Wednesday 22 January 2020
The Commissioners
Productivity Commission Inquiry into Mental Health
4 National Circuit
BARTON ACT 2600

<u>Via Email</u>

Dear Commissioners,

Thank you for the opportunity to share our thoughts on the Commission's mental health draft report.

At WayAhead, we work every day to educate people throughout New South Wales on mental health and wellbeing and link them to services and resources that improve their mental health. Our vision is for a society that understand, values and actively supports the best possible mental health and wellbeing.

We are very pleased that the draft report provides government and the community with key area information and advice about where the mental health system can be improved to better serve all Australians, importantly through co-designing systems and treatments which encompass the consumer experience.

WayAhead is very supportive of recommendation 5.9 *Ensure access to the right level of care (Part II – Reorienting health services to consumers)*, which states, *The Australian, State and territory Government should reconfigure the mental health system to give all Australians access to mental healthcare, at a level of care that most suits their treatment needs (in line with the stepped care model), and that is timely and culturally appropriate.*

To achieve this will require greater involvement by consumers and carers in the development of mental health services and supports by utilising true co-design principles. We are very supportive of draft recommendation *22.3 – Enhancing consumer and carer participation* but think that consumer and carer participation in service design and delivery should be a mandatory measurer for all levels of government before rolling out mental health services. There needs to be a transparency mechanism put in place for Australian Governments to report, to demonstrate to the mental health sector and the wider Australian public that true consumer and carer co-design is taking place. Without transparency indicators demonstrating that co-design is taking place when developing government funded mental health services, the sector and public have no real way of knowing that this important part of program development is occurring.

We also believe that improving the mental health and wellbeing of Australians is not just a role for government and it will take a concerted effort from all parts of Australian society to make real long-lasting improvements to the way we manage mental health in Australia. Importantly, this includes a role for corporate Australia to play including insurance companies and we are very supportive of draft recommendation 24.5 *Private health insurance funding of community-based healthcare.* If we want to build the best mental health system possible, then it is crucial that barriers and regulations which prevent that are taken away. If private health insurance companies were better able to fund community-based mental health programs, then it will greatly help the goal of lowering mental health-related hospital admissions. Importantly, if people can access their insurance companies earlier then it will mean they will be more able to access preventative treatment options earlier and may have favourable outcomes to their mental health and wellbeing.

Our submission will focus on three main areas of the draft report, early intervention and prevention, workplaces and mental health workforce.

Early Intervention and Prevention

Children, young people and teachers
Much of the Commission's draft report under early intervention and prevention rightly focussed on how the health and education system can better help the mental health and wellbeing of children, young people and university students. Along with these important considerations, we were pleased to see a focus on how teachers could be better equipped to help their students.

While the Commission's final report can be utilised to recommend new initiatives to help young people and their educators better manage their mental health, we would strongly encourage the Commission to champion the existing programs being rolled out everyday by numerous mental health charities and not-for-profit organisations operating across the educational spectrum. We are not in favour of creating new programs where existing programs already exist and deliver good mental health and wellbeing outcomes to young Australians.

At WayAhead we work with parents and teachers of primary school students across the state through our Small Steps program. Small Steps is a program that aims to raise awareness and improve the recognition of anxiety disorders in children. We do this by offering anxiety awareness seminars for primary school staff (teachers, principals, administrative staff) and parents. A separate presentation is run each for parents or for teachers.

The topics we cover during the seminar include signs and symptoms of anxiety, the different types of anxiety disorders and how they present, evidence-based treatments for anxiety disorders and referral and treatment options.

A Small Steps seminar will usually run for about an hour and can be held at the local school. Seminars can be conducted before, during or after school hours. Seminars for teachers are usually held during staff meetings or on professional development days.

We need to do very little promotion of the Small Steps program as the need from the NSW community for this service is so great with schools contacting us throughout the year to book in their session. We know from participant feedback that the seminar greatly helps parents and teachers feel better equipped to work with their young people on identifying and overcoming anxiety.

A recent Small Steps participant said of their session:
"Often, as a parent, it is hard to judge whether your child is just a bit of a "worrier" or whether there is something else going on. You can feel foolish and can sometimes be dismissed if you believe it is more than just the usual childhood worries. Julie's talk with small steps was a great introduction as to what anxiety is, what it can look like in a child (at different age stages) and when you should seek help. I really related to the personal anecdotes and the helpful and respectful responses to questions. No question was dismissed or went unanswered. It was a great forum in which to learn more and a great platform to assist in seeking more help."

We would like to see in the Commission's final report a recommendation to continue to support state and federal mental health and wellbeing prevention and education programs for young people, parents and educators which have been proven to work and be effective.

Social inclusion – combatting loneliness
It was very pleasing to see that social inclusion was discussed in the Commission's draft report. For some time now, WayAhead has seen the impact loneliness and social isolation is having throughout communities in NSW. We view loneliness as a key issue in the Australian mental health landscape and we currently provide administrative and secretariat support for the Australian Coalition to End Loneliness (ACEL).

ACEL aims to raise awareness of, and address, loneliness and physical social isolation through evidence-based interventions and advocacy.
Inspired by the work of the UK *Campaign to End Loneliness* (www.campaigntoendlonliness.org.) and international research evidence of the physiological, psychological, social and economic costs of loneliness and social isolation, ACEL has drawn together research expertise from Australian and international universities, service delivery expertise from not-for-profit organisations and government agencies, community groups and skilled volunteers, in order to address loneliness in Australia.

We strongly agree with the draft report's social inclusion reform objective of: *Action and strong leadership on stigma reduction in the community and in the health workforce, and active responses to the cultural context of people* and agree with finding 20.1 that *social exclusion is associated with poor mental health.* We agree with draft recommendation 20.1 *the National Stigma Reduction Strategy.* However, we also believe that the government should be funding bodies and working groups already established to help counteract these issues like ACEL which clearly demonstrates where civil society and academia have come together to produce solutions to major societal challenges.

We believe that while government and governmental bodies do and will always play an important role in fostering solutions to major issues like loneliness it doesn't always need to be led by government and to truly solve major community issues effectively it can't be. Again, we believe that where community and sector groups and collaboration is currently occurring to help better the mental health and wellbeing outcomes of Australians, this work should be supported by government rather than new initiatives being funded by government which in all likelihood would duplicate the work and efforts already underway.

Australia can also learn from international efforts to address loneliness and social isolation. Former UK Prime Minister Theresa May in October 2018 launched the UK government's first loneliness strategy which created a plan to coordinate efforts across different sectors including healthcare, employment, ageing and education to combat loneliness. The strategy also incorporated loneliness into ongoing government policy decisions with a view to a loneliness policy test being included into government department's plans.

Social inclusion – stigma reduction
It is positive to see the linkages between discrimination and social exclusion outlined in the report. We would like to see the Commission recognise that discrimination is also a human rights issue. Discrimination is resulting in people who experience mental health problems being denied the same rights and opportunities as other members of the public.

Dr Sarah Gordon, a Service User Academic based in New Zealand recently spoke at the 2019 International Conference Against Stigma held in Singapore about moving the language away from the term stigma to the term prejudice. Dr Gordon also highlighted that New Zealand now refers to people who experience *distress* rather than *mental illness or mental health problems*. This has helped with public understanding of an experience and takes the language away from the medical,

diagnostic model of definition.

The report suggests that Australia needs to establish an evidence base before commencing work to eliminate discrimination toward people who experience mental illness. We assert that there is a wealth of international evidence currently available on what works. Our close neighbours in Aotearoa New Zealand have been running the *Like Minds, Like Mine program* for over 18 years and have world leading experts and researchers in the field along with programs mentioned such as *Time To Change* in the United Kingdom.

Given the significant negative effects of discrimination with regards to social inclusion and life expectancy we would recommend not waiting for more research to be done but to begin with urgency, drawing on proven international knowledge.
We currently know:

- Public awareness campaigns need to be short term to capture people's attention. Campaigns also need to be forever changing with their key messages. Discrimination needs to be a normal part of our mental health education. The most effective intervention remains social contact. This requires people with lived experience delivering education.

- General messages to large audiences have a limited use and the focus needs to be on target groups. We need to understand the needs of target groups when designing contact and education-based strategies. Campaigns need to articulate to the target audiences the benefits to them directly of their group not discriminating against people with mental health issues. Recommended target groups for any future campaigns should include healthcare professionals, landlords, employers, police and judges as well as family, religious leaders and the media. These groups have been selected because they have the biggest impact on a person with mental ill health's social inclusion.

- We need to assist people to manage their own health rather than only focusing on increasing the knowledge of other people

- Diagnostic labelling and medical model descriptors, such a schizophrenia, anxiety, depression is known to reinforce distancing between people who experience mental health problems and those who have not and leads to more social exclusion

- We need to address discrimination in our practices, laws and policies. The use of the practice of seclusion is one example.

Internationally the move is to focus on eliminating the behaviour of discrimination first, understanding that stigma and prejudice will take more time.

We support a nationally coordinated approach as outlined in the report however we would like to see a clear recommendation from the Commission that this program must be led by people with lived experience of mental health issues. They are most affected by discrimination.

Workplaces

Draft report feedback
We think the focus on the prevention of workplace mental health issues is a long-term investment that will bring about less people hitting crisis and create people that will be better equipped to manage their mental health and support those that need assistance. It also has the potential to positively impact people's physical health conditions, as they have the mental capacity and knowledge to make better decisions. From a workplace perspective this is likely to mean less absenteeism and more employee engagement, productivity and innovation.

At WayAhead we have a state leading program called **WayAhead Workplaces** (www.workplaces.wayahead.org.au) which links us with the leading key stakeholders, researchers and engaged organisations in workplace mental health in NSW and QLD. We bring any organisation across Australia interested in improving the health and wellbeing of their people together with their peers, the latest best practice case studies and experts to improve their organisation's knowledge and practice of workplace health and wellbeing.

Our members promote us to their peers and our annual member survey feedback is consistently high in their satisfaction with our service. The interest and engagement from organisations to be mentally healthy and safe has grown year on year. They are vocal in reaching out to ask for assistance in how to invest and implement prevention programs as they are now starting to see and understand the impact and cost of poor mental health in their workplaces and the wider community.

Whilst we welcome the focus the draft report had on workplaces, we were disappointed to find that most of the focus was on mental illness, recovery and return to work and psychological claims. Of course, these are all elements which workplaces have a role to play under Workplace Mental Health and Wellbeing programs, but they should not be the only ways which workplaces support their staff.

The draft report had little reference to the investment and expansion of prevention initiatives and ways of working, which many workplaces around Australia are already actively involved in. We absolutely welcome the report's focus on the 20% of the adult population experiencing mental distress each year and how workplaces could better help them but we also strongly encourage the Commission to look at how workplaces can help the rest of the population, particularly those who are languishing and need some support and guidance, or those coping with life's ups and downs and just getting by.

We think there should be more focus in this section of the report on supporting existing services and programs that aim to teach people how to maintain their mental health and wellbeing, which helps build their resilience. We believe the final report should encourage the Commonwealth to invest in those organisations working from an evidence base with workplaces to support the health and wellbeing of their staff, as per the Health and Safety Act Duty of Care. This will complement the work being done in supporting those with mental illness, recovery and return to work.

We would like to see a stronger focus on mental health promotion and prevention to support leaders and workplaces to be mentally healthy. There is a growing focus on the concepts of psychological safety, job design and identifying and managing psychological risk. This is where many of the key stakeholders like Comcare (https://www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces) and Safework Australia (https://www.safeworkaustralia.gov.au/topic/mental-health) and researchers in the workplace mental health sector across Australia are now working and focusing their energy and research including Associate Professor Sam Harvey (https://med.unsw.edu.au/people/dr-samuel-

harvey).

The cost of mental ill health and poor management of workplace mental health to the Australian economy is well known. In a 2014 PWC report (https://www.headsup.org.au/docs/default-source/resources/bl1269-brochure---pwc-roi-analysis.pdf?sfvrsn=6) the impact of mental health conditions is measured as the total cost of absenteeism, presenteeism and compensation claims estimated in one year across all industries. This is estimated to be approximately $10.9 billion per year. This comprises $4.7 billion in absenteeism, $6.1 billion in presenteeism and $145.9 million in compensation claims.

What we have heard from our members and observed through our industry peers, is that many already view improving and supporting their employee's mental health and wellbeing as an important component of their work. Some have also heavily invested financially into research and pilot projects to help improve the health and wellbeing of their workers. Much of the pilot programs and longitudinal research are still ongoing with new research findings and evaluations being published every year in Australia, therefore we believe it is imperative that Australian Governments work with organisations already doing this work instead of funding new projects and strategic plans which would in all reality, could only seek to duplicate the efforts many in the sector are already doing.

Feedback on specific draft report recommendations
The reference in the report to the investment in schools and the education sector is very important and will make a difference to mental health outcomes. However, we want to remind the Commission that schools and tertiary institutions are workplaces too, so the prevention message and investment in education must be linked and complimented in their section on workplaces for consistent and sustainable outcomes. We therefore support draft recommendation 18.1 which suggests providing training and guidance on mental health and wellbeing for all teaching staff

We acknowledge and agree with draft finding 19.1 that return to work is more difficult in smaller businesses and the reasons provided for this. We would go further to say prevention of mental health issues and recovery and return to work are all harder to manager in small businesses. This is because they usually don't have a staff member to specifically co-ordinate the processes. The business owner is often a worker, the finance manager, marketing manager and their mental health is often challenged by those pressures, particularly if they are a family owned small business. As small businesses are the majority of businesses in Australia, these issues need to be given serious consideration. There is a lot of good work being done to better understand the needs of small businesses by organisations such as Everymind (https://everymind.org.au/programs).

We strongly agree with draft recommendation 19.1 that psychological health and safety should be given the same importance as physical health and safety in workplace health and safety laws. This will reflect the importance of the issue and reflect the current priorities, agencies such as SafeWork Australia, continue to put on this issue. (https://www.safework.nsw.gov.au/hazards-a-z/mental-health).

We support draft recommendation 19.2 that codes of practice should be developed by Workplace Health and Safety authorities in conjunction with Safe Work Australia to assist employers meet their duty of care in identifying, eliminating and managing risks to psychological health in the workplace. In 2019 SafeWork Australia launched a Work-related psychological health and safety guidance document to provide a systematic approach for a person conducting a business or undertaking (PCBU) under WHS laws, or an employer, under workers compensation laws must or should do in relation to psychological health and safety https://www.safeworkaustralia.gov.au/doc/work-related-

psychological-health-and-safety-systematic-approach-meeting-your-duties). This was created from the latest research and evidence based best practice.

We believe draft finding 19.2 is worth exploring; *Workers Compensation arrangements can most effectively deal with mental health claims and improve outcomes for employers and employees*. A lot of the anecdotal evidence from many of those that have been part of the Workers Compensation system is about the impacts of the slowness of the process and the delays they experienced having a big impact on the way they recovered from their injury. One of the main reasons being the delay in receiving treatment.

We are supportive of the investigation into draft recommendation 19.3 that Workers Compensation schemes should provide lower premiums for employers who implement workplace initiatives and programs that have been considered by the relevant Workplace Health and Safety authority to be highly likely to reduce the risks of workplace related psychological injury and mental illness for that specific workplace. Incentives for organisations is something we believe will be considered under the National Workplace Initiative, if the national framework they propose is not made mandatory for all organisations, so those that comply with the framework are rewarded for the efforts.

We agree with draft finding 19.3 around exploring the services provided by, reliability of, and outcomes achieved by Employer Assistance Programs (EAPs). These services do have their place in the suite of offering for workplaces in supporting mentally healthy workplaces, but they are of varying quality, level of experience and training. Some providers are now taking the initiative to improve their offerings to match the changing workplace mental health landscape by exploring the use of telehealth services so they can reach more people, particularly those in geographically spread locations. This is an important avenue to explore with the accepted evidence that rural and remote communities do not have the same access to services as metropolitan areas. We agree with the recommendation that as a sector, investment in research to improve external evaluation and benchmarking of best practice should be a requirement.

We support the exploration of draft recommendation 19.4, that workers compensation schemes should be amended to provide clinical treatment for all mental health related workers compensation claims, regardless of liability, until the injured worker returns to work or up to a period of six months following lodgement of the claim. Similar provisions should be required of self-insurers. We understand this would be a large undertaking and needs thoughtful consideration in how to enact this. However anecdotal evidence from those involved in the workers compensation scheme have spoken about the additional stress put on them waiting for their claim to be approved, sometimes weeks and months, when they could have been receiving treatment and starting their recovery journey. This further delayed their recovery and return to work. It has been established in Australia that the longer a person is out of work due to injury the it is to get them back again and to stay at work in the long term.
(https://www.comcare.gov.au/__data/assets/pdf_file/0014/134321/Rehabilitation_and_Return_to_Work_PDF,_712_KB.pdf).

We support the idea of draft recommendation 19.5 regarding disseminating information on workplace interventions. We believe the responsibility for this is not just on WHS agencies but all key stakeholders working in workplace mental health. For example WayAhead Workplaces co-facilitates a NSW Workplace Mental Health Network for the key stakeholders working in this space (mental health charities, regulators, researchers, government agencies) to ensure we are regularly communicating about our work, sharing best practice and learning from, and supporting, each other for the betterment of the NSW workplace sector and wider community. This information can then be tested by researchers and put into policy and strategy documents, and pilot tested by

organisations to create evidence based best practice.

We support the draft recommendation 20.2 of growing the awareness of mental illness in the insurance sector, particularly the section relating to The Australian Securities and Investments Commission evaluating the operation and effectiveness of the insurance industry Codes of Practice and industry standards that relate to the provision of services to people with mental illness. As a mental health charity and a workplace health and wellbeing program, we have received many calls over the years from people asking for support as they have been discriminated against by their insurer due to their mental illness, or have been declined their claim due to their mental illness. We know there has been long standing discrimination against people with mental illness or who have had an episode of mental illness in the past and are still discriminated against because of it. This recommendation will also help to reduce the stigma and prejudice people experience in society. (https://www.beyondblue.org.au/about-us/about-our-work/discrimination-in-insurance/stop-insurance-discrimination)

Utilising what we know works
As with our feedback in the prevention section, we too strongly encourage the Commission to champion the existing evidence based workplace mental health programs being rolled out across all states in Australia by numerous private organisations, mental health charities and not-for-profit organisations which do this work effectively. We are not in favour of spending precious resources creating new programs. For example, we noticed the report doesn't reference the government support and investment into the National Workplace Initiative a ground breaking piece of work to create a National Workplace Mental Health framework for organisations to work under to become mentally healthier and safer workplaces (https://www.mentalhealthcommission.gov.au/mental-health-reform/national-workplace-initiative). Australia has built very strong relationships with Canada, the first country to create a national framework, and we are benefiting from their learning and evaluation of this piece of work. Australia is growing to be a world leader with Canada in the workplace mental health sector. Investment in this sector will reap great rewards in the years to come.

We would like to see in the Commission's final report a stronger voice in support of the investment in evidence-based prevention practices, tools and resources in the workplace mental health sector, alongside the focus on recovery and return to work. Research has made clear that good work is a key contributor to a meaningful life, and many people are missing out on this experience (https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work). The investment in prevention will greatly help to build on the great research and pilot studies currently being undertaken to grow our evidence base in Australia. Moving the discussion and actions relating to mental health in Australia out of the mental health sectors basket of issues to solve, to a national discussion and responsibility across all government sectors, is a very powerful shift in the narrative; and it is much needed.

Mental Health Workforce
One of the ongoing workforce challenges the Mental Health Promotion and Prevention sector faces is funding uncertainty. For quite some time now funding in NSW has been provided on short term contracts, in our case, on annual contracts. Only having short term contracts makes it incredibly hard for our sector to take a longer-term approach to meet the needs of the communities which we serve and adequately plan for the community's longer-term needs.

We are very supportive of any recommendations the Commission could make to encourage governments to implement minimum three-year funding cycles for mental health and wellbeing activities, as set out in the medium-term measurers of draft recommendation *22.3 Enhancing*

consumer and carer participation. Our preference would be five-year contracts. This would help agencies retain staff and start to create longer-term plans to start implementing the various findings and recommendations of the Commission's final report.

We also welcome draft recommendation 22.1 *Governance arrangements for the National Mental Health Commission*. We see a lot of value of the Commission and its continued presence in the Australian mental health landscape. We see merit in the idea that the NMHC should become an interjurisdictional statutory authority with appropriate governance arrangements to enable it to effectively lead evaluations of mental health and suicide prevention programs funded by all levels of government.