



Mental Health

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For more information, please contact:

Major Paul Hateley

Head of Government Relations

The Salvation Army Australia

Address: 2-4 Brisbane Ave, Barton, ACT, 2604

Phone: 0413 830 201

Email: government.relations@salvationarmy.org.au

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Statement of Recognition

The Salvation Army acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

Introduction

The Salvation Army congratulates the Productivity Commission on the release of the *Draft Report into Mental Health (the Draft Report)*. We thank the Productivity Commission for the opportunity to respond to the Draft Report.

The Salvation Army is an international Christian movement with a strong presence in Australia. Our vision is to confront hardship and injustice by living, loving and fighting alongside others to transform Australia one life at a time, with the love of Jesus.

To fulfil our vision The Salvation Army operates numerous social services. These services are designed to support the most disadvantaged and include financial counselling, employment services, and supporting people without stable housing.

In providing these services, The Salvation Army has become increasingly aware of the interrelationship between social disadvantage and mental health. As awareness of mental health has grown, The Salvation Army has conducted research which has shown that:

- Financial counselling can improve a person's mental health.
- Integrating housing and mental health services improves the chances a client can successfully transition to independent housing.
- The integration of wellbeing agents and wellbeing classroom time in schools has improved academic performance, physical and mental health and parental satisfaction. Schools with wellbeing agents have also seen a decrease in the number of bullying and/or harassment incidents.

This Submission

In commenting on the Draft Report The Salvation Army wishes to discuss the following:

- Mental health, employment and financial stress.
- Mental health, housing and homelessness.
- Mental health and children.



Mental Health, Employment and Financial Stress

The Draft Report contains a detailed analysis of how employment and income support can impact mental health.

The Salvation Army supports Australians who are finding it difficult to find a job, manage their finances and/or are living on an income support payment, such as the Newstart Allowance (**Newstart**), Youth Allowance or the Disability Support Pension.

Using this experience, The Salvation Army provides the following information on mental health and its relationship with employment, financial capability and income support.

Employment

Employment Plus was established by The Salvation Army in 1998. The service aims to help people find work that supports their wellbeing and benefits their community. Employment Plus delivers a range of government funded employment services including jobactive, Disability Employment Services and Transition to Work. We have a dedicated national team of allied health professionals (psychologists and social workers) specifically to support the mental health needs of participants.

In 2018-19 The Salvation Army provided employment assistance to 61,201 clients.¹

Draft Recommendation 14.1

Adding a short-form mental health diagnostic instrument to the Job Seeker Classification Instrument (**JCSI**) (Draft Recommendation 14.1 – Proposal 2) is welcomed by The Salvation Army. We note, however, that the way in which the JCSI is administered is critically important. Administration of the JCSI by a stranger over the phone is very rarely conducive to a full disclosure of circumstances. Self-reporting and online assessment will generally produce more effective disclosure and a subsequent diagnosis of needs.

Our preferred method for completion of the JCSI and associated assessment would be like the approach in the Disability Employment Services (**DES**) contract, which encourages in-person assessment with a consultant. An alternative could be for participants to complete the assessment online, provided an option is available for them to request personal support to complete the assessment if needed. This alternative would need to consider the effect on waiting times when a personal support request was made.

¹ The Salvation Army, *Annual Report 2019* (2019), 30.



The Salvation Army **does not** support the other proposals contained in Draft Recommendation 14.1.

- **Providing more specific guidance to job seekers answering the JCSI about the types of medical illnesses or disabilities relevant to employability** (Recommendation 14.1 – Proposal 1). We believe this measure may inadvertently prompt participants to provide responses that do not result in an accurate assessment of their needs. It is our view that improving the identification of mental health conditions relevant to employability would be better achieved with the implementation of a short-form mental health diagnostic instrument to the JCSI (as suggested in Recommendation 14.1 – Proposal 2).
- **A new instrument for predicting employment likelihood based on a blend of administrative and self-reported data and using more sophisticated analytical tools** (Recommendation 14.1 – Proposal 3). The Salvation Army believes increasing the number of automated assessment tools will have a negative impact on participant service and outcomes. It is our view that reforms should seek to produce fewer, more effective, forms of assessment to minimise impact on participants.

We believe personal engagement with a qualified consultant remains the strongest means of diagnosing participants' needs and increases user choice and control. It also reduces the risk of potential misdiagnosis or inappropriate streaming or referral to services.

- **Supplementing the Employment Services Assessment with the Personal and Social Performance Scale of similar instrument** (Recommendation 14.1 – Proposal 4). Our belief is that the Personal and Social Performance Scale will only be helpful for participants with certain types of mental health conditions. For instance, it could be beneficial for people experiencing psychosis or schizophrenia, but only where it is administered by trained clinicians with experience in these fields.

We believe better outcomes could be achieved for participants by referring them to an allied health professional or Employment Services Assessment (**ESAt**) for a more comprehensive assessment of their needs.

The Salvation Army is also concerned that, while beneficial in some instances, the expansion of current forms of assessment will increase the administrative burden on employment services providers, which in turn can affect quality of service. We encourage the Australian Government to consult specifically with employment service providers and relevant peak bodies prior to the implementation of any of these measures.

Recommendations

- A short-form mental health diagnostic instrument be added to the Job Seeker Classification Instrument.
- The Productivity Commission not recommend that:
 - More specific guidance be provided to job seekers answering the Job Seeker Classification Instrument about the types of medical illnesses or disabilities relevant to employability.
 - A new instrument be developed for predicting employment likelihood based on a blend of administrative and self-reported data and using more sophisticated analytical tools.
 - The Employment Services Assessment be supplemented by the Personal and Social Performance Scale or similar instrument.
- The Australian Government consult with employment service providers and relevant peak bodies before any expansion to the current forms of assessment is introduced.

Draft Recommendation 14.2

The Salvation Army supports the four proposals contained in Draft Recommendation 14.2:

- **Assess the potential for online peer group support for participants with mental illness as part of the Digital First software** (Draft Recommendation 14.2 – Proposal 1). The Salvation Army supports this proposal.
- **Consider adaptation of the use of the Job Seeker Classification Instrument so that anyone reporting a mental illness is referred for personal assessment before being allocated to Digital First** (Draft Recommendation 14.2 – Proposal 2). The Salvation Army provides *qualified support* to this proposal. We note the presence of a mental health condition will not necessarily prevent a participant from engaging with employment services through Digital Streams.

It is our view that participants with a mental health condition in the Digital Streams must have immediate access to personal support should they request it, but this referral to Enhanced services need not be automatic. Participant choice and service preference should be the guiding factor in each case.

- **Ensure participants with inadequate digital literacy and/or mental illness maintain access to face-to-face services** (Draft Recommendation 14.2 – Proposal 3).
The Salvation Army supports this proposal.
- **Ensure scope for participants to inform service providers of relapse in mental illness in a timely manner** (Draft Recommendation 14.4 – Proposal 4).
The Salvation Army provides *qualified support* to this proposal. Participants should have the scope to inform service providers where a relapse has occurred, and this notification should trigger a suspension of activity requirements in most cases. We do however note that the definition of relapse can be problematic. In some situations, the underlying illness or conditions may not have been clearly identified or treated in the first place.
- The Targeted Compliance Framework (**TCF**) needs to selectively and compassionately be applied in all circumstances, with the broadest latitude for people with an identified mental health condition. Where episodes of relapse, recurrence or initial occurrence of a condition are identified by a provider or participant, the participant should be exempt from activity requirements until appropriate support has been made available and taken effect.

For emphasis, we note that providing exemption from TCF does not necessarily mean that a participant would disengage from employment services. Gaining employment can often be an important element in recovery. The exemption would merely remove a potential stressor, enable greater flexibility in job-seeking activities and therefore give the participant the best chance at securing appropriate sustainable employment.

Recommendations

Draft Recommendation 14.2 be implemented with the following considerations:

- Participants with a mental health condition in the Digital Streams have immediate access to personal support should they request it.
- Participants who suffer a relapse or initial occurrence of a mental health condition be exempt from activity requirements until appropriate treatment can be secured.

Draft Recommendation 14.3

The Salvation Army supports the two proposals in Recommendation 14.3. We agree with the principles that underpin the Individual Placement and Support (**IPS**) model and support a government trial and evaluation of the IPS program to better establish the factors that influence its cost-effectiveness. The Salvation Army also supports the IPS program being open to all non-employed consumers of community mental health services who express a desire to be a part of the program and agree that the IPS model should be rolled out gradually.

Recommendation

Draft Recommendation 14.3 be implemented.

Draft Recommendation 14.4

Through our experience, The Salvation Army believes that the Australian Government should prioritise simplifying the format and content of Job Plans and improve the registration process for participants.

We also provide the following comments on Draft Recommendation 14.4:

- Provide greater flexibility in the application of the Targeted Compliance Framework for job seekers experiencing a mental health condition**
(Draft Recommendation 14.4 – Proposal 1). The Salvation Army supports this proposal. The TCF is a complex system. It is our experience that it can be difficult for some participants to understand how the TCF works. For this reason, employment service providers should be permitted to interpret activity requirements for participants with a mental health condition with greater discretion and grant exemptions from activity requirements where appropriate.

We further note the application of the TCF by providers can be a cause of distress for some participants. Employment service providers should be encouraged to interpret requirements with flexibility and compassion, with reference to the individual needs and circumstances of each person. As noted above, flexibility in the application of the TCF should often correspond with an increased likelihood of a participant achieving appropriate and sustainable employment.

- Assess more systematically whether employment service providers are meeting their obligations to provide personalised Job Plans that go beyond compliance, targeted at job seekers with complex needs**
(Draft Recommendation 14.4 – Proposal 2). The Salvation Army provides *qualified support* for this proposal. We note that this is already a requirement of the DES contract. Job Plans are regularly reviewed by the Department of Social Services, with fees recovered where Job Plans are not appropriate.

Job Plans, when used effectively by providers, can be a practical and constructive tool to help people with mental health conditions to overcome barriers and find employment. The behaviour of the provider, and the way the Job Plan is used, may affect whether a participant perceives the Job Plan a helpful step towards employment – or merely a compliance tool.

In our experience, Job Plans in their current form are strongly weighted towards compliance. It is not surprising then that participants interpret their Job Plans as primarily a bureaucratic compliance tool. The Australian Government should therefore consider reviewing the structure and content of Job Plans to improve the balance between compliance and practical facilitation of job search activity.

Outside this, we agree that providers should be regularly monitored to ensure Job Plans are appropriate, noting that consideration should be given to the impact this additional compliance will have on employment service providers and subsequent service provision to participants

- **Consider extending the period of time that job seekers with more complex needs have to consider and propose changes to their Job Plan beyond two business days** (Draft Recommendation 14.4 – Proposal 3). This proposal is supported by The Salvation Army.

Recommendations

- Draft Recommendation 14.4 be implemented.
 - The Australian Government review the structure and content of Job Plans.
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Information Request 14.1

The Salvation Army supports the second option to avoid diffusion or duplication of employment services between Commonwealth and state/territory government agencies. We believe a licensing model for providers to deliver IPS services could be practically achieved and could complement existing services such as DES.

Recommendation

The Productivity Commission recommend a new Australian Government administered contract for Individual Placement and Support providers.

Financial Counselling

Through our Moneycare financial counselling service, The Salvation Army assists clients who lack financial stability or are in financial difficulties or crisis. This is often caused by issues including unemployment or inadequate income support.

In 2018-19 The Salvation Army provided financial counselling to 16,885 clients.²

By providing Moneycare, The Salvation Army has seen the positive impacts that financial counselling can have on mental health.

Moneycare

Moneycare is a free financial counselling and capability service offered by The Salvation Army.

Through Moneycare, qualified Financial Counsellors provide crisis intervention and financial resilience services. This includes processes such as crisis stabilisation, targeted referrals, financial assessment and debt reduction options. Moneycare also has an extensive financial literacy program, *You're the Boss*, which provides practical advice to help people remain on top of their finances.

In 2017-18 Moneycare completed a validated outcomes measurement process pilot to assess the effectiveness of the service in terms of financial resilience, mental health and personal well-being. This necessarily included the relationship between mental health and financial capability.

The pilot process found that the overall mental health of Moneycare clients increased significantly within three months of receiving support, with two-thirds of clients reporting an improvement in their mental health. Based on the Kessler 6, a measure of psychological distress, 37 per cent of clients coming into the service were found to have a 'probable serious mental health condition'. This reduced to 16 per cent within three months of receiving support from Moneycare.

² The Salvation Army, *Annual Report 2019* (2019), 32.





Findings from The Salvation Army's 2017-18 Moneycare Survey

The Salvation Army believes a significant gap in the Draft Report relates to financial capability. We recommend that the Productivity Commission investigate the benefits of financial counselling, as it relates to mental health, when completing their Final Report. This should include a recognition of the importance of financial counsellors and the importance of imbedding financial counsellors within mental health settings.

Recommendation

The Productivity Commission investigate the benefits of increasing financial counselling services to reduce the number of Australians experiencing a mental health condition.

Income Support

The Draft Report was completed at a time of public debate about the rate of the Newstart Allowance.³ Though it is out of scope for the Inquiry, The Salvation Army believes a raise to the rate of Newstart, above the standard indexations in March and September each year, has the potential to improve the mental health of Newstart recipients.

³ The Newstart Allowance will be renamed the JobSeeker Payment from 20 March 2020.

Mental Health, Housing and Homelessness

In 2018-19 The Salvation Army homelessness services throughout Australia supported 46,787 people.⁴

The Beacon – The Salvation Army Psychological Assessment and Counselling Program

The Salvation Army has previously conducted research on the link between mental health and secure housing. In 2015-16 The Salvation Army homelessness services in Perth (known as **The Beacon**), in conjunction with Psychology Australia Local Services (**PALS**), initiated a Psychological Assessment and Counselling program for clients living at The Beacon. The data gathered indicated that 52.8 per cent of clients indicated they had a mental health condition. A larger survey conducted at The Beacon between June 2017 and June 2018 confirmed these figures, with 52.1 per cent of clients indicating they had a mental health condition.

Findings from The Beacon have also showed the effectiveness of integrating housing and mental health services.

The Beacon

Crisis and transitional accommodation (Perth, WA)

Opening in February 2014, The Beacon contains 102 beds for those who are, or at risk of, homelessness.

At The Beacon, clients are provided holistic wrap-around care. This wrap-around care is provided with the support of PALS, Royal Perth Hospital (**RPH**), the University of Western Australia – Centre for Social Impact (**UWA-CSI**), Homelessness Healthcare (**HHC**), the Western Australian Government, and Psychology Australia. The goal of this program is to reduce the number of clients who find themselves homeless after their departure from The Beacon, with clients able to continue to use these support services after they have moved into community housing.

This wrap-around care has resulted in a reduction in:

- The time taken to transition clients to independent housing, from an average of **8-12 months** to an average of **3-6 months**.
- The number of **critical incidents** at The Beacon.
- The number of **emergency department** presentations – down 32.7 per cent.

⁴ The Salvation Army, *Annual Report 2019* (2019), 30.



The below case study illustrates the difference that these wrap-around services make in an individual's life.

Case Study – Stuart

Following the amputation of two of his toes to severe infection in July 2017, Stuart*, an elderly man, was connected to The Beacon via the Homelessness Team at RPH. On his first interaction with HHC, Stuart was seen for eight different health conditions, ranging from diabetes to schizophrenia.

In the three years prior to his first interaction with HHC, Stuart had presented to the emergency department at RPH 24 times. He had also spent 57 days in hospital as an inpatient. The Salvation Army estimates the total cost of his care was \$137,997.

During his time at The Beacon, Stuart attended the HHC Clinic on 36 occasions and was assisted with 16 different health conditions – including digestive health, mental health, diabetes, smoking cessation and insomnia. This was complemented by his engagement in a range of other programs at The Beacon. He has since moved into community housing, where he continues to receive outpatient care from HHC. Since his relocation to community housing, Stuart has not had to present to RPH.

*The name contained in this case study has been altered

In conjunction with PALS, The Beacon has now begun a research project that aims to develop a Client Assessment and Categorisation System. This system is designed to determine the most appropriate service pathway for each client. This categorisation will be based on the extent of the client's mental health condition(s), their substance use (if any) and any social issues they may have. The research project is hoping to reduce the revolving door – where clients ultimately return to homelessness services because issues which factored into a client's homelessness, such as mental health, had not been adequately dealt with during their initial support.



The Draft Report

Our experience delivering homelessness services throughout Australia leads The Salvation Army to support the focus of the Draft Report in identifying ways to provide both housing and mental health supports. We broadly support the proposals listed in Draft Recommendation 15.1 and Draft Recommendation 15.2 but believe there is scope to extend the proposals. These extensions include:

- The development of a National Housing & Homelessness Strategy would underpin and give structure to the Productivity Commission’s housing-related recommendations. Ideally its development would be overseen by a taskforce (preferably bipartisan), of which at least one member would have a background in mental health and its impacts on housing. Such a strategy will help to deliver a nationally consistent policy of no exits into homelessness as well as meeting the gap in the number of ‘supported housing’ places.
- The Salvation Army supports the focus on training for social housing workers, educators, doctors and insurers contained in the Draft Report. The Productivity Commission should look to further improve this Draft Recommendation by:
 - Encouraging all social service professionals to undertake mental health training.
 - Highlighting that mental health training should not be seen to negate the need for a qualified mental health clinician, but rather to equip professionals to better support individuals, including through recognition of triggers and referrals for appropriate treatment.
 - Mental health professionals should also be encouraged to undertake training in the homelessness sector.
- All organisations who receive public funding should be required to make publicly available their policies and procedures on how they deliver housing, including their appeals process and eviction policy and procedures.
- State and territory governments should establish an independent monitoring body, like the Victorian Commissioner for Residential Tenancies, to monitor forthcoming reforms to residential tenancy legislation.
- A national framework for tenancy law and rental rights be developed.

In addition to the proposals listed in the Draft Report, it is the experience of The Salvation Army that there is a general lack of understanding regarding people living with a Hoarding Disorder. This is despite the fact a Hoarding Disorder is classified as a mental health condition by the Diagnostic and Statistical Manual of Mental Disorders (**DSM-5**).



Recommendations

- A National Housing and Homelessness Strategy be developed.
- Mental health training and resources should be encouraged for all social service workers.
- Mental health professionals should be encouraged to undertake training in the homelessness sector.
- All organisations who receive public funding to provide social housing should be required to make publicly available their policies and procedures.
- State and territory governments should appoint an independent body to monitor and assess the impacts of forthcoming reforms to residential tenancy legislation.
- A national framework for tenancy law and rental rights be developed.

Housing and Financial Counselling

In the Draft Report it is stated that:

'Symptoms of mental illness can impact an individual's ability to independently manage housing tasks, such as budgeting, paying rent or utility bills on time, opening mail or maintaining a property'.⁵

The Salvation Army believes greater access to financial counselling can have a positive impact on reducing the prevalence of housing stress, homelessness and mental health conditions.

⁵ The Productivity Commission, *Mental Health Draft Report* (2019), 544.



Mental Health and Children

The Salvation Army receives Australian Government funding as the Communities for Children (CfC) Facilitating Partner (FP) in three locations across Australia.

CfC is a place-based whole-of-community approach to support and enhance early childhood development and wellbeing for children from birth to 12 years. CfC FPs build on local strengths to meet local community needs and create capability within local service systems. Using strong evidence of what works in early intervention and prevention, they collaborate with other organisations to provide a holistic service system for children and families.

[The Wellbeing Classroom Approach \(Information Request 3.1\)](#)

The Wellbeing Classroom Approach was developed in partnership between Salisbury Communities for Children, Schools Ministry Group and researchers from University of South Australia School of Education. The approach uses a range of resources to support children's social and emotional learning, equip teachers to implement trauma-informed methods and build a culture of belonging, mutual care and support. Since its development in 2012 the Wellbeing Classroom Approach has been adopted in family centres and schools across South Australia.⁶

Evaluation of the Wellbeing Classroom Approach has shown that it has reduced bullying events and non-attendance, whilst boosting children's peer friendship networks and academic performance. In one school, adoption of the Wellbeing Classroom Approach over a period of three years has resulted in such a strong wellbeing culture among staff and students that the Wellbeing Classroom Coordinator is now only required to assist in training and orienting new staff at the school.

It is our belief that the approach represents a cost-effective means of enhancing student mental health.

Case Study – A SA primary school

When Community Partner Schools Ministry Group first introduced the Wellbeing Classroom Approach in 2015, the school had an enrolment of 366 children. The school's student profile could fairly be described as culturally complex with relatively high numbers of children experiencing adverse events or circumstances. This provided the impetus behind the introduction of a wellbeing approach but also presented a challenge for developing an inclusive school-wide culture.

⁶ More information on the Wellbeing Classroom Approach can be found at <https://www.thewellbeingclassroom.com.au>.



Through introducing peer ‘wellbeing agents’, weekly ‘wellbeing classroom time’ and individualised support for children with specific needs, and with the support from a school Child Wellbeing Practitioner, the school has seen:

- Significant increases in the proportion of children assessed as being ‘on track’ between 2015 and 2018 across four of the five Australian Early Development Census (AEDC) domains: Physical Health, Social Competence, Emotional Maturity and Communication and General Knowledge. There was no significant change in the Language and Cognitive Skills domain.
- Improvements in NAPLAN reading results over three years, and numeracy results over four years. The Year 3 group made a significant improvement in numeracy, with 70 per cent of students reaching minimum standard (up from 51 per cent).
- Bullying and harassment incidents decrease by 14 per cent between 2017 and 2018
- High ‘wellbeing agent’ peer leader and teacher satisfaction with the process
- An increase in the number of families with English as an additional language (EALD) attending family learning events (70 per cent) and family support and health services (50 per cent)
- High parent satisfaction with respect for cultural diversity and children’s enjoyment of school.

*The name contained in this case study has been altered

[The Family Centre Approach \(Information Request 5.1 and Draft Finding 10.2\)](#)

The Salvation Army supports Draft Finding 10.2. As illustrated in our example of The Beacon, co-location can have a significant positive impact on mental health.

The multi-disciplinary outline of The Salvation Army’s Family Centre Approach offers families a ‘one-stop shop’ for a range of services, including psychologist support, financial counselling, group therapy and social work support.⁷ Provision of home visiting and a soft-entry approach, for example through a music group or playgroup, allow families to develop trust and form supportive relationships.

As comfort and trust develop in this environment, we have found that families are more likely to access the targeted support they need.

⁷ For a brief report on the Family Centre approach to early intervention and prevention see: http://www.salisburyc4c.org.au/resourcedownloads/The_Family_Centre_Final_Report.pdf



An example of this is parental mental health. As the CfC FP in Ingle Farm (SA), The Salvation Army provides funding for Lutheran Community Care to operate the FamilyZone family centre. The co-location of psychologists, social workers and father-specific services at FamilyZone means that parents, particularly parents experiencing isolation, have ready access to the support they need. The range of early intervention and targeted supports emphasised in the Family Centre Approach would complement a mental health service such as low intensity therapy coaches.

This is supported by the 2015 independent evaluation of beyondblue's New Access program. NewAccess is an early intervention program using low intensity cognitive behavioural therapy and access coaches to guide problem solving and skills building for those with low to moderate depression and anxiety. The evaluation identified that a key critical success factor of the program was that it is embedded in the health and social care systems and easily accessible for men.⁸

Early intervention and prevention

As identified the Draft Report, early intervention in working with vulnerable families is a critical ingredient in building capacity and changing the trajectory of intergenerational poverty and mental illness. Research has shown that investment in programs that are targeted towards the earliest years, such as The Salvation Army's Family Centre Approach and the Communities for Children initiative, offer the highest level of return on investment to reduce the risk of long-term welfare dependency.

Draft Recommendation 17.1

While universal screening is an important element in implementing early intervention and prevention, The Salvation Army believes that there is greater scope for this Draft Recommendation to utilise the connections of many Community Service Organisations (**CSOs**) – who are often well placed to provide universal screening for perinatal depression. However, government support would be needed to provide this at the scale enough to deliver significant population change.

The Productivity Commission may be interested in the Being with Baby program, which supports mothers or fathers experiencing postnatal depression and other mental health issues. Findings of an independent evaluation of the program as it is delivered through the Communities for Children program in Salisbury (SA) included decreased perinatal depression and increased child safety.⁹

⁸ For further information please see https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0353_beyondblue-newaccess-demonstration-independent-evaluation.pdf?sfvrsn=7e1050ea_0.

⁹ Further information on the Being with baby program can be found at http://www.salisburyc4c.org.au/resourcedownloads/Being_With_Baby_Evaluation.pdf.



Case Study – Tessa

Tessa and baby Oscar were referred for home visiting as Oscar was reportedly an unsettled baby. The initial assessment revealed symptoms of depression, later diagnosed as postnatal depression. On the day of the home visit, Tessa was having trouble getting up from the lounge and Oscar was screaming on a mat on the floor. The house was disorganised, dark and gloomy. Tessa's husband was also experiencing depression. He couldn't handle the baby crying and had withdrawn from the family emotionally and physically.

This home visit resulted in a referral to a local GP and then to a paediatrician for Oscar and a psychologist for Tessa, along with a mental health plan, which gave her access to child care and *Being with Baby*, a post-natal depression support group. A FamilyZone family support worker was also scheduled to visit on a regular basis.

The skills she learned from *Being with Baby* led to Tessa changing her pattern of thinking and also influenced her marital relationship. To support these positive changes, she was invited to stay on for *Stepping Stones*, a small supported playgroup that encourages families at an individual level and connects them with support in the broader community. Tessa also joined a mothers' group, which provided her the support she needed to enjoy parenting but also voice concerns and ask questions.

Twelve months down the track, Tessa has returned to work three days a week. Oscar has grown to be a lively likeable toddler, who socialises well but has an obvious strong attachment to his mother. He also has a strong attachment to his father, who is now responsible for child care one day a week. They report their relationship is much more positive and have expressed gratitude for how FamilyZone has supported and journeyed with them.¹⁰

*The name contained in this case study has been altered

Recommendation

Community service organisations be engaged in the provision of targeted support for those at risk of perinatal depression, preferably in universal settings.

¹⁰ The Family Centre Approach to Early Intervention and Prevention. Nova Smart Solutions 2019. http://www.salisbury4c.org.au/resourcedownloads/The_Family_Centre_Final_Report.pdf Accessed on 21 January 2020.

Draft Recommendation 17.2

The Salvation Army believes emotional learning is better enhanced in the context of preschool environments that facilitate a whole-of-family and community approach to supplement the work of mental health professionals. We therefore support amending Draft Recommendation 17.2 so that governments, in collaboration with CSOs, expand the provision of parent education and family support initiatives through child and family centres and other preschool environments.

Recommendation

Parent education and family support initiatives be expanded.

Draft Recommendation 17.3

Through the rollout of the Wellbeing Classroom Approach in over 50 classrooms across South Australia, The Salvation Army has seen the effectiveness of a school-wide wellbeing approach to student mental health and wellbeing. Research shows that this approach is best implemented using wellbeing support staff to train mentor teachers over enough time for it to become embedded in their practice.¹¹

Recommendation

State and territory governments work in collaboration with NGOs to support teachers in implementing social and emotional development and wellbeing in schools.

Draft Recommendation 17.5

Through our experience with the Wellbeing Classroom Approach, The Salvation Army has found that students themselves can be effective leaders in implementing a whole-of-school approach to wellbeing.¹²

We believe Draft Recommendation 17.5 can be expanded so that students are involved in implementing a school-wide wellbeing approach.

Recommendation

Students be actively involved when implementing a school-wide wellbeing approach.

¹¹ McInnes, Diamond, Whittington & Neill, *Building Stronger Communities with Children and Families*. 2nd Edition (2020) 145.

¹² For further information see https://www.youtube.com/watch?v=jFMZF_4QucU&feature=youtu.be.

Conclusion

The Salvation Army thanks the Productivity Commission for the opportunity to comment on the Draft Report into Mental Health.

The Draft Report is a substantial document. The Salvation Army supports the efforts of the Productivity Commission and welcomes the research, consultation and expertise that has gone into producing the Draft Report.

We look forward to the release of the Final Report.



About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia has a national operating budget of over \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Programs include:

- Financial inclusion, including emergency relief.
- Homelessness services.
- Youth services.
- Family and domestic violence services.
- Alcohol, drugs and other addictions.
- Chaplaincy.
- Emergency and disaster response.
- Aged care.
- Employment services.

As a mission driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centred approaches that reflect our mission to share the love of Jesus by:

- Caring for people.
- Creating faith pathways.
- Building healthy communities.
- Working for justice.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

[Further Information](#)

The Salvation Army would welcome the opportunity to discuss the content of this submission should any further information be of assistance. Further information can be sought from Major Paul Hateley, Head of Government Relations, at government.relations@salvationarmy.org.au.

