

## **Gateway Health submission to the Productivity Commission inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth.**

Gateway Health is a regional Victorian Registered Community Health Service in the North East of Victoria, providing a diverse range of services to our communities.

There are three broad messages Gateway Health would like to emphasise in the discussion to improve population mental health and wellbeing, and the economic participation of those with or at risk of developing mental illness.

1. Mental health and wellbeing is not the absence of mental illness. Wellbeing is impacted both positively and negatively by social and broader environmental issues, most of which are outside the health sector
2. The differences and issues between metropolitan and regional/rural areas and the impacts of state borders must be recognised and addressed.
3. One of the greatest barriers to economic participation and maintaining mental health is the stigma and perception surrounding mental illness.

In 2017 United Nations Special Rapporteur on the right to health, Dr. Dainius Pūras, called for a move away from the biomedical model and “excessive use of psychotropic medicines”. “The urgent need for a shift in approach should prioritize policy innovation at the population level, targeting social determinants...”

The focus on treating individual conditions inevitably leads to policy arrangements, systems and services that create narrow, ineffective and potentially harmful outcomes... It paves the way for further medicalization of global mental health, distracting policymakers from addressing the main risk and protective factors affecting mental health for everyone.”

### **1: Mental health and mental illness in the context of the social model of health**

(ToR - examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity);

- Ensuring mental health and wellbeing to allow full and productive participation in the workforce, in community, in schools and within families is a role for of all of government, all sectors, all employers and all communities; and should be reflected in all policies and funding. The wellbeing of people needs to be at the centre of sustainable public policy and decision making. Actively address “the causes of the causes”.
- Broad multi-sector partnerships need to be supported to ensure that mental health and response to mental illness is collaborative, that there are shared priorities and actions that lead to measurable outcomes over time, That partners can actively address risk factors and interconnected issues such as homelessness, isolation, chronic illness, trauma, substance misuse, addiction, crime and family violence.
- Fund other sectors (housing, education, health, police and justice, transport, education etc) to include mental health and wellbeing as their core business. Most people having with problems with their mental health are not clients of the mental health ‘system’; their mental health needs should therefore be able to be addressed in the places they do access. Develop shared actions, priorities and wellbeing

outcomes indicators across sectors.

- To ensure a positive focus on mental health and wellbeing, there must be an increased focus on streamlined and longer term funding for prevention and early intervention – before people become unwell or incapacitated. Increase funding and focus on community mental health especially in rural and regional areas, and clear and supported roles and relationships between mental health clinical treatment services, the broader health system and other sectors and settings.
- Every service Gateway Health and other community health services provide supports mental health and wellbeing, empowering some of the most disadvantaged community members to see hope, recovery and a way forward.
- Employment and work environments must aim to be accountable for supporting good mental health for staff.
- Shifting the focus from individual pathology and labelling can positively impact both stigma and communities' wider capacity to engage in finding collective answers.
- Planning and developments in cities, towns and suburbs should focus on what is required to ensure health and wellbeing. Liveability - green spaces, transport, walkability, food security, services, community connection and accessible and affordable recreation options need to be given as much importance as return on investment for developers.
- People with lifelong mental illness are able to participate in workforce and community with appropriate levels of support. Community members are expressing concern regarding the adequacy of and barriers to navigating the NDIS in supporting their ability to participate.
- A national system of outcome measurement for *all* funded mental health and mental illness services and systems is needed – with outcomes and effectiveness measured by consumers as well as providers across a range of domains.

## **2: Mental health and mental illness in a rural context**

(ToR - examine the effectiveness of current programs and Initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups);

- People living in rural areas have higher rates of self harm and suicide and less access to services than their metropolitan counterparts.<sup>1,2</sup> Isolation, geography, lack of transport, poor internet access, under employment, insecure housing, climate change vulnerability, local towns losing population and services all impact mental health and wellbeing in different ways to metropolitan areas.
- A cross-border environment creates specific and complex barriers to integrated and effective approaches to treatment and recovery. The differences in state and federal



legislative, policy and funding environments makes it very difficult to align work and program development, to measure outcomes, for clients to have equitable choice of services and service delivery, and can in fact rule some people ineligible for services they need.

- Funding must reflect the particular issues around the lack of public transport in rural areas meaning that people cannot access traditional centre based services. Outreach and outpost services must have adequate funding to ensure equity, innovation, early intervention strategies and enable accessible options.
- Rural mental health as a specific area for investment in research: it would be useful to shift current patterns of investment from crisis driven e.g. post drought, flood, fire etc. to a more pro-active investment in research and innovation in enabling resilient rural communities. Innovative models of community resilience, workforce development and early intervention need to be funded over longer periods than 1-3 years if they are to show results. A sustained and aligned effort at all levels is required.
- Community mental health and wellbeing service delivery -especially prevention and early intervention, is underfunded, under resourced and under recognised. It is also siloed, operates differently in every state and territory, is poorly monitored for cost, safety and efficacy.
- Greater and ongoing attention to workforce is required to both support mental health and to treat mental illness. Rural regions experience considerable disadvantage in recruiting health specialists. Innovative models have been developed to address workforce shortages in general practice and dentistry – similar attention needs to be paid to the clinical and community based mental health workforce in both the public and private sectors. The non-mental health workforce increasingly needs skills in working with people who are experiencing or recovering from mental illness. In rural regions there is limited opportunity to develop the knowledge and skills required.
- Lack of wage parity and employment conditions in state based Enterprise Bargaining Agreements impacts workforce recruitment, retention and service delivery.
- Investment in culturally appropriate, competent and trauma informed workforce for Aboriginal and Torres Strait Islander people, and for rural refugee and resettlement communities is imperative. A number of population cohorts have inherent cultural issues and stigma around mental illness which can impact their ability and or/willingness to seek help. These groups often also suffer the impacts of racism, misunderstanding and even fear directed at them which in turn lowers their trust of the broader service system. Lack of interpreters in rural areas heightens this issue for some language groups.



### **3: A Stronger focus on promoting mental health and reducing stigma**

(ToR examine the effectiveness of current programs and Initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups);

- Media and social media platforms can often contribute to or heighten a perception that mentally ill people are incapable or violent, whereas in fact people who are mentally ill are overwhelmingly the victims rather than perpetrators of violence. (ANROWS Examination of the burden of disease of intimate partner violence against women, November 2016).
- There is a need for clarity of language and meaning to improve our understanding of what we mean by “mental health and wellbeing” and “mental illness”. The term mental health is used by community, media and politicians to describe both interchangeably and is generally given a negative connotation. Media can and should be an active partner in promoting mental wellbeing and reducing stigma.
- Misunderstanding and stigma around mental illness negatively impacts employment, education and community participation. Insecure or intolerant employment conditions can lead to homelessness and isolation, further reducing access to opportunity and services; increasing vulnerability and the risk of entering the justice system.
- The current mental health system can traumatise, stigmatise and de-skill people with mental health concerns or mental illness issues who access it.
- People who have a mental illness are able to speak for themselves, articulate their needs and make decisions. At times they need treatment, at times they need specific support; they always need respect. The “Listening To Voices” theatre production is a key initiative supported by Gateway Health. It is a local, social impact and innovative project that has both infused purpose and pride in those involved, connected audiences with experience of trauma and stigma and inspired community consideration of “how can we all do better”. It is a great example of a how a small group of people (experts by experience) can change their own lives and that of many others <https://vimeo.com/300229963/b28f6a771e>
- Active promotion of psychological safety and mental wellbeing in workplaces is needed across the board. Return to work programs reflecting psychological safety and active prevention of harm in workplaces are key to improving participation.
- Trauma informed practice and language is needed across all service delivery, all planning and program implementation, in all sectors.
- A national review of the entire MH ‘system’ is required – with a commitment from all jurisdictions to work towards a comprehensive national model which is able to be understood and easily accessed by clients and families, which provides a range of



options across the spectrum of people's needs (including a range of peer-led services) and which promotes wellbeing, recovery and hopefulness.

1. *Victorian Suicide Prevention Framework 2015-16*
2. *National Rural Health Alliance 2017*

