__Jesuit Social Services__ is a social change organisation. We work with the most disadvantaged members of the community, providing services and advocacy in the areas of justice and crime prevention; mental health and well-being; settlement and community building; education, training and employment; gender and ecological justice.

Mental Health inquiry
Productivity Commission
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Dear Secretariat

Jesuit Social Services appreciates the opportunity to respond to the Productivity Commission's Draft Report on Mental Health.

The draft report is a welcome examination of the broader systems and services that impact on the delivery of mental health services, as well as the range of factors – from social exclusion to unemployment – that can be both a precursor to and consequence of mental ill-health. We support a similarly holistic approach to addressing mental health and well-being that pays greater attention to the role of structural factors, such as poverty and disadvantage, and the impact of co-existing issues, including trauma and substance abuse.

Jesuit Social Services welcomes the report's emphasis on the importance of stable housing for people with mental illness. The availability of safe, secure and affordable housing is fundamental to enabling people to lead fulfilling lives. We also commend the report's focus on the justice system, given the prevalence of mental illness among people in custody and the importance of effective interventions to keep people out of prison.

Many of the draft report's recommendations offer important direction for governments across Australia and should be progressed as a priority. These include (but are not limited to):

- A nationally consistent formal policy of no exits into homelessness for people with mental illness who are discharged from institutions such as hospitals and prisons.
- Investment in long-term housing solutions, including supported housing, for people with severe mental illness.
- A National Mental Health and Suicide Prevention Agreement between all levels of government that would clarify responsibilities to fund and deliver specific mental health services and suicide prevention activities to ensure maximum coverage.
- Care coordination services that are available to all who need them, including people with complex needs and/or severe mental illness and people who do not qualify for the NDIS.

In the following sections, we outline several points on which we believe the draft report could be strengthened.

1. Detention

a) Transition support

The Commission sought further information on transition support for people exiting the justice system (information request 16.1).

Jesuit Social Services was recently part of a pilot project embedding a Bolton Clarke community health nurse within our ReConnect program, which supports people to transition from prison to the community. This pilot offers an example of a positive initiative that may lead to better health outcomes for people exiting prison. Of participants in our ReConnect program in 2018 (n=449), 80 per cent were recorded with either diagnosed mental health conditions (62 per cent) or symptoms that require assessment for mental health concerns (18 per cent). The work of the community health nurse included providing direct clinical nursing assessment and care, and increasing health literacy. A recent evaluation of the pilot project by University of Melbourne researchers found that it had significant benefits for both participants and staff, with the community health nurse performing a critical role in connecting participants to appropriate healthcare services, empowering them to better engage with their health, and equipping case workers with the skills and knowledge to better understand and assist participants in managing their health needs. We would be pleased to provide the Commission with a copy of this evaluation upon request.

Housing support for people exiting the justice system is also a crucial component of effective transitions. Jesuit Social Services delivers a range of supported housing programs, including Perry House and Dillon House, which provide supported accommodation for young people who are leaving the youth justice system and experiencing homelessness. Dillon House is part of the Next Steps program, which also delivers intensive case management, and Perry House works with young people with intellectual disabilities. Our Link Youth Justice Housing Program also supports young people aged 15 to 22 exiting the justice system homeless or at risk of homelessness, through a unique, integrated model that secures and sustains appropriate and stable housing and provides essential after hours support.

b) Practices in detention

Jesuit Social Services notes that while the draft report considers matters such as the quality of mental health care and assessment in the justice system, there is no reference to practices or conditions in detention that may lead to or exacerbate mental illness. This includes the use of solitary confinement, strip searches, management regimes and the use of restraints, which can have profound impacts on a person's mental health.[1]

[1] For further information, see Jesuit Social Services' *All Alone* (2018) paper: http://jss.org.au/wp-content/uploads/2018/09/All-alone-Young-adults-in-the-Victorian-justice-system-FINAL-1.pdf. On the strip searching of children in detention, see Human Rights Law Centre, *Children in prison subject to 100s of unnecessary strip searches*, https://www.hrlc.org.au/news/2019/7/29/children-in-prison-subject-to-100s-of-unnecessary-strip-searches.

We call on the Commission to pay particular attention to the Victorian Ombudsman's recent investigation into practices related to the solitary confinement of children and young people.[2] At Port Phillip Prison, for example, the inspection team witnessed "the use of isolation and observation without active treatment or therapeutic interventions for those at risk of suicide or self-harm."[3] The mental health expert who was part of the inspection team observed practices related to solitary confinement that were used as an "essentially punitive response to the mental health needs of suicidal prisoners."[4] At Malmsbury Youth Justice Precinct, there was "limited understanding by staff of the dangers of isolation, its impact on mental health and its effects on behaviour," with one case documented of a 16-year-old Aboriginal person known to self-harm in isolation who "nonetheless was isolated for many hours until his condition required hospital treatment."[5]

The Victorian Ombudsman recommended a legislative prohibition on solitary confinement, defined as the physical isolation of individuals for 22 or more hours a day without meaningful human contact. We recommend that the Productivity Commission call for this harmful practice to be banned across all states and territories. Jesuit Social Services' 2018 report – *All alone: Young adults in the Victorian justice system* – also raised a number of concerns regarding the welfare and treatment of young adults in Victorian prisons. Without attention to some of the concerning practices occurring in detention, the mental health of people detained will continue to suffer.

c) Immigration detention

Numerous reports over several years have documented the shocking level of mental illness among people held in onshore immigration detention. As one example, a recent study by University of Melbourne researchers found that rates of self-harm among asylum seekers in onshore detention were more than 200 times higher than the community rates for hospital-treated self-harm.[6] Regular visitors to onshore immigration detention, refugee organisations and people formerly detained all describe conditions that have grown increasingly harsh.[7] The Commission's draft report makes no mention of immigration detention. While the report recognises that migrants and refugees are among those who may be particularly vulnerable to mental illness, we believe the issue of mandatory immigration detention demands attention.

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[2] Victorian Ombudsman (September 2019) *OPCAT in Victoria: A thematic investigation of practices related to solitary confinement of children and young people*, https://www.ombudsman.vic.gov.au/getattachment/Publications/Parliamentary-Reports/OPCAT-in-Victoria-A-thematic-investigation-of-prac/OPCAT-in-Victoria-A-thematic-investigation-of-practices-related-to-solitary-~-September-2019.pdf.aspx.
[3] Ibid, p. 19.
[4] Ibid, p. 131.
[5] Ibid, p. 7.
[6] Hedrick K, Armstrong G, Coffey G, Borschmann R. 'Self-harm in the Australian asylum seeker population: a national records-based study'. *SSM Population Health* 2019; 8: 100452.
[7] See, Jesuit Social Services (July 2019) *The harsh reality of onshore immigration detention in Australia*, https://jss.org.au/wp-content/uploads/2019/07/Onshore-Detention-paper_FINAL_July2019-002.pdf.

Immigration detention is supposed to be administrative, not punitive. However, in practice, this stated purpose is undermined by the fact that there is no legislated time limit on detention. As of 30 November 2019, there were 1,449 people in immigration detention facilities (the most recent data available).[8] The average period of time for people held in detention was 496 days.[9] The treatment of people in immigration detention and their access to appropriate healthcare is a pressing issue – two people detained in Sydney's Villawood immigration detention centre suicided in January and March 2019 and a person detained at Yongah Hill immigration detention centre in Western Australia suicided in September 2018.

2. Postvention support

One area of suicide prevention that receives comparatively less policy attention is the crucial need for postvention support. We know from our experience delivering Support After Suicide throughout Melbourne and regional Victoria since 2004 that the experience of bereavement after suicide is complex and prolonged, and people who don't receive the help they need from specialists in the postvention field often have mental health issues in the long-term. It is critical to recognise the risk of suicide amongst those who are bereaved by suicide.[10] The stark reality is that some of our participants present as suicidal. However, postvention support delivered by experienced practitioners reduces this risk.

The Commission's draft report notes that more research is needed into the effectiveness of postvention programs. The Commission should consider including an explicit recommendation for a body such as the National Mental Health Commission to undertake this research, including examining the impact of suicide and the effectiveness of postvention services. Jesuit Social Services also notes and endorses comments made in the interim report of the Royal Commission into Victoria's Mental Health System that there is a need for more post-suicide services to support people affected by the loss of a loved one to suicide.[11]

Jesuit Social Services is currently finalising research conducted with family members bereaved by suicide in Victoria to examine the barriers to and facilitators of care for people contemplating suicide. Through the research we consistently heard stories describing how the mental health system failed at specific points to adequately respond, including the exclusion of family members from knowing about a loved one's mental state. The findings also highlight the different life circumstances of people who ended their lives. For example, bullying (especially at work, school or online) was associated with a significant 41 per cent of the 142 suicides in our survey sample, as reported by a family member. A large majority (89 per cent) of those people in our study who ended their lives also had a mental illness and around one half (47 per cent) were known to have attempted suicide in the past.

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[8] Department of Home Affairs (30 November 2019) *Immigration Detention and Community Statistics Summary*, https://www.homeaffairs.gov.au/research-and-stats/files/immigration-detention-statistics-30-november-2019.pdf.
[9] Ibid.
[10] Royal Commission into Victoria's Mental Health System (November 2019) *Interim Report*, pp. 345-347.
[11] Ibid, p. 346.

We hope this report will inspire effective and ongoing consultation with the families of people who have ended their lives in order to improve the mental health system so more lives might be saved. We would be pleased to provide the Commission with a copy of this research when it is finalised (expected to be February 2020).

3. Promoting healthier masculinities

The draft report explores possible prevention and early intervention initiatives through systems such as education, the workplace and the justice system. As part of this focus on preventing mental illness or intervening early, we believe there is a need to recognise and address the harmful notions of masculinity that contribute to mental ill-health and to promote positive change around what it means to be a healthy and respectful man.

As outlined in our initial submission, in 2018 Jesuit Social Services' The Men's Project undertook a study focused on the attitudes and behaviours of young Australian men aged 18 to 30. *The Man Box: A study on being a young man in Australia*[12] shed new light on the social pressures that young Australian men experience to be a 'real man' and the impact this can have on their wellbeing, behaviours and the wider community. The 'Man Box' is a set of beliefs that place pressure on men to be a certain way, including acting tough, not talking about worries or concerns, and figuring out problems on your own. Of those young men who endorsed the rules of the Man Box, 44 per cent had thoughts of suicide in the last two weeks (twice as likely as those outside The Man Box) and 72 per cent reported feeling down, depressed or hopeless. The fact that those in The Man Box had thoughts of suicide at double the rate of those who were most free of the box is particularly alarming, suggesting more concentrated experiences of poor mental health among this group. Given these findings, there must be a renewed focus on addressing these harmful attitudes and behaviours among boys and men.

To this end, one key initiative is Jesuit Social Services' Modelling Respect and Equality (MoRE) program, which supports role models – both male and female – who interact with boys and men on a regular basis to challenge limiting and harmful attitudes. This program responds to the need to promote positive change around gender norms and stereotypes and support boys and men to establish meaningful relationships, to build hopes and aspirations, and to fully realise their potential.

4. Income support

The draft report recognises that people with mental illness face barriers to gaining employment and that current federal employment services, including *jobactive*, are not effectively meeting the needs of people with mental illness. We support the Commission's general contention that employment services for people with mental illness (and indeed, all people) must go beyond a focus on compliance obligations, and should provide flexible, individualised plans that are expressly targeted for people

[12] https://jss.org.au/wp-content/uploads/2018/10/The-Man-Box-A-study-on-being-a-young-man-in-Australia.pdf.

with mental ill-health or other complex needs. In Victoria, current initiatives such as the Jobs Victoria Employment Network (JVEN) have enabled organisations such as Jesuit Social Services to work closely with individuals to address issues affecting their ability to secure and maintain employment, with support focused on building a relationship with a person to understand their capabilities, strengths and aspirations, foundational learning skills and participation in prevocational training that offers clear pathways to inclusion.

One crucial layer of support for people struggling to find work, and who may be experiencing barriers to inclusion such as mental illness, is an adequate level of income support. People must be supported to maintain an adequate standard of living while they look for employment. The Newstart Allowance is simply not enough to live on.[13] In fact, the payment is so low that it is now widely recognised as constituting a barrier to employment.[14] Raising the level of income support will help reduce poverty and inequality in Australia, benefiting not just individuals who are struggling but the broader communities in which they live.

The Commission acknowledges concerns about the adequacy of income support payments. However, the question of whether current levels of income support represent an adequate safety net is deemed to be outside the scope of the inquiry. Given the evidence presented in the draft report – including the tightening of eligibility requirements for the Disability Support Pension which has resulted in an increase in the number of people with a mental illness accessing Newstart and Youth Allowance – we believe the Commission should make a stronger finding on this issue. Including a recommendation to government to increase the level of Newstart, Youth Allowance and related payments lies within the Commission's broad remit to examine how sectors beyond health, including social services, can contribute to improving mental health and economic participation.

We appreciate the Commission taking these matters into consideration and would welcome any further opportunity to contribute.

Yours sincerely

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[13] ACOSS (July 2019) *"I regularly don't eat at all": Trying to get by on Newstart*, https://www.acoss.org.au/wp-content/uploads/2019/07/190729-Survey-of-people-on-Newstart-and-Youth-Allowance.pdf.
[14] The Age (7 August 2013) *Employers agree Newstart a barrier for job seekers*, https://www.smh.com.au/politics/federal/employers-agree-newstart-a-barrier-for-job-seekers-20130806-2rdhz.html.