22 January 2020

Productivity Commission
Inquiry into Mental Health
4 National Circuit
Barton ACT 2600
Australia

Submitted Online

Dear Sir/Madam,

The Centre for Social Impact Swinburne (CSI Swinburne) welcomes the opportunity to provide a supplementary submission to the Inquiry into Mental Health.

This submission builds on our first submission to the Inquiry, and the evidence provided at a public hearing in Melbourne on 18 November 2019. It specifically addresses the matters discussed in Section 20 of the draft report.

Draft Recommendations on Social Participation and Inclusion

In Section 20, the Commission highlights the relationships between socioeconomic disadvantage, stigmatising attitudes, and social exclusion of people with mental illness. The report notes that social participation and inclusion are important to recovery, and reduce the risk of relapse. The Commission observes that work can benefit mental health and offer opportunities for social interaction – but identifies weaknesses within both the current employment services, and psychosocial support systems (Productivity Commission 2019).

Many researchers acknowledge that social inclusion and exclusion are contested and political concepts (Clifton et al. 2013; Filia et al. 2018; Pereira & Whiteford 2013; Secker 2009; Wright & Stickley 2013), and there is limited robust evidence overall regarding effective social inclusion strategies for people with mental health problems (Evans-Lacko et al. 2014; Gardner et al. 2019; Pereira & Whiteford 2013; Wright & Stickley 2013). A group of Australian mental health researchers recently conducted a thematic review of

what social inclusion experts and organisations see as the contributing factors to social inclusion/exclusion, and concluded that:

> *"…social inclusion is multifaceted and complex, comprising a range of key contributors related primarily to participation in social activities, good social networks with support available, stable and suitable housing in a safe and well-resourced neighborhood and involvement in employment or education (current and/or acquired education)."* (Filia et al. 2018, p. 193)

The domains of social inclusion are interrelated, and exclusion or inclusion within one domain can intersect with and reinforce experiences of exclusion or inclusion across other domains (Filia et al. 2018; Merton & Bateman 2007). A recent review of social participation interventions for people with mental health problems supports the assertion that quality of relationships and opportunities for meaningful social participation and roles are particularly important, rather than simply building new social connections (Webber & Fendt-Newlin 2017). This review found that supported community engagement (programs increasing peoples' access to financial and social resources to help them participate in the mainstream community as they chose) had the strongest evidence for social network gains, but also came with challenges in terms of the mainstream community's acceptance of people with mental health problems (Webber & Fendt-Newlin 2017). This is consistent with other research identifying the importance of financial resources in supporting social engagement (Sheridan et al. 2014).

A recent meta-analysis and review of interventions to reduce loneliness found that the most successful interventions addressed maladaptive cognitions - the negative thoughts leading to behaviours impede social interactions and reinforce loneliness (Masi et al. 2010; Mann et al. 2017). However, Mann et al. (2017, p. 632) note that:

> *"Targeting an individual's cognitions and preparing them to 'get involved' in their community may have limited impact if there are no efforts to create a broader sense of connectedness in the community itself. Groups that appeal to a wider range of members, with or without mental health problems, may facilitate better integration, reduce stigma, and boost one's confidence as a member of wider society."*

Mann et al (2017) also highlight the association between poverty and loneliness, and suggest that interventions addressing other unmet needs - such as employment or housing - are worthy of further attention and research into their indirect impacts on loneliness. There are broader calls for more research on social inclusion, including experimental studies with longer follow-up periods of more than a year (Webber & Fendt-Newlin 2017), and measures that explore both objective (e.g. employment) and subjective (e.g. feelings of belonging) experiences of social inclusion (Gardner et al. 2019).

In summary, while social inclusion remains a contested and under-researched concept, the existing evidence base in Australia and internationally contain some areas of agreement. Social inclusion and participation are multidimensional and complex (Filia et al. 2018; Webber & Fendt-Newlin 2017; Secker 2009) and increasing inclusion requires approaches that respond to the intersections between people's opportunities for meaningful relationships and occupation (Filia et al 2018; Wright & Stickley 2013), their access to financial and other resources (Gardner et al. 2018; Sheridan et al. 2014), and the acceptance and support of their communities (Mann et al. 2017) and government (Clifton et al. 2013) - including the democratic, legal, labour market and welfare systems (Secker 2009). This involves addressing multiple forms of exclusion at individual and community level, but it is also about how broader social structures support or prevent people from accessing the opportunities that hold value for them (Spandler 2007).

The Role of Work Integration Social Enterprise

There is a growing body of international research suggesting that work integration social enterprise (WISE) address diverse forms of social exclusion by providing employment (Ho & Chan 2010; Mason et al. 2015; Roy, McHugh & Hill O'Connor 2014), increasing peoples' income and living standards (Gilbert et al. 2013; Macaulay et al. 2017; Morrow et al. 2009), and providing opportunities for social connection (Barraket 2013; Chan 2015; Macaulay et al. 2018) and improved mental health and emotional wellbeing (Ferguson 2017; Munoz et al. 2015).

WISEs that involve meaningful interactions between people with and without mental illness also have the potential to reduce stigma (Krupa, Sabetti & Lysaght 2019) – an aim of draft recommendation 20.1. As yet unpublished

Australian Research Council research led by Jo Barraket on the health equity outcomes of WISE for young people finds that well-run WISE have demonstrable impacts on subjective measures of mental health and wellbeing, and that these are produced through a combination of providing people-centred support, decent workplaces, and opportunities for encounters between diverse people (including staff, customers, and supply chain partners) in live work settings. A randomised controlled trial published by Ferguson (2018) found that a social enterprise employment intervention achieved comparable results to an individual placement and support intervention.

Section 20.2 of the draft report includes three pages (826-829) on social enterprise as a possible pathway for promoting social participation and inclusion, but the report stops short of making any related recommendations for section 20.2 (Productivity Commission 2019).

Given the evidence base for WISE addressing multiple forms of social exclusion, we encourage the Commission to consider recommending that WISE be better recognised in the employment services system, and that existing effective WISE be supported to scale their impacts and share their learning for effective and context-appropriate replication.

As WISE often respond to specific local needs or gaps in the market, and people with mental illness are extremely diverse, a 'cookie cutter' approach to creating new WISE for people with mental illness is unlikely to be effective. However stimulating the capability of existing WISE that are delivering strong outcomes, and then making their learning accessible to others could help diffuse this form of social innovation.

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