

AIA Australia (AIAA) |

AIA Australia Submission to the Productivity Commission: Inquiry into the Social and Economic Benefits of Improving Mental Health

# Introduction

The Productivity Commission has been tasked with considering the role of mental health in supporting economic participation, enhancing productivity and economic growth.

AIA Australia (**AIAA**) is pleased to provide input into this inquiry. As a life and health insurer operating in many countries globally, we are well positioned to provide comment on the factors that impact mental health and how we can contribute to improving mental wellbeing.

Central to our customer value proposition of life, health and wellbeing is the AIA Vitality program. This is a global, science-backed program which incentivises members to understand and improve their health, through exercise, sleep tracking, regular health assessments and screenings, with financial rewards provided for meeting targets.

Despite the fact that one in five Australians experience a mental illness in any one year there is still a stigma associated with mental illness in Australia. Fifty-four per cent of people with mental illness do not access any treatment.[[1]](#footnote-1)

In this submission we have provided some information about the programs and research we have developed both in Australia and overseas, which could be of use in considering how the nation can better support good mental health. We would be happy to assist the Productivity Commission with more detail about any of the matters included below.

We have also provided some high-level insights into our learnings in working alongside government programs designed to support people living with mental illness.

# Prevention and early intervention

AIA and Vitality have partnered with Quantium, a globally recognised leader in the development of data-driven insights, to create an algorithm that calculates the risk of developing depression, based on our customers’ circumstances and choices. This could be used to:

* understand what changes in behaviour or circumstances would make the most difference to depression risk, and therefore help prioritise investment and policy into improving mental health
* incentivise behaviour that supports mental wellbeing.

This work has involved undertaking the world’s largest and richest study of the link between depression, demographics, health, lifestyle and circumstance.

The algorithm developed has identified that lifestyle choices represent around a quarter of the depression impact, which can be incentivised for improvement. This can be used to develop programs through AIA Vitality to better engage members and improve their mental wellbeing.

Quantium has estimated that if the Australian population were able to live their healthiest lives (potentially incentivised by programs such as AIA Vitality), the national depression incidence rate could reduce from 6% to 4.7%, which is 300,000 fewer depression incidences, leading to 4.7 million working days recovered and saving the Australian economy around $3 billion per annum.

The AIA Vitality program already incentivises people to undertake activities to improve their health. For example, the clear link between exercise and mental wellbeing is one of the reasons that a core pillar of the AIA Vitality program is to “Move Well”. The program provides discounts on wearable devices to assist members to monitor their activity, and discounts on gym memberships with partner gyms. AIA Vitality members are rewarded for their daily step count, gym visits, fitness assessments and meeting exercise goals.

AIA Vitality also incentivises members to undertake mental wellbeing self-assessments focusing on depression and anxiety, and rewards members who track their sleep using a wearable device.

AIAA intends to use the Quantium algorithm to enhance the AIA Vitality program, to further help customers know their mental health and to incentivise improvements in behaviour around sleep, exercise and diet to support improved mental health outcomes.

By helping people to understand their mental health and the sort of interventions that assist, we may be able to help people reach the help they need sooner, leading to better outcomes.

AIAA believes that all Australians should have access to programs that focus on their mental wellbeing, without the need for a clinical diagnosis. As an example, Beyond Blue’s New Access Program provides cognitive behavioural therapy-based health coaching, which would enable people to receive early support. For those Australians who do have a diagnosis, the program will step them into the Medicare system early so that they can access treatment. The Beyond Blue Program is currently limited due to location, which is less of a limitation for many aspects of the AIA Vitality program which is delivered via a mobile application.

# Workplace interventions

The Royal Australian College of Physicians (RACP) Consensus Statement on the Health Benefits of Good Work outlines that:

* the provision of good work is a key determinant of the health and wellbeing of employees, their families and broader society
* long-term work absence, work disability and unemployment may have a negative impact on health and wellbeing.

The Quantium research prepared for AIAA has found that a fulltime work week is correlated to the lowest rates of depression.

Research has shown that unemployment can have profound consequences, particularly for young people, and may lead to a range of mental health concerns such as depression, anxiety and low self-esteem. Conversely, there are many observable benefits when examining the health benefits of re-employment, including:

* improvement in markers of general health and wellness, such as self-esteem, self-rated health, self-satisfaction, physical health and financial concerns
* reduction in psychological distress and minor psychiatric morbidity
* contribution to lower morbidity rates
* improved physical functioning and mental health in older workers.[[2]](#footnote-2)

In looking at interventions to assist with better mental wellbeing due to work, we have focused on two key areas – supporting people with a mental illness back into the workplace, and ensuring workplaces are mentally healthy.

**Occupational rehabilitation**

In 2014, AIAA commissioned ‘Principles of Best Practice in Occupational Rehabilitation for AIA Australia’ by renowned personal injury management and rehabilitation expert Petrina Casey, in conjunction with Professor Ian Cameron. The aim of the principles-based best practice framework was to provide an evidence-based approach to the provision of occupational rehabilitation services in the life insurance industry.

AIAA funds wellness and work readiness programs to support people with a mental illness back to the workplace. We understand that mental wellbeing can be greatly facilitated when a holistic management approach is taken. AIAA’s RESTORE™ program funds specialist rehabilitation service providers to work with treating doctors and our customers to develop a three-month wellness for work plan to complement recovery and increase readiness for occupational rehabilitation services.

RESTORE™ may provide some of the following:

* a routine that can assist in increasing wellness and work readiness
* an exercise program to complement the treatment plan
* provision of resources to increase community engagement, tailored to a customer’s specific needs
* discussion and consideration about attending a regular support group, short-term course and/or voluntary work
* identification of a long-term work goal.

AIAA has supported 76% of our customers experiencing anxiety and depression who participated in RESTORETM back to wellness, the community and/or work.

There is a clear opportunity for Government to fund similar wellness and work readiness programs to those run by AIAA.

Employers could be incentivised to support employees to return to work on suitable duties. This would be similar to SIRA’s Job Cover Placement Program in NSW,[[3]](#footnote-3) which is designed for workers compensation recipients who are unable to return to their pre-injury employer, but could be extended to a person’s current employer. Employers could also be incentivised to provide work trials for people with mental illnesses who are trying to return to work but may no longer be employed or may have an employer who is not supportive.

**Mentally healthy workplaces**

Mental illness is the leading cause of work absence and long-term work incapacity in the developed world, most commonly due to anxiety and depression. Having a healthy workplace and workforce can have a significant impact on productivity, through a reduction in both absenteeism and presenteeism. There is growing interest in the workplace as a site for health promotion programs, which can be effective both at an individual level and from an organisational health perspective.

Given the varied causes and contributing factors of mental ill-health, employers should consider methods they can use to identify which interventions will potentially have a positive impact based on the different mental ill-health factors identified for their workplace. Interventions could include training of key staff in mental health first aid, creating mentally healthy champions amongst staff, flexibility in work hours, location and leave availability, and the provision of comprehensive resources.

As part of ensuring our own mentally healthy workplace, AIAA offers all staff a Recharge Day each quarter, in addition to their leave entitlements, to be used as and when each individual sees fit. We have in-house counsellors in place to support our claims staff. We have also offered our employees the opportunity to take part in a pilot program for a biometric-based mental wellbeing application called ilumen, provided by mental health technology company Medibio, aimed at giving people the opportunity to understand their own mental health better.

We strongly believe in the value of training to promote mental health and wellbeing and reduce the stigma associated with mental illness. AIAA is a major supporter of SuperFriend, and we put our teams through SuperFriend’s Mental Health and Wellbeing Training. We would support the life insurance industry establishing formal training and development standards for supporting vulnerable people, including those with mental health conditions.

AIA Vitality runs an annual survey of Australia’s Healthiest Workplaces, which is a free benchmarking tool giving employers deep insights and a comprehensive overview of the health and wellbeing of their workplace and employees. Australia’s Healthiest Workplace surveys a broad range of organisations and their workforces to provide employers with an understanding of the efficacy of any health interventions and facilities they provide. It also provides insights into the health (physical and mental) of employees, and productivity and culture within the workplace.

Each participating employer receives a comprehensive Organisational Report which includes the anonymous findings from both employer and employee responses. Companies can use their findings to create strategies to improve the health of employees, leading to greater productivity, and therefore, an improved performance of the overall business.

# Social participation and inclusion

There is increasing and compelling evidence that social relationships and social integration are critical for promoting wellbeing, acting as a buffer against mental ill health, and reducing mortality.[[4]](#footnote-4)

AIA Vitality incentivises social participation and inclusion that support improved mental health; for example, providing access to social support partners (including the Black Dog Institute), incentives and rewards with a social element, such as gym visits and movie tickets, and promotion of group challenges.

AIA Vitality is also looking at opportunities to incorporate more community-based activities into the program, including through group exercise events such as fun runs.

AIAA utilises social prescription in mental health wellness program RESTORE™, due to recognition of the important role that social connection and integration have in the recovery journey. This can include provision of resources to increase community engagement, attendance at regular support groups and voluntary work.

AIAA believes that the government can play a pivotal role in ensuring that GPs and allied health professionals understand and are able to prescribe referrals to community based activities. The benefits were recently highlighted by AIA Vitality partner, the Black Dog Institute.[[5]](#footnote-5)

Local governments can also play an important role in facilitating social support and integration, by providing access to green space and parks, sports centres, libraries with activities and community centres.

# Learnings from government healthcare programs

AIAA believes that all Australians should have access to holistic service provision for mental health care.

The Government’s Better Access Program supports access to mental health professionals through the Medicare System; however, this has limitations – patients can only access 10 sessions of rebated treatment with a single mental health care practitioner, after receiving a Mental Health Care Plan from their GP. There is still a large gap payment which the patient must privately fund,[[6]](#footnote-6) and many patients require more than 10 sessions of treatment in a calendar year, for which they are required to pay the full fee. There are also limited service providers who operate in this system.

Some health funds cover treatment with a mental health professional, but there will still be a gap and many Australians do not have private health insurance.

The Better Access Program only allows the patient to access one service provider, whereas clinical evidence suggests that a holistic team approach would provide a more comprehensive treatment solution, utilising some or all of the following: GP, mental health occupational therapist, psychologist, psychiatrist, nurse, exercise physiologist and social worker.

Less than half of the Mental Health Care Plans prepared by GPs are reviewed to determine if they have been effective.[[7]](#footnote-7)

Difficulties in accessing appropriate treatment are compounded in remote and rural areas. The wait time to see a GP for a Mental Health Care Plan can be months, followed by a further wait time to see a mental health professional. Despite tele-health services now being available for regional Australia, anecdotal information from our customers indicates that these services are not being utilised, in part because of connectivity issues due to data speeds.

To overcome the limitations to treatment that are described above, AIAA suggests more holistic service provision, including consideration of the following:

* removal of the requirement for a formal mental health diagnosis to seek support. If Australians were able to access psychological support without a formal diagnosis they may be more inclined to seek help early
* no-gap psychological services should be available to ensure that all Australians have access to treatment
* access for all Australians to programs such as the Beyond Blue New Access Program, regardless of their location
* greater funding for GPs, psychologists and mental health professionals in regional areas
* greater awareness of the availability of psychological tele-health services and access for all Australians, regardless of their location.

**Monitoring and reporting**

The initiatives run and promoted by AIAA in this submission include regular reviews and evaluation to determine their effectiveness. It is suggested that the Government puts in place rigorous and formalised review and evaluation processes for any initiatives it promotes for mental wellbeing.

At AIAA, we use our customers’ de-identified AIA Vitality, health and insurance data to enable us to understand the links between:

* exercise, diet and sleep
* health claims (moderate to severe mental health outcomes)
* life insurance claims (severe mental health issues).

The ABS National Health Survey includes survey questions on long-term health conditions, health risk factors and mental health and wellbeing.[[8]](#footnote-8) It is suggested that the ABS could be an appropriate agency to administer measurement and reporting of outcomes of government mental wellbeing initiatives, including:

* absenteeism and employer cost
* total healthcare costs
* insurance claim data (life/health)
* standardised customer survey/health quality indices so outcomes can be compared across different interventions or approaches
* access to mental health services (clinical and non-clinical).

Australia may wish to consider following the United Kingdom, which has a National Health Service (**NHS**) Benchmarking Network – a collaboration between all mental health provider organisations, which supply data to benchmark their own practice against others. This has developed the London Mental Health Dashboard which makes a wide range of London’s mental health data publicly accessible in one place.[[9]](#footnote-9)

The Dashboard is a single, agreed point of reference that acts as a source of record for London's mental health system and a place where progress against key strategic priorities can be measured. It is used by the NHS for strategic planning and quality improvement.

The content of the dashboard covers the main priorities of the London mental health system including themes around:

* the prevalence of mental health conditions
* the impact of mental illness and associated social determinants of health
* service demand
* service delivery
* quality
* outcomes.

# Conclusion

Thank you for the opportunity to provide input into this inquiry. AIAA looks forward to working closely with the Productivity Commission as it considers the role of mental wellbeing in economic participation, productivity and economic growth.

If you would like any further information on anything contained in this submission, please contact Sarah Phillips, Senior Manager, Corporate Affairs in the first instance.

1. <https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=8>. [↑](#footnote-ref-1)
2. Realising the Health Benefits of Work – Position Statement October 2011. [↑](#footnote-ref-2)
3. <https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/help-with-getting-people-back-to-work/jobcover-placement-program-guidelines>. [↑](#footnote-ref-3)
4. <https://www.ncbi.nlm.nih.gov/pubmed/29274614>. See also: Litwin H, Stoeckel KJ, Schwartz E Social networks and mental health among older Europeans: are there age effects? Eur J Ageing. 2015 Jun 16;12(4):299-309. [↑](#footnote-ref-4)
5. <https://www.blackdoginstitute.org.au/news/news-detail/2019/02/28/social-prescribing-linking-patients-with-non-medical-support>. [↑](#footnote-ref-5)
6. The Medicare rebate covers $84.80 for a psychologist and $124.50 for a clinical psychologist. The Australian Psychological Society recommended rate for psychologist services for 1 July 2018–30 June 2019 is $251.00. [↑](#footnote-ref-6)
7. <https://science.anu.edu.au/news-events/news/fee-service-psychology-no-answer-mental-health>. [↑](#footnote-ref-7)
8. [http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001](http://www.abs.gov.au/ausstats/abs%40.nsf/mf/4364.0.55.001). [↑](#footnote-ref-8)
9. <http://lmh.nhsbenchmarking.nhs.uk/about>. [↑](#footnote-ref-9)