

Submission: Mental Health Inquiry
Productivity Commission
29 March 2019

Thank you for providing an opportunity for input to the Productivity Commission Inquiry into the economic impacts of mental ill-health. This submission draws on my recent interface with the justice system in particular but also on over forty years of experience in the education system where I observed the significant social and economic costs associated with mental health issues amongst students and staff.

I am the parent of a relatively recent victim of homicide who has learned first-hand about how the effects of a long history of complex mental health disorders and conditions combined with involvement in right wing organisations and alcohol abuse can lead to escalating violent behaviour that ultimately results in the death of another person.

The impact of my son's murder has been felt far and wide – it has touched many individuals closely associated with my son and our family as well as many in the wider community. My son's was not the only life that was lost as a result of this violent act. His partner, who witnessed his death, never recovered from the resultant trauma and grief and died two years later. I was unable to work for several months after his death and was only able to cope with half of my normal workload once I returned to work. And the process of finalising his personal affairs exacerbated the stress and trauma I was already experiencing due to what I consider to be unreasonable and disrespectful treatment by a number of organisations. Many of our relatives, friends and workmates have been seriously affected; some have required counselling. No doubt some of the police, paramedics, forensic pathologists and psychologists, legal practitioners and counsellors who dealt with the aftermath will ultimately suffer long term health effects from repeated exposure to events such as this.

The social and economic impact of this single homicide on society must be huge. Two people can no longer contribute economically or socially to Australian society, the offender will be an economic drain for a significant period of time at the very least, and there is the potential for many others affected to require long term mental health support.

I can't help but wonder whether my son's death might have been avoided if a supportive long term, systematic and consistent and coordinated approach to the offender's mental health issues had been implemented when the offender was a child. (To my knowledge there was some support, but my impression is that it was piecemeal and hard fought for.)

Nor can I help but wonder what rehabilitation programs might be available to the offender while he serves his sentence that can prevent a recurrence of the set of circumstances that contributed to my son's death when he is released from prison. I live with constant worry that the community will not be safe, and I wonder whether a forensic psychiatric evaluation should be undertaken as an integral part of the sentencing process to ascertain the prospects for rehabilitation.

As indicated above, there were many signs that if dealt with differently may have led to a different outcome for my son, his partner, the offender and the many others that have been touched by this event.

It has been widely reported that the incidence of mental health disorders and conditions is much higher amongst prisoners than the general population. It has also been widely reported that there is a high incidence of recidivism amongst offenders. This indicates not only a need for early intervention with regard to mental disorders and conditions but a well-funded, holistic and cohesive approach that provide affected individuals with the treatment and tools that will assist them to become productive members of society rather than part of the prison population. And for those with mental health conditions who have become a part of the prison population the system needs to provide

- an individualised, consistent, timely and whole of person approach to mental and physical health including substance abuse issues;
- an individualised approach to cognitive behavioural rehabilitation programs with a proven track record that complement the mental health treatments they are receiving;
- access to education, including to the acquisition of basic literacy and numeracy skills if needed, vocational skills, financial skills training and social skills that will facilitate feelings of self-worth and integration into society upon release from prison;
- access to activities such as music, art, drama, yoga and mindfulness meditation; and
- access to mental health treatment and other required individualised support after release from prison.

As far as the wider community is concerned I believe that in order to realise improved mental health and thus social and economic benefits, government commitment to the development and implementation of a well-resourced long-term, systematic and integrated approach to mental health services is needed along with coordination and close collaboration with employers, not-for profit organisations and carers. It would be characterised by

- a values driven approach, where commitment, cooperation, consistency, clear and open communication, reliability, empathy, ethics and respect for others are paramount across government and private organisations. It is not enough that such values be imbedded into organisational policies and procedures; they need to be fully implemented in a timely fashion in order to be effective.
- a well-organised campaign advising public and private organisations and the community on the range of measures they can implement to promote mental wellness in the workplace and the community at large. Measures could vary from implementation strategies for policies focusing on respect and tolerance in the workplace to professional development programs that facilitate mental wellness to promotion of and access to activities that promote overall wellness – expression through the arts, exercise, yoga, Tai chi, qigong, meditation, etc.
- early identification of, intervention in and ongoing assistance and support for people with mental health disorders, including autism spectrum disorders and learning

disabilities. This is particularly important for young people considered to be at risk. Intervention and support need to be provided in a holistic way with coordination of services and collaboration if needed amongst health providers, housing and social services providers, the justice system, the education system, other relevant support services and the community.

- active monitoring of victims and witnesses of violent crime for signs of deteriorating social well-being and mental health with provision of support as required to assist them maintain active participation in society. In the case of victims and witnesses of violent crime provision of long term support beyond that currently provided if needed.
- active monitoring of emergency and allied services workers and health professionals, with the provision of treatment and support as required to assist their ongoing participation in the workforce.
- an integrated, streamlined and centralised information exchange portal providing a communication and referrals system for medical practitioners, emergency service workers, social services, the justice system, the education system and mental health support organisations to adequately support people with mental health disorders and conditions. An example of how this portal could be used would be for police, ambulance and mental health services to keep one another advised and up to date regarding a person who is experiencing a mental health crisis and displaying aggressive behaviour so they can understand the situation and can respond in an appropriate manner.
- a single centralised and easily navigated information portal for community members seeking assistance and support for mental health issues.
- exploration of new options for treating mental health conditions. For instance, perhaps brain organoids can be used to gain a better understanding of genetics and brain functioning associated with various mental health conditions and disorders and to ultimately to develop more effective treatments. Or perhaps activities such as regular exercise, yoga, mindfulness meditation and Tai Chi could be integrated with pharmaceutical treatments for mental health conditions other than depression and anxiety is possible.
- comprehensive and systematic data collection and sharing to gain better understanding of specific mental health conditions and to support systematic evaluation of intervention strategies for those conditions. This should include data relating to the evaluation of programs used in prisons to reduce levels of recidivism and to gain better understanding of factors contributing to non-enrolment in or non-completion of programs.

We know that factors leading to the high incidence of mental ill health in the community are many, varied and often complex. We know that they are frequently interconnected. Successfully addressing them and realising the social and economic benefits of any new strategies will take time and cost money; commitment to this should be seen as a worthwhile investment.

I suspect that in order to achieve and maintain a high level of mental wellness in the community we may ultimately need to also better understand and address some of the other problematic aspects of our culture – those related to digital technology, the environmental and resource base, the changing nature of employment and attitudes relating to the individual as opposed to the community. If a model such as that proposed above proves successful perhaps it would be worthwhile investing in a similar approach to some of these other challenging issues.

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