

Internationally there are a number of models that have been developed to support mental health and reduce suicide and comorbidities. These include:

- Mixed models for clinical and non-clinical support i.e. counselling, particularly at access points such as Emergency Departments (ED's) and primary health. Primary health access to data is an important aspect in order to provide longitudinal support for self-harm presentations to ED's.
- Development and expansion of carer support networks and peer support workforce.
- In the United Kingdom (UK), there is evidence that the introduction of Safe Havens (offering out of hours mental health crisis support as an alternative to ED) have resulted in a 33% reduction in admissions to acute psychiatric beds and a plateau in ED attendances for mental health issues at the North East Hampshire and Farnham Primary and Acute Care Systems (PACS).

- As a result of the introduction of integrated social and healthcare services for adults with complex needs, the Tower Hamlets Multispecialty Community Providers (MCPs) in the United Kingdom has experienced a 2.2% fall in ED admissions, compared to between 2.7 to 3.3% growth for other MCPs. Furthermore, Tower Hamlets has experienced a 3.7% reduction in occupied bed days.

Health workforce and informal carers

In the metropolitan area, telehealth should not just focus on regional and remote clients. People are increasingly seeking access to health services from home due to other competing commitments such as carer responsibilities.

Reducing stress and turnover among mental health workers requires a multi-faceted approach. Service support systems and functions such as administration, technology, safety and quality, research, and education to support clinicians in undertaking their role requires appropriate investment. For example, joint positions for research would enable a translation to practice approach and embed evidenced based practice. Staff must be supported to feel and be safe and fostering a culture where staff feel valued and respected is critical to ensure this occurs.

The importance of supporting informal carers to carry out their role cannot be understated. This could be improved through enhanced access to telehealth, respite access, and better linked up information with housing, education etc. With greater access to electronic data management, it should be possible to develop ongoing health records (observing the necessary privacy concerns) where authorised carers can be kept fully informed and the patients/clients can feel more confident that they are being listened to and well cared for.

Housing and homelessness

There should be systems in place when people are seeking shelter to link into a range of housing services. Housing must be affordable with consideration given to connectedness to community (practical issues such as access to transport) and social integration opportunities. There is a requirement for greater housing options (including age appropriate options) for those with long term functional impairments as well as assistance in transition from supported housing to independent housing options that are not at risk if their mental state deteriorates.

Evidence from the NSW Housing and Accommodation Support Initiative demonstrates the positive effects of addressing housing on mental health, with results showing:

- approximately 85% of clients successfully maintained their tenancy
- a 34% reduction in hospitalisation rates
- a 68% reduction in the average number of days hospitalised per mental health admission decreasing.

Social services

Co-commissioning of clinical mental health and non-clinical mental health support services will have a positive impact on coordination across NGOs and government services. This will facilitate clearer governance and accountability, decrease duplication and highlight residual gaps of service and strategies to address these at a local level.

There are currently significant service gaps for people with psychosocial disability who do not qualify for the National Disability Insurance System (NDIS). The NDIS processes are time consuming and difficult to navigate. Consumers often have to work with multiple parties to make a submission. Long wait times for decision making impedes appropriate discharge from acute services which in turn delays access for other people requiring an inpatient admission.

An additional issue that can impact an access to NDIS is the lengthy delay in State Administrative Tribunal processes and decisions. This delay can in turn delay commencement of NDIS processes.

While the disability support pension, carer payment and carer allowance provide income support to people with a mental illness and their carers, the cost of living outweighs the benefit level. Anecdotally, the Disability Employment Service (DES) reform has not adversely impacted the propensity of some recipients to seek employment if they are receiving mental illness-related income support payments. Resubmission in the event of relapse is unfortunately often delayed.

Social participation and inclusion

Indicators are useful to monitor progress in improving mental health outcomes, including through improved social participation and inclusion. Proxy measures include hospital readmission rates, crisis admissions, suicide attempts, and consumer self-rated scales on social inclusion.

Justice

Identifying at risk communities and individuals and joined up agency case management of this cohort would be effective in reducing contact with the justice system. Awaiting an offence is an inadequate approach. Once at risk people are identified, systems such as housing and monitoring must be established to prevent serious offending. There are a growing number of clients entering adulthood with developmental / behavioural issues (eg. FASD, autism) that are inadequately managed in the mental health system, and are at risk of ending up in the justice system.

The gaps in mental health services in the prison system are significant. Specialist forensic services are limited and primarily restricted to the metropolitan area. Despite significant growth in the prison population in recent years, funding for health and mental health services has remained relatively static. The health of offenders is significantly worse than that of the general population. Offenders have higher levels of mental health problems, self-harm and addiction. These issues can contribute towards crime, reoffending and social exclusion, highlighting the importance of ensuring and investing in effective custodial health care through consistent screening, assessment by qualified practitioners, multi-agency intervention and robust process for transition back to community, including vocational reintegration.

Child safety

To achieve better mental health outcomes, there is a requirement to improve interagency sharing of information, and adopt multiagency care coordination models of care. Anecdotal feedback suggests that services offered by Evolve Therapeutic Services (Children's Health Queensland Hospital and Health Service) have been effective in providing specialist intensive trauma-informed mental health services for children and young people aged 0-18 years who

are involved with the Department of Communities, Child Safety Services, or are on child protection orders and in out-of-home care.

Education and training

The key barriers to children and young people experiencing mental health issues participating and engaging in education and training, and achieving good education outcomes, are varied. These include siloed systems of governance and responsibilities, school class numbers, and inadequate infrastructure and operational support.

At the school and university level, students' access to mental health-related support and education is variable and models differ at each institution. Limited trend data is shared by universities and/or educational facilities of issues to feed into prevention strategies.

Government-funded employment support

The DES has been beneficial, although the funding model has resulted in a significant turnover in providers which has been a barrier to establishing partnerships at a service level. There is a need to review and adjust the model accordingly and evaluate its effectiveness.

Outcomes for people experiencing mental ill-health could be further improved through recognition that "employment" opportunities can be variable and diverse (e.g. integrated mentoring models of work). The Individualised Placement and Support (IPS) program introduced in the United States offering supported employment for consumers with serious mental ill-health. Evaluation of IPS has shown the program to be cost-effective and successful in increasing long-term employment for people with mental ill-health. The Clubhouse model introduced in the United States incorporates employment programs that provide consumers with opportunities to return to paid employment in integrated work settings through both transitional employment and independent employment programs. This model has been rigorously evaluated and there is strong evidence that the model contributes to better employment outcomes for consumers.

Mentally healthy workplaces

Small workplaces often struggle to provide adequate support systems for workers and often have lower paid, lower skilled workers that would benefit from such systems. Unfortunately even in large organisations, caring for workers with a mental health illness is on the whole not done well and there are significant opportunities for improvement.

The literature highlights the effects of rostering, workloads and poor supervision (particularly after hours) on absenteeism and presenteeism. Physical wellness impacts significantly on mental wellness and this must be considered and promoted as part of a mental health wellbeing plan. The potential gains identified in previous studies are noted but may be impacted by:

- barriers to implementing measures to improve workplace mental health, and their cost
- factors which create uncertainty about the returns to a given employer
- limited extent to which measures have been beneficial for a small sample of businesses, or a particular type of organisation, can be applied more widely.

Organisations have to consider prioritised and targeted strategies specific to the issues and risks distinct to their organisation. This will present a challenge as it requires the cooperation of employees to engage in disclosure of their health status. While benchmarks of industries across Australia demonstrate that nearly all have some focus on diet and exercise, it is unclear what impact these measures have had on productivity.

Regulation of workplace health and safety

There are a number of workplace characteristics that increase the risk of employee's experiencing mental health issues. These include but are not limited to: understaffing, repeated exposure to violence; bullying; limited supervision (particularly after hours); unsociable rostering (long hours, repeated on-call); inadequate education and training for the role; uncertain/vulnerable contractual arrangements; provision of unhealthy foods; limited health screening upon pre-employment, coupled with limited management plans for those with existing health issues; poor culture of self-reporting mental health issues to employers for fear of negative repercussions; and lack of institutional promotion of health and wellbeing. The above issues need to be collectively addressed to ensure a healthy and safe work place.

Two key improvements required are the development of a more robust and systematic way of dealing with workplace stress and a review of how stress claims are determined and managed which gives greater recognition to long term cumulative stress and trauma.

Thank you again for the opportunity to contribute to the Productivity Commission's Inquiry into Mental Health. Should you have any queries in relation to our response please direct enquires to EMHS, CE Correspondence EMHS.CECorrespondence@health.wa.gov.au.

Yours sincerely

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