MISSION AUSTRALIA

Productivity Commission Inquiry into Mental Health: Draft Report 2020

Productivity Commission Mental Health: Draft Report 2020

Mission Australia congratulates the Productivity Commission (the Commission) on producing a comprehensive Mental Health Draft Report (draft report) with clear findings followed by recommendations. We are particularly pleased to note the recommendations in relation to the need for investment in early intervention, mental health and housing and homelessness, holistic view of service delivery for people experiencing mental health issues and the current funding structure.

It is also encouraging that the draft report has considered a number of important intersectional issues people with mental health issues experience including employment, engagement with the justice system and education.

Early intervention and prevention

Early intervention and prevention is critical to addressing and preventing mental health issues from aggravating to more severe conditions that require long-term interventions. As highlighted in the draft report, it is important to provide supports at a younger age including through the education system to address mental health issues.

Young adults

Since 2012, Mission Australia's Youth Survey has included a measure of non-specific psychological distress: the Kessler 6 (K6). The K6 is a widely used and accepted measure of non-specific psychological distress and has been employed for detecting depressive and anxiety disorders.[1]

Mission Australia and Black Dog Institute authored *Can we talk? Seven year youth mental health report 2012 – 2018* demonstrated that close to one quarter (24.2%) of young people aged 15-19 years who responded to the Youth Survey 2018 reported experiencing psychological distress.[2] In 2018, nearly one third (31.9%) of Aboriginal and Torres Strait Islander young people experienced psychological distress, compared to 23.9% of non-Indigenous respondents.[3]

According to the report, the top three issues of personal concern for young people with psychological distress were *coping with stress*, *mental health* and *school or study problems* (74.3%, 62.7% and 55.4% respectively). Furthermore, almost four times the proportion of young people with psychological

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[1] See further: R. C. Kessler, et al, Screening for Serious Mental Illness in the General Population with the K6 Screening Scale: Results from the WHO World Mental Health (WMH) Survey Initiative, International Journal of Methods in Psychiatric Research 19, 2010, no. 1: 4–22.

[2] Mission Australia and Black Dog Institute, Can we talk? Seven year youth mental health report 2012 – 2018, 2019, p. 7, accessible at: https://www.missionaustralia.com.au/publications/youth-survey/1318-can-we-talk-seven-year-youth-mental-health-report-2012-2018/file

[3] Mission Australia and Black Dog Institute, Can we talk? Seven year youth mental health report 2012 – 2018, 2019, p. 7, accessible at: https://www.missionaustralia.com.au/publications/youth-survey/1318-can-we-talk-seven-year-youth-mental-health-report-2012-2018/file

distress reported concerns about suicide (35.6% compared with 9.4% of respondents without psychological distress). [4]

Mission Australia released the Youth Survey 2019 report in November this year. Similar to previous years, a large proportion of young people indicated that mental health (36.2%) as an important issue in Australia today.[5]

Young people were asked to rank how concerned they had been about a number of issues over the past year. The responses for the top three concerns were consistent with 2018: *coping with stress* (44.7%), *school or study problems* (34.3%) and *mental health* (33.2%). Three in ten respondents indicated that they were either extremely or very concerned about *body image* (31.0%).

For the first time in 2019, young people were asked whether they had experienced bullying over the past twelve months. Just over one in five (21.0%) young people reported that they had experienced bullying.[6] Of the 21.0% of respondents who had experienced bullying in the past year, eight in ten (79.9%) reported that the bullying took place at school/TAFE/university, while close to one in three (34.0%) indicated they had experienced bullying online/on social media.[7]

All schools need to be adequately resourced and equipped to prevent and combat bullying. Particular policy attention should be paid to students who are most vulnerable to being bullied, including students who might be at risk of bullying due to discrimination around race, disability, homophobia, obesity, gender, and material deprivation.[8]

It is encouraging that the draft report contains a detailed discussion on a range of issues in relation to bullying at work places and schools as well as different forms of bullying. Considering the impact of bullying on victims and those who witness bullying, it is vital that the Commission makes stronger recommendations in relation to prevention and early intervention to support people experiencing bullying.

Sources of help
In the *Can we talk? Seven year youth mental health report 2012 – 2018,* Friend/s and parent/s or guardian/s were the two most commonly cited sources of help for all participants (75.9% and 54.8% of young people with psychological distress compared with 87.4% and 82.8% of young people without

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[4] Mission Australia and Black Dog Institute, Can we talk? Seven year youth mental health report 2012 – 2018, 2019, p. 7, accessible at: https://www.missionaustralia.com.au/publications/youth-survey/1318-can-we-talk-seven-year-youth-mental-health-report-2012-2018/file

[5] Mission Australia, Youth Survey report 2019, November 2019, accessible at: https://www.missionaustralia.com.au/publications/youth-survey

[6] Mission Australia, Youth Survey report 2019, November 2019, accessible at: https://www.missionaustralia.com.au/publications/youth-survey

[7] Mission Australia, Youth Survey report 2019, November 2019, accessible at: https://www.missionaustralia.com.au/publications/youth-survey

[8] K. Rigby, How Australian Parents of Bullied and Non-Bullied Children See Their School Responding to Bullying, Educational Review 71, no. 3, 2017, accessible at: https://doi.org/10.1080/00131911.2017.1410104

psychological distress). It is therefore important to recognise the significant role friends and parents play as informal sources of help and support. Moreover, it highlights the need to equip these informal support networks with the skills, knowledge and confidence to provide appropriate information, support and, if needed, referrals to adult or professional support.[9]

Behind friend/s and parent/s or guardian/s, the third most commonly cited source of help for young people with psychological distress was the internet (53.3%). These findings show that the internet is a prominent source of information, advice and support for many young people, particularly those experiencing mental health difficulties.[10] Over half of all young people indicated they would go to a General Practitioner (GP) or health professional for help with important issues, including close to half of those with psychological distress (49.9%). Thus, there is a need to improve young people's access to GPs by providing training and support to GPs that meets the needs of young people experiencing psychological distress and provides a youth-friendly practice environment.

Young people face a multitude of barriers when seeking supports to address their mental health issues. *Can we talk?* Report found that for both young people experiencing psychological distress and those without psychological distress, *stigma and embarrassment (*37.0%), *fear* (27.6%), and *lack of support* (26.8%) were the three most commonly cited barriers that might prevent young people from getting the help they need.

All these statistics demonstrate that young people need a range of age appropriate, targeted and streamlined mental health supports delivered through multiple platforms and channels.

Support for people experiencing homelessness and mental health issues

Mission Australia is encouraged to see the specific focus on mental health and housing and homelessness in the Commission's draft report including prevention of homelessness through a range of measures such as no exits into homelessness for people with mental illnesses who are leaving various institutional settings and the importance of stable and long-term housing for recovery from mental health issues.

As highlighted in Mission Australia's submission to the Commission, there needs to be a Federal Government commitment to increasing the social and affordable housing stock with measurable timelines and outcomes.

It is encouraging that the draft report highlights the importance of housing first as a solution to support people who experience severe and complex mental illness, are persistently homeless and are unlikely to respond to existing homelessness services. Finland has increased investment in housing first solutions

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[9] Mission Australia and Black Dog Institute, Can we talk? Seven year youth mental health report 2012 – 2018, 2019, p. 7, accessible at: https://www.missionaustralia.com.au/publications/youth-survey/1318-can-we-talk-seven-year-youth-mental-health-report-2012-2018/file
[10] Mission Australia and Black Dog Institute, Can we talk? Seven year youth mental health report 2012 – 2018, 2019, p. 7, accessible at: https://www.missionaustralia.com.au/publications/youth-survey/1318-can-we-talk-seven-year-youth-mental-health-report-2012-2018/file

coupled with a national housing first policy and have been working towards ending homelessness over decades. As a result, they are the first country in Europe to see a decline in the number of people experiencing homelessness.[11] Considering the positive outcomes achieved under this policy, a similar model can be adopted in Australia.

Although the draft report's discussion relates to the experiences of people with mental health issues experiencing homelessness, the aspects in relation to the mental and physical health impacts on people due to experiencing significant rental stress and uncertainty in relation to tenancies needs further attention. Rental stress can cause mental health issues or aggravate existing conditions.[12]

Mission Australia, as part of the Everybody's Home Campaign that is calling for a national homelessness strategy.[13] In order to provide sustainable and consistent action to address homelessness in Australia, there needs to be a national housing strategy developed and delivered in partnership with state and territory governments and other relevant stakeholders.

Co-occurrence of mental health issues and alcohol and drug dependence

Mental health concerns can occur in conjunction with the alcohol and other drug dependence and the two issues have a bi-directional relationship.[14] Alcohol and drug dependence co-occurring with mental health issues can also have an impact on a person's ability to maintain their tenancies. Therefore, the Commission should further examine the relationship between alcohol and drug dependence and mental health and make appropriate recommendations to address these issues as a whole.

Employment support for people with mental health issues

It is encouraging to note that the Commission has focused on people with mental illnesses as well as supporting people who may need supports for work related mental illnesses. People with mental health issues who are subjected to the current employment compliance framework experience increased pressure that contribute to aggravating their mental health issues. Better supports and assessment processes are necessary to ensure that people with mental health issues are provided with an opportunity to address and access mental health services prior to participating in employment search activities.

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[11] See further: Centre for Policy Impact, Eradicating homelessness in Finland: the Housing First programme, 2019, accessible at: https://www.centreforpublicimpact.org/case-study/eradicating-homelessness-finland-housing-first-programme/ and Y-Foundation, Housing first in Finland, accessible at: https://ysaatio.fi/en/housing-first-finland

[12] Australian Institute of Family Studies, Housing stress and the mental health and wellbeing of families, accessible at: https://aifs.gov.au/cfca/publications/housing-stress-and-mental-health-and-wellbeing-famili

[13] See further: Everybody's Home, accessible at: https://everybodyshome.com.au/our-campaign/more-social-and-affordable-homes/

[14] See further: Mission Australia's submission to the Productivity Commission, The Social and Economic Benefits of Improving Mental Health, 2019, pp. 11-12, accessible at: https://www.missionaustralia.com.au/publications/submissions-and-reports/disability-and-mental-health

Adequacy of income support

Mission Australia's submission discussed the significant inadequacy of income support and the resulting impact it has on mental health of recipients. It is encouraging that the Commission's draft report acknowledges the importance of income support and the targeted compliance framework. The report's discussion also extends to tailoring job plans to suit the needs of individuals with mental health issues and carers.

Although, all these are welcome suggestions, there is a clear need to increase social security payments in order to ensure recipients of these payments are not forced into extreme poverty.[15] Further information in relation to the inadequacy of income support and its impact on mental health of the payment recipients can be found in Mission Australia's submission to the Inquiry into the adequacy of Newstart and other allowances.[16]

Increasing online and internet based mental health service provision

It is encouraging that the Commission is recommending a multipronged approach to support people experiencing mental health issues including integrating online support services to the delivery of mental health services. Online platforms provide a sense of anonymity, convenience and flexibility to access mental health supports. Particularly for young people, the internet has become a major source of health information. Online sources about mental illness often include information about different mental health conditions, where to get help, and what to expect at different services.[17]

The draft report also makes recommendations in relation to developing an information campaign to promote supported online treatment which is integral to ensuring that people are aware of the services and supports available to them. More investment in developing, implementing and evaluating evidence-based online therapies, courses, assessment tools and information aimed at young people in various formats should also be considered. However, it must be noted that such campaigns should assure the community that they are able to make a choice between face to face interactions and online platforms.

Out of pocket costs for mental health care

Cost of mental health related services can severely limit people from accessing services. Mental health and suicide prevention strategies must focus on addressing a range of factors including assisting people

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[15] P. Davidson, P. Saunders, B. Bradbury, and M. Wong, *Poverty in Australia 2018,* ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney: ACOSS, 2018, p.15, accessible at: https://www.acoss.org.au/wp-content/uploads/2018/10/ACOSS_Poverty-in-Australia-Report_Web-Final.pdf and ACOSS and UNSW, *Supplementary report to Inequality in Australia 2018,* August 2018, p. 3.

[16] Mission Australia, Adequacy of Newstart and related payments 2019, accessible at: https://www.missionaustralia.com.au/publications/submissions-and-reports/welfare-reform/1313-adequacy-of-newstart-and-related-payments-2019-commonwealth-parliament-community-affairs-reference-committee/file

[17] Mission Australia and Black Dog Institute, Can we talk? Seven year youth mental health report 2012 – 2018, 2019, p. 7, accessible at: https://www.missionaustralia.com.au/publications/youth-survey/1318-can-we-talk-seven-year-youth-mental-health-report-2012-2018/file

who are experiencing financial pressure. Studies have indicated that financial pressure had the largest impact on attempted suicides across all age groups.[18]

Evidence demonstrate that the demand for ambulance and emergency services related to mental health are increasing. For example, since 2017, Ambulance Victoria reported a steady increase of approximately 13% in the management of mental health–related calls through its referral service.[19]

Due to the significant lack of community mental health services and an inadequacy of understanding of mental health first aid or other tools to manage crisis situations, when an individual demonstrates or indicates suicide ideation, the only option is to call ambulance services and usually they are taken to emergency departments after a risk assessment.

> "People we support are usually on Newstart or something similar and they can't even afford to put food on the table for their children. Most of them are already accessing emergency relief and foodbanks. They don't have financial capacity to pay for ambulance covers and health insurance … If these people have to pay for an ambulance because they had suicide ideation it would take weeks, if not months for them to recover financially after settling the cost of the ambulance. This is why we need to invest more in the community based mental health services, mental health first aid and educate family and friends."
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> Mission Australia, Senior Mental Health Case Manager

Given the Commission's focus on identifying out of pocket costs for people with mental health, in addition to increasing community based mental health services, the Commission could recommend a fee-free ambulance service for people with mental health issues.

Healthcare workforce

Mission Australia's submission to the commission highlighted that the shortage of trained and skilled workforce in rural and remote areas as well as the difficulties in retaining staff have been discussed at length through various inquiries, research and reports. However, the issues persist and more work is required to ensure a qualified workforce in rural and remote areas. Opportunities to reskill or upskill community members to deliver services, increase funding and support for peer led services would address some of the mental health workforce issues in rural, remote and regional areas.

Mental health concerns in the context of natural disasters and climate change

In the current bushfire crisis context, there is an increased need to identify the mental health related needs of people who have been affected by natural disasters. The current crisis has resulted in loss of life, destruction of homes and nature, which impact on mental health. Recognising this nexus, the government has committed funding to support people affected by fires to access mental health

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[18] Y. Wang, J. Sareen, T. Afifi, S. Bolton and E. Johnson, Recent stressful life events and suicide attempt in Psychiatric Annals, 42.3, 2013, 101-108.

[19] Royal Commission into Victoria's Mental Health System, Interim Report, 2019, p. 203, accessible at: https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-rcvmhs.files/9415/7489/4426/Interim_Report.pdf

supports. However, a more concerted and a long-term strategy should include ongoing increases to mental health funding to support people who are directly and indirectly affected by natural disasters.

Young people are increasingly becoming concerned about the environment according to Mission Australia's *Youth Survey Report 2019*. Since 2018, the proportion of young people reporting the environment as a key national issue has more than tripled from 9.2% to 34.2%.[20] Mental Health Australia's *Preliminary Analysis of the Productivity Commission Inquiry into Mental Health Draft Report* identifies the need for the Commission to address the impacts of climate change on people, particularly those living in rural, regional and remote areas currently experiencing extensive droughts and bushfires.[21] Mission Australia supports the position of Mental Health Australia on this.

[20] Mission Australia, Youth Survey report 2019, November 2019, accessible at: https://www.missionaustralia.com.au/publications/youth-survey

[21] Mental Health Australia, Preliminary Analysis of the Productivity Commission Inquiry into Mental Health Draft Report, 2019, p.38, accessible at: https://mhaustralia.org/sites/default/files/docs/preliminary_analysis_of_the_productivity_commission_inquiry_into_mental_health_draft_report_-_8_november_2019.pdf