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community forum

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Productivity Commission Draft Mental Health Report

Mental Health Inquiry

Productivity Commission
GPO Box 1428
Canberra City ACT 2601

To whom it may concern,

Please find attached Western Sydney Community Forum's submission for the Productivity Commission Draft Mental Health Report.

Western Sydney Community Forum has reviewed the draft report and has developed four recommendations for your consideration. These recommendations are intended to ensure that the needs of the communities as well as the agencies supporting them are recognised and that the best possible outcomes are achieved through this draft report.

Thank you for providing the opportunity to make this submission. We look forward to continuing to work to support the mental health and wellbeing of diverse communities.

If you require further information, please do not hesitate to contact Camille Derriman

Yours sincerely,

Billie Sankovic
Chief Executive

Introduction

Background

In October 2019, the Productivity Commission released its Draft Mental Health Report. The Draft Mental Health Report identifies ways to drive a generational shift in approaches and attitudes towards the mental health and wellbeing of Australia's population, in addition to addressing the needs of people experiencing mental illness that are not supported by the current mental health system.

Western Sydney Community Forum

Western Sydney Community Forum (WSCF) has led and shaped social policy and service delivery across greater Western Sydney for over 30 years. As a regional peak, we champion solutions that sustain community resilience, health and wellbeing, work with community organisations, join with business and partner with government across all levels and services.

WSCF is the regional social development council representing and supporting communities and community groups and agencies in the region. This represents a population of 2.4 million people and a community services industry that annually invests \$2.7 billion into the Western Sydney economy, according to the Australian Charities and Not-for-Profits Commission¹.

WSCF represents 13 Local Government Areas (LGAs) in the Western Sydney, South Western Sydney and Nepean Blue Mountains Local Health Districts. WSCF has an active and broad member and subscriber base (2,500) that includes a mix of agencies who connect with and provide services to people across greater Western Sydney. Members range from small community-based agencies to large charitable groups.

¹ Australian Charities and Not-for-Profits Commission, 2016 Annual Information Statement (AIS) dataset, <https://data.gov.au/data-set/ds-dga-7e073d71-4eef-4f0c-921b-9880fb59b206/distribution/dist-dga-b4a08924-af4f-4def-96f7-bf32ada7ee2b/details?q=>

WSCF is committed to representing the unique character of the groups and communities in greater Western Sydney and endeavours to improve the health and wellbeing of residents. This submission is reflective of this commitment, with four recommendations centred around addressing issues and implementing solutions at the local level.

Through research and consultation with WSCF member organisations and key stakeholders in the region, WSCF has ensured that each of these recommendations address the Productivity Commission's key priorities as well as identify other areas for consideration.

Recommendations

1. Utilise community-level data and insight to develop an evidence base for effective access and engagement of diverse population groups
2. Expand the current stepped care model to better integrate mental health in primary health settings
3. Promote a stronger involvement and representation of people with lived experience to lead reform
4. Address gaps in the delivery, access and funding of mental health services to meet locally-specific needs by working with the broader community sector

Rationale

1) Utilise community-level data and insight to develop an evidence base for effective access and engagement of diverse population groups

There is a greater understanding of mental health now than there has been in the past, as can be seen by the growing number of studies being conducted regarding the state of mental health in Australia. Setting a strong foundation of evidence allows for targeted programs to be implemented successfully. With this in mind, it is important that we gather as much information as we can using data and resources at the community level about the macro in Australia and the micro in geographically unique locations.

Western Sydney is home to diverse population groups including significant numbers of Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander people, as well as LGBTIQ+ people that have different levels of engagement and access to service systems. One of the factors that could be preventing access to mental health services is a lower level of mental health literacy, which is the “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”². This may be a prevalent issue in culturally and linguistically diverse communities due to differing cultural perceptions of mental health, in a WSCF-led survey sent to our entire subscriber and member base across all LGAs, this is also because resources and services for these communities are either non-existent or culturally-inappropriate. Western Sydney is Australia’s fastest growing urban population with a diverse mix of cultural groups. It is home to hotspots of major social and economic disadvantage, and as such, has a higher risk of psychological distress compared to the rest of NSW³. The survey by WSCF supports this view; it gauged the respondents’ opinions on the likelihood of certain population groups accessing services, and the overall opinion was that culturally and linguistically diverse people were unlikely to access services. In addition, there is little evidence that reflects the current state of Aboriginal and Torres Strait Islander mental health, as many of the respondents in our survey were either unsure or did not believe that Aboriginal and Torres Strait Islander people were likely to access their services. This highlights the need to develop a further evidence base for Indigenous and culturally diverse populations informed by knowledge at the local level.

While the recommendation is focused on considering the unique needs of different local areas, it is also important to consider international strategies that can be adapted to be implemented locally, as they can provide us with blueprints for developing successful targeted programs. For example, the UK has a Whole Life-Whole Systems Mental Health Strategy, which includes the “No Health Without Mental Health” aspect; many of the points align with the Productivity Commission’s objectives.

² Jorm AF, Korten A, Jacomb P, Christensen H, Rodgers B, Pollitt P: “Mental health literacy”: a survey of the public’s ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Med J Aust* 1997, 166:182–186.

³ Fernandez, A., Gillespie, J., Smith-Merry, J., Feng, X., Astell-Burt, T., Maas, C. and Salvador-Carulla, L. (2017). Integrated mental health atlas of the Western Sydney Local Health District: gaps and recommendations. *Australian Health Review*, 41(1), pp.38-44.

2) Expand the current stepped care model to better integrate mental health in primary health settings

WSCF supports the current stepped care model of delivery and encourages the enhancement of this model so that people are able to access the support they need when they need it. It is well-known to many people living with mental illness or supporting others living with mental illness that insufficient or poorly distributed services can result in an inadequate level of care being delivered. This inadequacy increases the risk of the person needing to use a service multiple times or of needing multiple service systems and hospitalisations, as well as the risk of the person's mental health further deteriorating resulting in social and economic costs. Between 2015 and 2016, the rate of mental health overnight hospitalisations in the Western Sydney, South Western Sydney and Nepean Blue Mountains Primary Health Networks ranged from 90 to 116 per 10,000 people. Furthermore, the rate of hospitalisations due to intentional self-harm ranged from 98 to 145 per 10,000 people, with rates significantly higher for females aged 15-24⁴. Investing further into the stepped care approach to service delivery can be a more cost-effective way to deliver the appropriate level of care while minimising the number of hospitalisations and the number of times that services are needed.

One particular study investigating the role of stepped care models for depression in primary care suggested that most GPs already implement stepped care principles in their process of referring patients to different types of treatment. However, the presence of mental health workers within the primary health setting needs to be increased as GPs may not have the relevant knowledge of mental health problems. Mental health workers will be more attuned to working with the client's own wishes for what direction they would like their treatment to go in⁵. WSCF's consultation with community and social services supports this perspective; it was mentioned that since GPs are often the first point of call, the success of stepped care models are highly dependent on whether the GP possesses sufficient training and information needed to be able to adequately refer patients to the right level of care. This study also outlines that "the evidence on effectiveness of these for depression and anxiety disorders is so compelling that they are recommended in the United Kingdom by the National Institute for Health and Clinical Excellence for administering within the National Health Service"⁶.

⁴ Western Sydney Community Forum. (2018). Communities of Change Report. http://www.wscf.org.au/wp-content/uploads/2018/06/Communities_Of_Change_Report_COMPLETED-For-Web.pdf

⁵ Van Straten, A., Seekles, W., Van 't Veer-Tazelaar, N. J., Beekman, A. T., & Cuijpers, P. (2010). Stepped care for depression in primary care: what should be offered and how?. *Medical Journal of Australia*, 192, S36-S39. Available from https://www.mja.com.au/system/files/issues/192_11_070610/van11056_fm.pdf

⁶ Ibid.

3) Promote a stronger involvement and representation of people with lived experience to lead reform

Various studies agree that the peer workforce is beneficial in assisting people with their recovery journey due to personal knowledge and experience with mental illness; however, there needs to be greater support and clarity for those working as peer workers. One particular study suggests the development of National Mental Health Peer Workforce Development Guidelines to counter this⁷. It is important to take this idea into account for several reasons:

- there are many people living with mental illness that are still willing and able to work;
- they will be able to use their organisation's funding more efficiently because they will use their own experience to give clients what they need;
- they may be better at rapport-building and trust-building with clients because of their lived experience;
- and the integration of peer workers into mainstream workplaces will allow for day-to day exposure and knowledge-building to occur between co-workers to contribute to greater general awareness and inclusivity.

In 2019, the Mental Health Commission conducted lengthy consultations in Western Sydney, South Western Sydney and Nepean Blue Mountains Local Health Districts as part of their mid-term review process for the Living Well Report. There were key themes regarding the peer workforce that were consistent across all three regions. It was seen as a positive sign that the peer workforce and consumer-led programs were increasing, however they were still not fully integrated into mental health service delivery and their voices were not adequately reflected through meaningful participation and co-design⁸.

⁷ Health Workforce Australia. (2014). Mental Health Peer Workforce study. Available from <https://www.voced.edu.au/content/ngv%3A66043>

⁸ Community Connective. (2020). Living Well Mid Term Review: Key Themes in Western & South Western Sydney. https://communityconnective.com.au/index.php?option=com_content&view=article&id=2204:living-well-mid-term-review-key-themes-in-western-south-western-sydney&catid=30&lang=en&utm_source=newsletter_270&utm_medium=email&utm_campaign=hawkesbury-e-news

4) Address gaps in the delivery, access and funding of mental health services to meet locally-specific needs by working with the broader community sector

The Productivity Commission is to be commended on acknowledging the fact that there are urgent gaps in the mental health system that need addressing. The current system is still fragmented, and some organisations are not set up as specific mental health organisations but still provide mental health services as a result of the uneven distribution of funding across the whole system. One way of addressing gaps at the local level would be to work with mainstream social and community organisations to ensure mental health is everyone's business. Furthermore, more training and funding options for sector support needs to be offered to staff within mainstream community organisations to be better equipped to provide support to people with mental health issues⁹. Sector support and development for social and community organisations can include anything from self-care to safety to resilience-building, and has been identified by WSCF's consultation with community organisations as an unmet need in Western Sydney. A balanced allocation of funding which allows for training opportunities such as this would lead to better-quality outcomes. Consideration must also be given to mental health within the context of widespread devastation and disaster in times of crisis such as the recent bushfires. It is therefore important that investment into resilience-building programs during times of crisis is made so that families are able to access much-needed support.

Another gap is that there is an insufficient range of alternative options to acute treatment. A study investigating greater Western Sydney for its increasing trend in hospitalisations for mental disorder in this catchment has suggested that instead of shifting funding completely to non-acute treatment, a combination of community and hospital options produce the best results, especially in reducing suicidal behaviour¹⁰.

Finally, investment into Indigenous mental health services will help to address gaps and improve outcomes for Aboriginal and Torres Strait Islander people. WSCF supports the development of a specific Aboriginal and Torres Strait Islander mental health program developed and delivered by Aboriginal-controlled organisations. A study on the health disparities of Indigenous Australians discussed the barriers and obstacles that Aboriginal and Torres Strait Islander people experience within the mainstream health and mental health system, and the lack of support for their specific needs. Considering that Western Sydney is home to about 60% of the total Aboriginal and Torres Strait Islander population in Greater Sydney¹¹, it is important for mental health systems to be able to understand and respond to their needs in a culturally appropriate way.

⁹ Mental Health Commission. (2020). Living Well Mid Term Review: Western Sydney. Available from <https://nswmentalhealthcommission.com.au/key-themes-western-sydney>

¹⁰ Atkinson, J., Page, A., Heffernan, M., McDonnell, G., Prodan, A., Campos, B., Meadows, G. and Hickie, I. (2018). The impact of strengthening mental health services to prevent suicidal behaviour. *Australian & New Zealand Journal of Psychiatry*, 00(0), pp.1-9.

¹¹ Western Sydney Community Forum. (2018). Communities of Change Report. http://www.wscf.org.au/wp-content/uploads/2018/06/Communities_Of_Change_Report_COMPLETED-For-Web.pdf