

28 March 2019

PRODUCTIVITY COMMISSION INQUIRY FAILS MENTAL HEALTH

The Australian Government's Productivity Commission has announced yet another Inquiry into mental health. It has published an Issues Paper titled '*The Social and Economic Benefits of Improving Mental Health*' (January 2019). The Inquiry report is due in May 2020. It is unlikely to translate into meaningful progress and is an appalling waste of resources.

The ink is hardly dry on a similar report which is given scant regard - '*Investing to Save: The Economic Benefits for Australia of Investment in Mental Health Reform*', May 2018, and authored by Mental Health Australia and KPMG. It sought to deliver '...additional economic and productivity gains for business and for the broader community' (see Foreword by Jennifer Westacott). Further it was stated,

Investing to Save is not the whole story on mental health. Every day many thousands of professionals help many thousands of consumers and carers live contributing lives in the community and in a range of service settings, and that work must continue. But every day, many people also miss out on the services they need, or our ailing systems fail in crucial ways.

This report makes a vital contribution to remedying some of those failures with a very specific to-do list which makes economic sense. A list backed by evidence and sound economic modelling. A list for governments to act on now, using the governance framework and priorities that all governments have agreed in the Fifth National Mental Health and Suicide Prevention Plan.

Who has been responsible for implementing the to do list of *Investing to Save*?

In 2013 the World Health Organization published a report *Investing in Mental Health: Evidence for Action*. In a summary of key findings mental health action and innovation was emphasised,

– Judged against core criteria for priorities in health (i.e. human rights, public health, economic efficiency and social equity) there is a compelling evidence-based case for investing in mental health. For each year of inaction and underinvestment, the health, social and economic burden will continue to rise. Doing nothing is therefore not a viable option.

– Mental health can be considered a focus of renewed investment not just in terms of human development and dignity but also in terms of social and economic development. (page 25)

The scope of the Productivity Commission's Inquiry also overlaps and duplicates the work of the National Mental Health Commission, the Fifth National Mental Health Plan, and various disparate state-based initiatives including the work of Primary Health Networks which regurgitate ineffective federal policy.

We also have a plethora of similar reports including *inter-alia* *Voices and Experiences 2012-2013* prepared by the Australian Greens who travelled extensively in rural Australia. The Group interviewed 185 people in 24 towns. In the same year *A National Framework for Recovery Oriented Mental Health Services* was published (Australian Health Ministers' Advisory Council)...

The framework was informed by extensive research, submissions and consultations, as well as by a wealth of articles, reports and policy documents both national and international. Most importantly, the framework was informed by the stories, pictures, thoughts and viewpoints of people with a lived experience of mental health issues, both in their own personal experience and in the lives of those close to them. (vi)

In an article in the *West Australian* October 13, 2018 titled 'Now is the time to fix mental health' (page 94, Agenda) Dr Caroline Crabb AMA (WA) psychiatry representative stated, 'Numerous reviews have been done to identify problems in the system but the ad hoc solutions to date have failed to translate into meaningful progress.' Why?

In respect of the multitude of reports, enquiries etc action goes begging and the question remains as to why this is the case? One part of the answer here lies in the haze of ill-informed bureaucratic speak including appropriated and incompatible ideas that will never see the light of day. For example, a 'system-level change' based on a 'platform' of, 'Strengthening national leadership – facilitating systemic change at all levels and promoting the partnerships needed to secure enduring reforms'. (2015 government response to a Mental Health Commission report, page 2).

Despite the Inquiry talking up non-health factors psychologists are already pioneering research in the area of the social determinants of health. This is a major trend of enquiry and research (*Monitor on Psychology*, November 2017, American Psychological Association).

A viable framework to go forward has already been established by the Lancet Commission on Global Mental Health and Sustainable Development published last year. The seven key recommendations are a blueprint for immediate policy and action in Australia. The proposed Inquiry also fails to mention the discipline of Planetary Health.

Why has all this been ignored? The answer is that mental health practice in primary care remains fragmented by philosophical, political, disciplinary, and bio-medical approaches whose fault lines have been ignored for decades (the elephants in the room are competing for space). The Issues Paper noted '...significant stigma and discrimination around mental ill-health, particularly compared with physical

illness'. (page 1) However the Issues Paper by the Productivity Commission is full of discriminatory and stigmatizing terminology such as 'mild mental illness' and box sets of labels evident in stepped care (page 13). The latter obscures the pernicious undermining and underfunding of primary care. The concept of 'person-centered' despite being spruiked is clearly not understood and is just window dressing for the unwary consumer of policy. Suicide rates continue to climb.

The Inquiry itself is also lamentably very top down in its orientation. Social determinants can be at the forefront of bottom-up clinical practice as demonstrated by the BounceBack project in the U.K.

As example of the short-sightedness of the Inquiry is the assertion that the Personal Helpers and Mentors programme (PHaMs) will be transitioned to the NDIS from 2019-20 (page 27). It has been acknowledged that this will leave a vacuum in support for those with psychological issues to connect to the community, particularly in rural areas. The Issues Paper itself states 'Social inclusion, in the context of mental health, is about how communities engage and include people living with a mental illness and whether those with a mental illness feel connected, valued, accepted, or positive about the communities in which they live. (page 22) However, thousands of persons will have no community support as they will not qualify for the NDIS. If the Inquiry is serious about the social determinants of health then it needs to see the importance of action on the ground up and maintaining programmes like PhaMs.

The Productivity Commission needs to scrap its Inquiry and re-direct its attention to implementing action in the following three areas.

Firstly, primary care funding geared to early intervention where improvements to care including behavioural health can boost population health and reduce costs through lowering hospitalization rates. In rural regions such as the wheatbelt of WA small teams can be networked by a Clinical Psychologist to provide person-centered care. However, the development of new models to incorporate mental and physical health in primary care has been blocked by clinical, operational, financial, and training fault lines. This is despite the crucial role of primary care in stemming the known drivers of healthcare demand (Lavery, 2014; Agency for Healthcare Research and Quality, 2013, p.1). In addition, better lifestyle choices and improved self-management skills are important keys to better overall health outcomes, and 'It has been clearly demonstrated internationally that better outcomes and greater equity are achieved by health systems that invest in better systems of primary care' (The person centred health system and the medical home. Retrieved November, 11 (2013) from <http://medicalhome.org.au/>). This would particularly be the case when services are culture specific.

Dwyer (*The Australian* January 14, 2014) has summed this up in the Australian context,

...the pertinent truth is that hospital funding into the future will be manageable only if a modernised and remodelled primary care system can reduce the demand for hospital admissions. The *Productivity Commission* (emphasis mine) reports that between 600,000 and 750,000 public hospital admissions could be avoided annually

with an effective community intervention in the three weeks prior to hospitalisation (para. 5).

While risky behaviours are a leading cause of preventable morbidity and mortality, behavioural interventions to address them are underutilized in healthcare settings. This has long been recognized (e.g. Whitlock, E.P., Orleans, T., Pender, N., & Allan, J. (2002). Evaluating primary care behavioural counselling interventions: An evidence-based approach. *American Journal of Preventive Medicine*, 22,4).

Secondly, developing a new model for emotional and psychological distress that can be used with all health conditions based upon psychological formulation and the human context of living. The model needs to have the concept of person-centeredness at its core with emphasis upon human capabilities and prevention including social, economic and cultural contexts. This will eliminate stigma and discrimination.

A new model based upon five design principles is available (go to www.livedspace.com, menu bars Innovation..., and Formulation).

Thirdly, design thinking is required to explore the mostly non-productive interface between the person and services used which commonly include Centrelink, Workers Compensation, the legal and justice system, and the Family Court. Both human wellbeing and productivity is continuously and significantly compromised and drained off by these systems.

We do not need further inquiries...

The health innovators of tomorrow will be people at the coalface working stealthily, unencumbered by committees, associations and conventions. People who have direct experience of health problems with the insight and determination to create solutions that work. (leanmedicine.co, Editor's Blog)

Richard Taylor
Clinical Psychologist MACAPP
Member of the *Australian Clinical Psychology Association*
Organizational Consultant
MBA advanced UWA Business School