# Submission from HelpingMinds
# on the Productivity Commission Issues Paper – The Social and Economic Benefits of Improving Mental Health

## 18 April 2019

# Introduction

## About HelpingMinds

HelpingMinds is a not-for-profit mental health provider, delivering services across WA and in Darwin for both children and adults. This includes services for Aboriginal people and communities, for people in regional and remote areas, and services for culturally and linguistically diverse communities. We provide a range of supports to families and individuals experiencing issues arising from mental distress. We work directly with family members and friends in an ongoing caring role and with individuals who require support as a result of a mental health issue. We also focus on systemic advocacy to ensure that issues raised from the grassroots are heard through every level of government and the community.

The number of family members and friends in WA providing care to a person with disability due to a psychological condition has been estimated at around 61,000[1]. However, academic researchers suggest that this figure is a considerable underestimate and that approximately 15% of all Australian adults are providing care and support to a family member or friend with disability related to mental ill health[2]. Many young people, including children, are also in ongoing caring roles for their parents and other family members living with psychosocial disability.

The lives of people with mental health issues and their family members and friends who support them can become closely entwined. HelpingMinds encourages a 'family-centred' approach to service delivery. This places the individual at the centre, but closely acknowledges the needs of the person's support network who might be family members or friends who provide ongoing support and who may require support themselves to continue this role in a positive manner.

## Our support for other submissions

We support the joint submission by Mental Health Carers Australia, Western Australian Association for Mental Health (WAAMH), Caring Fairly, and Community Mental Health Australia.

For further details on our submission, please contact:

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[1] Australian Bureau of Statistics, 2014, Caring in the Community, Australia, 2012. Table 14.
[2] Pirkis, J., Burgess, P., Hardy, J., Harris, M., Slade, T. and Johnston, A. 2010. 'Who cares? A profile of people who care for relatives with a mental disorder'. *Australian and New Zealand Journal of Psychiatry*, 44:929-937

# Our response to the issues paper

*Increasing carer recognition and supports to reduce the burden on informal carers*

In 2015, there were an estimated 240,000 mental health carers in Australia, with their replacement cost to be $13.2 billion[3]. Given our grassroots origins as a mental health carer support organisation, we have a strong understanding of these needs.

Our Advocacy team continually evaluate the issues raised by mental health carers as part of their service delivery. One of the key systemic issues identified is that carers are not involved (by services) in the discharge of the person they care for. It is evidenced that involving carers as partners in care gives better outcomes for all involved. The benefits of partnerships between mental health service providers, consumers and family and friends in a caring role are acknowledged both internationally[4] and nationally[5].

A solution for this key issue raised by mental health carers, would be recognising the benefits, and implementing the standards, in "The Practical Guide for Working with Carers of People with a Mental Illness" (the Guide) across all mental health service provision throughout Australia. In addition, including the Guide's six 'partnership standards' within the National Standards for Mental Health Services would help address this concern.

Once in a caring role, it can be difficult for carers to maintain their employment. We believe that developing more support to keep unpaid carers in the workplace will be of great benefit to the wider economy. As referred to the in Caring Fairly submission, we recommend that a National Framework for Carer Inclusive Workplaces be developed[6].

*Addressing service gaps*

We note *Figure 5 Stepped model of care* which is outlined in the Issues Paper. Our NDIS participants sit within the 'complex needs' and 'high needs' categories. Whilst we acknowledge the concept of choice and control, our experience suggests that the lack of coordination between primary care and secondary and tertiary mental health can lead to duplication and confusion for both providers and participants. This leads to less than optimal recovery-driven outcomes. A particular concern that is often ill-addressed, is that of the physical healthcare needs of participants.

Furthermore, mental health services will often refuse service to people who have a co-occurring substance use disorder, or a substance use disorder but no other mental health diagnosis. There is a strong link between substance use disorders and other mental health conditions, including an evidence base that integrated care is most effective however this is not evident in practice. People are often required to participate in a substance withdrawal program before they can access mental

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[3] Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J & Whiteford H. The economic value of informal mental health caring in Australia: technical report. Brisbane: The University of Queensland; 2016

[4] WHO, 2004

[5] National Standards for Mental Health Services, Commonwealth of Australia 2010

[6] Caring Fairly, Australian Government: Productivity Commission Inquiry into the social and economic benefits of improving mental health, April 2019, p 6

health services. As an example, the Mother and Baby Unit at Perth's King Edward Memorial Hospital will not provide a service to mothers with 'solely substance use issues'[7].

A treatment plan that addresses the physical, social and psychological components of need is essential; looking at the whole person and their social network.

*Securing longer-term funding for not-for-profits to improve community mental health for all Australians*

The implications of short-term funding arrangements for the NGO sector have major implications for clients, staff and organisations. Continuity of care is severely affected on a cyclical basis, during and up to the time at which contracts are renewed of renegotiated. The lack of job security, perceived or otherwise, forces staff to seek alternate employment due to the uncertain, and often late, contract negotiations. Clients are, therefore, left with short term, temporary care arrangements that lead to higher levels of psychological distress. The consequences being acute presentations to hospital emergency departments and lengthy inpatient stays.

Longer term funding will also enable organisations to develop programs that target vulnerable and marginalised groups, such as the LGBTQI+ community, Aboriginal people, and people from culturally and linguistically diverse (CALD) backgrounds. These cohorts often need long-term interventions in order to achieve a sustainable benefit. This is particularly the case for Aboriginal communities who have often been subjected to intergenerational trauma. Given that these organisations are often small in nature and lack the resources needed to develop business strategies within short timeframes, the need to resource and fund tender submissions significantly reduces their capacity to deliver grassroots care. A further encumbrance being that these cohorts need staff with specialist skillsets – recruitment for short-term contracts is always challenging.

Overseas, longer-term contracts have been shown to provide effective community supports as organisations have the opportunity to develop programs and measure the impact over the longer term.

*Applying consistent ICT communication strategies and outcome measures*

The lack of consistency across Government Departments and their funding arms with regard to recording and reporting, leads to missed opportunities to provide wrap around care for marginalised and disadvantaged groups. Currently there is limited transparency of service gaps and duplication of services.

Other more clinically relevant issues occur when technological opportunities are missed in the sharing of information that may be used to manage complex and high-risk presentations, which results in increased levels of morbidity and mortality. This must be managed in an environment that is cognisant of client rights and confidentially; however, these shouldn't be used as artificial barriers to systematic malaise.

 A joint planning approach that involves Health, Justice, Education, Social Service and Housing components of Government would have utility when developing metrics that would capture social

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[7] King Edward Memorial Hospital Mother Baby Unit. Exclusion Criteria.
http://www.wnhs.health.wa.gov.au/services/mbu/index.htm#before

determinants and clinically relevant information, that enhance care planning and coordination. Looking at all factors that impact an individual or family is vital to ensure that funding is utilised effectively in addressing all areas of need.

*Addressing physical and mental health, including dental care*

Many of our clients have physical diseases that can sometimes be poorly managed, given the focus on their mental ill health. An example of this is a NDIS participant with a primary psychosocial disability and Type 2 diabetes. Due to their cognitive capacity, they have an inability to self-manage their physical illness which results in multiple hospital admissions.

We know that effective management of physical ailments of people with mental ill-health are important – this has the potential to minimise risk factors and detect and treat emerging chronic diseases. Effective interventions can reduce premature deaths, improve quality of life and reduce costs of health care.

To this end, the WHO has documented best practice for managing physical diseases in people with mental ill-health[8]. We would also recommend that consideration be given to addressing chronic conditions associated with poor dental health, which is often difficult for people with mental ill-health to access and is compounded by complicated healthy lifestyle issues faced particularly by this cohort.

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[8] *Guidelines for the management of physical health conditions in adults with severe mental disorders* WHO 2018