

# **Mental Health Draft Report**

Flourish Australia's submission to the Productivity Commission

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January 2020



We welcome this opportunity to provide feedback to the Productivity Commission following the release of the Draft Report on Mental Health.

We have reflected on the Commission's report as a longstanding specialist provider of community-based supports for people with complex mental health issues<sup>1</sup>.

### **Overall Assessment**

Our overall assessment of the report is very positive.

We acknowledge the challenge for the Commission in understanding such a complex system and interdependencies and drafting a comprehensive report. We think the Commission has done well in attempting to synthesise a lot of information to form views about the 'system', opportunities for reform and the likely social and economic benefits arising from those reforms.

### **Case for Major Reform**

We agree that there is a case for major reform<sup>2</sup>. A new whole of government and whole of community approach is required if both the comprehensive supports available and the environment in which they are delivered are to best support a person's mental health and their recovery<sup>3</sup> and to lead to the desired outcomes.

That said we believe the report would benefit from a clear statement of what a comprehensive mental health system that supports economic and social outcomes looks like, including its elements, key relationships and a definition of the outcomes. Without this clarity the fragmented nature of the mental health system that is highlighted by the Commission's analysis, has no future state to focus on, and the government and community and people with lived experience of a mental health issue, their families and carers have no yardstick against which to measure progress.

### **Centrality of people with lived experience, families and carers**

The Commission's approach to ensuring the mental health system focuses on the person with a lived experience of a mental health issue, their family and carers, and setting them firmly in the decision-making seat is strongly supported.

We use the term person-led to highlight the importance of this approach, with the person making the decisions about their life, their mental health recovery and the supports they need. This is a development of the concept of "person-centred" which can sometimes be seen as not providing equal power to the person in the decision-making process.

### **Health Care Workforce**

We agree that the National Mental Health Workforce Strategy must align the health workforce skills, availability and geographic location with the need for mental health services<sup>4</sup>. This strategy must, however, take into account the important role the

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<sup>1</sup> See Appendix for more about Flourish Australia

<sup>2</sup> Draft Finding 2.1 and 3.1

<sup>3</sup> Draft Recommendation 22.2

<sup>4</sup> Draft Recommendation 11.1

community managed sector plays in delivering mental health and psychosocial supports in the community.

A broader conceptualisation of the workforce in mental health services (broader than medical, nursing and allied health professionals) is required to reflect that many people with lived experience receive supports from a range of professionals, ideally working in a seamless and integrated way. This includes trained and experienced mental health support workers and peer workers in clinical and non-clinical settings. It is often these supports which assist many people to avoid hospital, to develop life skills and to be part of local communities.

Attraction and retention of people to fill non-clinical positions in community managed organisations in rural and remote sites is difficult and the mental health workforce strategy should address this issue, in order to deliver comprehensive, integrated supports for people.

The peer workforce has significant potential to add significantly to services and the outcomes people achieve. Its professional training, supervision and approach must be recognised, and they must be compensated accordingly.

One of the challenges for a proper consideration of the social and economic benefits of supporting mental health is that there is little information about the size of the community managed sector and the people working in it across the Nation. More investment in understanding this important part of the sector (and the educational pipeline to deliver a sufficient workforce to meet demand) would seem foundational to developing strategies for improvement and the assessment of outcomes and impact. We refer the Commission to the recent work of the Mental Health Co-ordinating Council Limited (MHCC) about this issue in New South Wales.

We strongly support the Commission's recommendation to grow and strengthen the peer workforce<sup>5</sup>. We believe this recommendation could be strengthened by a commitment to research and evaluation of peer delivered service models to ensure the evidence base continues to be developed. This also relates to a strengthening of service delivery models to implement, develop and include integrated peer delivered models of support through various modalities (including digital)<sup>6</sup> and in various settings (e.g. Emergency Departments, as hospital avoidance supports)<sup>7</sup>.

### **Use of technology**

We support the exploration and development of evidence-based technology mediated supports for people with lived experience<sup>8</sup>. Whilst these new approaches will not be suitable for all people with lived experience, and use may be limited by technology access, infrastructure, skills and take-up rates, they may be attractive to a significant number of people. Whilst more work has been done in developing technology delivered clinical support and information, we suggest that there is greater scope for the development of technology delivered psychosocial supports to

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<sup>5</sup> Draft Recommendation 11.4

<sup>6</sup> consistent also with Draft Recommendation 6.1

<sup>7</sup> consistent also with Draft Recommendation 8.1

<sup>8</sup> Draft Recommendation 10.1

help address the tyranny of distance and social dislocation of more traditional support delivery.

We are, however, cautious about the Commission's report that the technology infrastructure, and access to it, may be currently sufficient to support new ways of delivering mental health treatment and supports<sup>9</sup>. We are concerned that some people with mental health issues, particularly those with complex mental health issues and with limited incomes, do not have equitable access to technology and/or the skills to use technology to effectively to access and participate in health care. We agree that consideration of any approach to enhance or supplement mental health treatment and supports using technology needs to consider the economic, geographic and educational barriers to people with a lived experience participating digitally in their (mental) health support in the same way as other Australians. This means that there must be a commitment to develop opportunities to deliver both treatment *and* psychosocial supports online.

### **Guarantee of Continuity of Psychosocial Supports**

The suggested forward planning for those people who will not be eligible for the NDIS and who will require ongoing supports is essential<sup>10</sup>. The National Psychosocial Measure (NPM) is an important stop-gap at the current time. However, given the limited number of people suggested to be eligible for the NDIS at full scheme, it is very likely that there will continue to be a large number of people who are not eligible for the NDIS but who still require community-based supports.

We support the concept of a replacement psychosocial support program at an appropriate level to address the need.

### **National Disability Insurance Scheme**

We support the recommendation that the National Disability Insurance Agency continues to improve its approach to people with a psychosocial disability<sup>11</sup>. This approach should continue to be shaped in partnership with people with a lived experience of psychosocial disability.

### **Employment**

We restate the comments in our first submission to the Commission that new approaches to creating opportunities for people with lived experience to access employment are required, not just supports. In our submission we referenced work occurring in The Netherlands and Sweden.

### **Mentally Health Workplaces**

We support the recommendations in relation to mentally healthy workplaces.

### **Carers and Families<sup>12</sup>**

We support the comments provide in the submission by Mind Australia on behalf of the Caring Fairly group.

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<sup>9</sup> Section 4.2

<sup>10</sup> Draft Recommendation 12.2

<sup>11</sup> Draft Recommendation 12.3

<sup>12</sup> pp11-12

**Appendix - Who we are**

Flourish Australia is one of Australia's leading community managed not for profit organisations supporting people with lived experience of a mental health issue to live in the community.

Language is important. We prefer to use the term lived experience of a mental health issue (or lived experience) when referring to people who access our services, instead of "mental illness". Lived experience focuses on valuing the experience people bring to the relationship they have with us, and avoids the use of otherwise stigmatising and unhelpful language that categorises people unnecessarily.

Flourish Australia supports people to find and make a home, get a job and make friends and learn new things. Founded in the mid 1950s we have specialised in providing psychosocial supports and rehabilitation programs.

More recently we have begun to provide clinical services through being a lead agency in headspace Centres and delivering a primary care psychiatry liaison service building the capacity of General Practitioners and practice staff to support people with mental health issues better.

We are leading registered NDIS service provider, having commenced in the scheme in the Hunter Trial site in 2014. We currently support over 1700 people with a psychosocial disability with NDIS plans.

We are also a leading mental health organisation that focuses on employment of people with lived experience of a mental health issue – employment by ourselves<sup>13</sup> and by others. We operate the Disability Employment Services as a mental health specialist in 9 Employment Service Areas, operate Australian Disability Enterprises employing supported employees, and 55% of our staff identify as having a lived experience.

Building on our experience supporting people to get job and being an employer of around 700 people with a lived experience of mental health issue, we use our experience to assist other employers to build their capacity to create mentally health workplaces and opportunities for people with lived experience to sustain or gain employment. This work is led by people with lived experience.

In doing all of this, we support over 7800 people with lived experience annually (and many families and carers) across our 71 sites in Queensland, New South Wales, Victorian and the ACT.