

Introduction

Volunteering Australia welcomes the opportunity to provide a response on the Productivity Commission Inquiry into *Mental Health*.

Mental illness is not linear “and can vary in severity and duration.”^{III} The Australian Institute of Health and Welfare (AIHW) reports that forty-five per cent of Australians will have a common mental illness in their lifetime and this equates to about 8.6 million people.^{II} Every year, 1 in 5 Australians aged 16-85 years of age experience mental illness.^{III}

Recent data indicates that 1.5 million Australians experience moderate mental illness, while a further 2.9 million have a mild mental illness.^{IV} Volunteering Australia stresses that volunteering can be an effective response to supporting people on their mental health recovery journey.

Volunteering can be very effective to mitigating isolation and loneliness, increasing social inclusion, community participation, encouraging economic participation and cohesion. Volunteering is also a potential pathway to employment, by increasing workforce participation.

More than 5.8 million Australians or 31 per cent of the population engage in volunteering activities. This volunteering yields a 450 per cent return for every dollar invested.^V However, the volunteer workforce in mental health must be appropriately and sustainably resourced.

This submission focuses on the important role that volunteering can play in facilitating social participation and inclusion and its strong links to improved mental health and wellbeing. The responses also answer questions posed in the issues paper.

About Volunteering Australia

Volunteering Australia is the national peak body for volunteering. We work to advance volunteering in the Australian community.

Volunteering Australia’s vision is to promote strong, connected communities through volunteering. Our mission is to lead, strengthen, promote and celebrate volunteering in Australia.

We work collectively with the seven State and Territory volunteering peak bodies to deliver national, state/territory and local volunteering programs and initiatives in accordance with the Government’s priorities.

As the primary link between the volunteering sector and federal government, Volunteering Australia provides feedback into key decision making. All feedback is informed by research, evidence and consultation with the volunteering sector.

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Volunteering Australia Response

- **In what ways are governments (at any level) seeking to improve mental health by encouraging social participation and inclusion? What evidence is there that public investments in social participation and inclusion are delivering benefits that outweigh the costs?**
- **What role do non-government organisations play in supporting mental health through social inclusion and participation, and what more should they do?**
- **Are the current arrangements for commission and funding mental health services – such as through government departments, PHNs or non-government bodies – delivery the best outcomes for consumers. If not, how can they be improved?**

In 2016-17 there were 8.9 million community mental health care service contacts in Australia.^{vi} The volunteer workforce plays a vital role in the delivery of care, services and programs in community mental health. Volunteering is an important activity to engage with individuals and give back to the community. It is a rich source of social capital, and allows for the development of meaningful relationships and the reduction of social isolation.

The social capital derived from volunteer engagement in the community mental health area is of substantial benefit to both participants and the individual volunteer, with those participating in the space able to participate more fully in society, build relationships with others and overcome specific barriers.

In fact, a recent report commissioned by the 'Centre for Ageing Better' in the United Kingdom explored age-friendly and inclusive volunteering.^{vii} The foundation of this report was to look at a strategy to tackle loneliness, do more to address isolation, and support people to sustain their contributions, particularly as they age (a key outcome for the UK Government). The report found that inclusive volunteering programs are of great benefit to both the community and participants.

In Australia, Volunteering and Contact ACT runs a successful Inclusive Volunteering Program. Launched in 2012 and funded by the National Disability Insurance Agency and Hands Across Canberra, the program assists people who identify as having a barrier to volunteering learn new skills, gain confidence, make new friends, and experience a reduction in social isolation by becoming more involved with the community. Eligible participants of the program are people with a disability, those who identify as having a mental health condition and new migrants to the Canberra Region.^{viii} The program has been identified as very effective for encouraging social connectedness, building social capital and improving wellbeing and health outcomes.

Volunteering Australia is also working with our sector partners on practical solutions to tackle loneliness and improve social participation and inclusion. We are currently involved with the Australian Coalition to End Loneliness (ACEL) to promote social connectedness and highlight the importance of volunteering in combating loneliness. Key to this initiative is whole-of-government support, and it is promising that there has been a bi-partisan motion in federal parliament.

Volunteering Australia defines volunteering as "time willingly given, for the common good and without financial gain".^{ix} However, while volunteers donate their time freely, volunteer labour is not free and there is a cost associated with volunteering. The operational cost of delivering innovative volunteering programs that respond to the needs of Australian society is increasing and requires investment. We note that on the whole there is a lack of investment in volunteering in community mental health.

Specialist training, support and education is necessary for volunteers engaged in the mental health workforce and is essential to delivering a human-rights based approach to service. The need for this is heightened by rapid changes to the market, workforce turnover and demand. A similar issue was identified in a 2011 Productivity Commission Report, in regard to a huge increase in the number of volunteers in the aged care workforce. The report noted, "funding for services which engage volunteers in service delivery should consider the costs associated with volunteer administration and regulation; and appropriate training and support for volunteers."^x

Volunteering Australia recommends the use of the National Standards for Volunteer Involvement as the best-practice guide for volunteer engagement. The National Standards have been developed in consultation with the volunteering sector to support the involvement of volunteers and act as a resource for organisations. The advice provided by the National Standards for Volunteer Involvement state that volunteers should be given information about how to make a complaint or raise a concern within an organisation and to relevant external bodies. It also advises that grievances from volunteers should be managed consistently, transparently, equitably and in line with the principles of natural justice.

Adequate supports and mechanisms need to be initiated to produce the best possible outcomes to support people on their mental health journey. For the effective delivery of supports and services, education and training should be in line with the National Standards for Volunteer Involvement. Volunteering Australia also recommends that as part of best practice, it is critically important that there are well-trained managers of volunteers who can manage complex situations, and who are supported in their roles.

Organisations would also benefit from Mental Health, First Aid, and Supported Decision-Making training. While these modules are highly valuable to the provision of quality supports and services, the costs associated with them can be prohibitive. Our 2016 State of Volunteering in Australia report indicates that, “Volunteering Involving Organisations generally lack resources both human and financial, and this can inhibit their ability to engage volunteers with barriers.”^{xI} This lack of resources inhibits a Volunteer Involving Organisation’s ability to “recognise their existing volunteer base.”

We stress that there must be investment in the voluntary workforce in all grants and funding. With no dedicated resource allocation for volunteering in core services, organisations are often forced to absorb costs or use existing funding to support their volunteer workforce. It is critical that this work is being factored into grants.

In addition, there are many organisations working in community mental health that are restricted by short-term grants and funding cycles. These funding arrangements don’t allow for the strategic workforce planning required to operate successful programming and service delivery. Volunteering Australia stresses that long-term, ongoing funding is necessary to ensure the best outcomes for consumers.

Volunteering Australia recommends that there is greater investment in the voluntary workforce in community mental health supports to appropriately support program delivery and ensure safe and effective outcomes. Volunteering Australia also recommends that Volunteering Support Services and Volunteer Involving Organisations are adequately funded and supported to ensure long-term service provision.

- **Are there particular population sub-groups that are more at risk of mental ill-health due to inadequate social participation and inclusion? What, if anything, should be done specifically to target those groups?**

Volunteering Australia underscores that strategies are required to address systemic disadvantage and decrease the risk of loneliness for those from certain segments of society. People with disability, those from culturally and linguistically diverse backgrounds, older Australians, Aboriginal or Torres Strait Islander people, LGBTQI people, young people and those who live in rural and regional areas can be more susceptible to loneliness and social isolation.

Accessing mental health services can be an issue if you live in rural and regional areas. While the prevalence of mental illness is similar to that of major cities, access to services is more limited, with rates of self-harm and suicide increasing with remoteness.^{xII}

The demographics of rural and regional areas play an important role in appropriate service provision. “The rate of suicide among men aged 15-29 years who live outside major cities is almost twice as high as it is in major cities.”^{xIII} The rates of suicide among Aboriginal and Torres Strait Islander people is 3.7 times higher than non-Indigenous 15-24 year olds.^{xIV}

There can often be stigma or barriers to seeking help with mental illness, particularly from those in smaller communities where they may be more visible to others. This is also common with individuals from culturally and linguistically diverse backgrounds where there can be stigma associated with mental illness. It is vital that there is culturally appropriate and accessible service provision for individuals in these areas.

A one-size fits all approach is not always effective, and this is where the role of volunteers and place-based services, such as Volunteering Support Services, can play a unique role in providing vital supports and services to rural and regional communities. Engaging diverse volunteers or those with lived-experience can be very valuable to effective service provision. However, volunteers and services must be supported with training, resources and effective management in order to provide suitable care.

- **How could non-clinical health support services be better coordinated with clinical mental health services?**
- **Are there significant service gaps for people with psychosocial disability who do not qualify for the NDIS?**

The roll-out of the NDIS has presented a number of challenges for the wider mental health sector. Evidence suggests that there are significant gaps in support services for people who experience mental illness to access the NDIS, with a University of Sydney report finding that people with psychosocial disability experiencing issues accessing the scheme.^{xv}

Feedback has indicated that the community mental health sector is facing increasing pressures to cope with higher levels of demand. There has also been concerning feedback that volunteers are increasingly being required to take on work that would ordinarily be undertaken by a paid staff member. Organisations have also highlighted that increased pressures have resulted in greater stress for volunteers and volunteer burnout.

Volunteering Australia notes that there is also no dedicated resource allocation for volunteering in the NDIS and a lack of understanding from government on the ways in which the volunteer workforce provide supports as part of the scheme. Adequate mechanisms, resources and funding need to be put in place to ensure the safety of volunteers.

The NDIS interacts with volunteers in two key ways:^{xvi}

- Volunteers are engaged to work within disability support service organisations;
- The NDIS engages people with barriers more inclusively into society, either through volunteering as an end unto itself, or using volunteering as a pathway to paid employment.^{xvii}

Volunteering Australia highlights that a significant issue with the NDIS is that the roll out started before the NDIS costs were appropriately considered, and since this time, there has been very little attempt to properly consider the role that volunteers play in supporting people with disability, as well as volunteering as a mechanism to improve social connectedness, wellbeing and health outcomes.

Furthermore, there is a common and incorrect understanding that volunteer labour does not incur any costs. This results in services having to absorb costs or use existing funding to support their volunteer workforce in order to ensure the delivery of services. Moving forward, we strongly urge there is adequate consideration of contributions volunteers make to supporting people with psychosocial disability, autism or intellectual disability, and that they are fully costed as part of the workforce.

Volunteering and Contact ACT's Connections Program provides one-on-one mentoring and social support for people living with mental illness. The program follows a strengths-based recovery-oriented model to reduce the stigma associated with mental illness, social isolation and looks to increase positive self-perception. Participants in the program are matched with highly trained volunteers and encouraged to set new goals, reconnect with community, learn a new skill or engage in their own community.

Volunteering Australia highlights that while programs such as Connections are non-clinical health support, they are necessary mental health services and meet a growing demand in the community. There would be greater benefit to the broader community if there is better coordination between clinical and non-clinical health services, and the NDIA. There are still gaps in service delivery offerings and support in the community. Volunteering Australia recommends the roll out of the Connections and Inclusive Volunteering programs nationally based on the need for both programs in providing pathways for people experiencing barriers, including mental ill-health, to connect with their community and reduce isolation through volunteering. The completion of the Connections Program also provides a good pathway into the Inclusive Volunteering Program.

- **What alternative approaches would better support people with a mental illness (whether episodic or not) to find and keep a job?**
- **What types of workplace interventions do you recommend this inquiry explore as options to facilitate more mentally healthy workplaces?**
- **What could be done to reduce stress and turnover among mental health workers?**

Workplaces can play a very effective role in reducing the overall burden of mental health. Volunteering Australia highlights that volunteering is an effective way to reduce the physical, emotional and mental demands at work and support positive mental health outcomes for employees and volunteers.

Volunteering is a valuable preventative health measure and can have a considerable positive impact on reducing stress and employee turnover. There is sufficient evidence to indicate that people who volunteer are happier and healthier individuals.

Recent studies have indicated that 96 per cent of volunteers say that engaging in volunteering “makes people happier”,^{xviii} while 95 per cent of volunteers say that volunteering is related to feelings of wellbeing.^{xix}

In fact, only a few hours of volunteer work can have a positive impact on an individual’s happiness and mood, and sustained volunteering is associated with better mental health.^{xx} The experience of helping others provides meaning, a sense of self-worth, a social role and health enhancement.

Volunteers have also identified personal benefits from their involvement in volunteering activities including, “improved wellbeing and a community connection, and (they) believe they have made a notable contribution to common good.”^{xxi}

The increased focus on corporate social responsibility has meant many companies and organisations have dedicated corporate volunteer days for staff. Recent data suggests that almost 90 per cent of large businesses have allocated more resources to volunteering compared to 10 years ago and wanted to see more of their workforce participate in workplace volunteering.

Volunteering Australia strongly recommends support for employee volunteering programs as a positive intervention to facilitate more mentally healthy workplaces. It is not only a positive means to contribute to society but has substantial benefits to individual health outcomes.

- **What suggestions, if any, do you have on the Commission’s proposed assessment approach for the inquiry?**

The Productivity Commission issues paper (Figure 1)^{xxii} proposes a model on mental health that asserts by improving mental health first, individuals will become more productive and engaged members of society. While not entirely incorrect for those who experience complex and debilitating mental illness, this model fails to recognise that by first being more active in society, individuals can improve their mental health. The entire premise of the issues paper is founded on the notion that improving mental health first will lead to better economic participation, social connectedness, community participation and positive employment outcomes.

The model also doesn’t recognise that community participation and inclusion is an effective preventative health measure. Volunteering Australia stresses that the assumptions on improving mental health and wellbeing need to be properly understood as part of any reforms. We highlight that participating in activities such as volunteering can be strongly attributed to improved individual mental health.

A key example of this can be seen with the recent data from the Australian Psychological Society that indicates that young adults aged 18-29 have been identified as cohorts most susceptible to loneliness.^{xxiii} To address the high rates of loneliness and social isolation in young people. Volunteering Australia recommends fostering participation in social and community activities, such as volunteering, which has been proven to have a direct link to improved mental health outcomes.

We highlight that the model proposed by the Commission needs to be flexible to understand that mental illness is a spectrum, and that there are different pathways toward mental health recovery. The Commission’s model also does not effectively consider how volunteering can be an end unto itself to improve mental health and wellbeing, nor does it consider the varied nature of individual mental health and that it requires different responses. Volunteering Australia recommends that the Productivity Commission review its model of the flow of mental health.

- **What indicators are most useful to monitor progress in improving mental health outcomes through improved social participation and inclusion?**

National data on the activities of community sector organisations supporting the efforts to reduce the burden of mental health, and their workforce, is not being collected on a consistent basis.^{xxiv} This data would be very useful for effective policy, programming and service delivery, as well as for the provision of grants and funding.

Volunteers comprise an important part of the mental health sector workforce, but without consistent data collection on their activities, monitoring and evaluation, it is difficult to measure the impact of both these organisations and their entire workforce on reducing the overall burden of mental health on the community.

Ensuring that people with lived-experience of mental illness are involved in the co-design, monitoring and evaluation of programs and services, and that they have a say on the policy that affects them is of vital importance. This could take the form of governance or special advisory committees. It is also important to include representative organisations, such as Volunteering Support Services and Volunteer Involving Organisations as part of monitoring and evaluation.

Recommendations

- **Investment in the voluntary workforce in community mental health to appropriately support program delivery and ensure safe and effective outcomes, including in all grants and funding.**
- **Provide place-based services with additional resources and training so they can provide targeted service provision to affected groups.**
- **Support and coordination to roll-out volunteer mental health programs nationally. This includes continued funding for the Connections and Inclusive Volunteering Programs.**
- **Support for employee volunteering programs as a positive intervention to facilitate more mentally healthy workplaces.**
- **The Productivity Commission to review its model of the flow of mental health (Figure 1).^{xxv}**
- **Collect national data collection to measure the outcomes and impact of mental health community sector organisations and their workforce.**

Conclusion

Volunteering Australia thanks the Productivity Commission for the opportunity to provide a response. Mental Health service provision is a core service and there is a strong evidence base to support more assistance for the voluntary workforce. Volunteering is an important activity to improvement mental health and wellbeing, encouraging participation and social inclusion. Volunteering Australia strongly recommends that there is greater investment and recognition of the contributions of the voluntary workforce.

We look forward to working with the Government to reaffirm the benefits of volunteering as a preventative health measure and method of recovery. Volunteering Australia would welcome further opportunity to consult or expand on any of our recommendations raised in this submission or add to our evidence base.

Authorisation

This submission has been authorised by the Chief Executive Officer of Volunteering Australia.

Ms Adrienne Picone
Chief Executive Officer

Endorsements

This submission has been endorsed by the seven State and Territory volunteering peak bodies.



Glossary

- VA Volunteering Australia is the national peak body for volunteering in Australia. We work collectively with the peaks to deliver national, state and local volunteering programs and initiatives.
- VIO Volunteer Involving Organisations are organisations that engage volunteers as part of their workforce.
- VSS Volunteering Support Services (also known as Volunteer Resource Centres or Volunteer Support Organisations) provide place-based volunteer support services to volunteers and VIOs in their locality.

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