

To: The Productivity Commission

5<sup>th</sup> April 2019

WayAhead Mental Health Association NSW welcomes the opportunity to make a submission to the Productivity Commission's *Social and Economic Benefits of Improving Mental Health*

## Who is WayAhead?

WayAhead is a small charity working in mental health and funded by the Mental Health Commission NSW. Our vision is for a society that understands, values and actively supports the best possible mental health and wellbeing. We work towards better mental health and wellbeing through:

- The co-ordination of mental health promotion activities such as Mental Health Month, WayAhead Workplaces Network and Perinatal Depression and Anxiety Awareness Week
- Free anxiety support groups throughout NSW
- The provision of mental health information – the WayAhead Directory, mental health factsheets
- Education seminars such as or Understanding Anxiety Forums and Professional Development Workshops – for people living with a mental health condition, the public and health care professionals
- Small Steps workshops for parents and school teachers to raise awareness and improve recognition of anxiety disorders in children.

With the support of our board, staff, members, volunteers and students, we strive for a community that embraces and maintains the best possible mental health and wellbeing for all people. We work towards a society free from prejudice and discrimination against people living with mental illness.

We will be making responses to a limited number of issues raised in the Issues Paper. The responses will be guided by our experiences working in mental health for 87 years.

## Contributing components to improving mental health and wellbeing

***Why have past reform efforts by governments over many years had limited effectiveness in removing the structural weaknesses in healthcare for people with a mental illness? How would you overcome the barriers which governments have faced in implementing effective reforms?***

Since the 1970's WayAhead (previously Association for Mental Health) has been providing an information and referral service for people wanting to find services that will help them. What is obvious, is the complexity of the system. We, as mental health professionals, find it difficult to understand the system so it is almost impossible for people seeking services and support that are both appropriate, close and affordable.

One reason for this is the inconsistencies within the same service type. Examples such as Headspace, Partners in Recovery and Primary Health Networks, provide different services so knowing one organisation provides a particular type of service in one area, is no guarantee it is available in the same organisation in a different locality.

Constant changing of organisations is also a problem e.g. from Divisions of General Practice to Medicare locals to Primary Health Networks. In many cases it takes years to establish the new identity in a locality and before they can demonstrate results. Rather than keep changing organisations it would be better to require improved outcomes over time and resource them to meet performance measures based on short- and medium-term evaluations.

***Should there be any changes to mental illness prevention and early intervention by healthcare providers? If so what changes do you propose and to what extent would this reduce the prevalence and/or severity of mental illness?***

GPs in particular, need to be better informed about what is available in their local community to address possible and early stage mental health concerns. It is not just a case of providing anti-anxiety or anti-depressant medication. It is knowing what community support and engagement is available to patients and then how to refer their patients/clients to those services. It is about making a social response to an emerging problem rather than a medical or clinical response.

It is also about strengthening communities and helping those communities build resilience across the whole community and within individuals. The concept of community development is coming back into vogue after too long considered unfashionable.

The other significant player in this, is continuing stigma and discrimination. As with other types of stigma, discrimination and xenophobia, exposure to people with lived experience and to the facts is a very effective way of reducing negative stereotypes. Public campaigns that highlight real people with personal experience work – but they need to be ongoing and adapted to the target audience.

### ***Which forms of mental health promotion are effective in improving population mental health in either short or longer term?***

WayAhead has long been committed to getting out the message that building our resilience can buffer us from developing mental illnesses such as depression, anxiety or post-traumatic stress disorder. It does so by helping offset certain risk factors that increase the likelihood of experiencing a mental illness. Risk factors include lack of social support, being bullied, experiencing trauma, socioeconomic disadvantage and social or cultural discrimination. By building your resilience, you can protect your mental health and wellbeing from negative stressors like those above. For people who already live with mental illness, resilience can help with the experience of setbacks and challenges, while promoting the development of confidence for the effective management of illness and for recovery. With resilience these developments are possible despite the limitations imposed by a mental health condition. Developing a greater level of resilience won't stop negative or stressful things from occurring, however it can reduce the level of disruption a stressor has on the individual and the time it takes for them to recover from it.

Some people are fortunate to be born with high levels of resilience. For others, resilience can be learnt and developed and the whole community plays a part in ensuring people are given opportunities to develop skills associated with high resilience.

### **Housing, income support and social services**

#### ***What approaches can government at all levels and non-government organisations adopt to improve:***

##### ***support for people experiencing mental illness to prevent and respond to homelessness and accommodation instability?***

NSW's Housing and Accommodation Support Initiative (HASI) was introduced in 2003 along with the Community Living Supports (CLS) program. Both programs have been successful but demand far outstrips supply. The University of NSW 2012 study on the HASI program demonstrated there was significant benefits for those who received support, as well as the broader community. If you add CLS into the equation, working collaboratively with HASI the outcomes are even greater. The research showed that inpatient hospitalisation is reduced, the incidence of moving from social housing into homelessness is reduced and physical health is improved. Longer term, this will increase employment opportunities, reduce interaction with the justice system, reduce hospital admission and deliver a strong return on investment.

WayAhead supports a significant increase in HASI/CLS services.

***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 to specifically target those groups?***

WayAhead is working with others to highlight the negative impact of loneliness. Loneliness occurs when our relationships are felt to be inadequate. It is the difference between how someone sees the quality and quantity of their existing relationships, compared to what they want them to be. As a result, people can feel lonely whether they are surrounded by others or are socially isolated. Everyone experiences loneliness at points in life. It is a prompt to seek out a way to meet our needs which, in this case, is social connection. For many people, the experience is temporary, but for others it becomes entrenched and damaging. Loneliness causes physical health problems, with consequences as dire as smoking fifteen cigarettes a day. It also contributes to, and exacerbates, mental health problems. People experiencing loneliness have been shown to have less optimism about social situations. They are also more likely to behave in ways that distance them further from others. These behaviours can develop into a persistent spiral of feeling increasingly lonely.

We are advocating for screening of people for symptoms of loneliness. This can be as simple as asking someone if they are feeling lonely. This can be done in GP surgeries, in chemists, but social workers, OTs and by other ancillary health workers.

The research evidence is clear; loneliness can be addressed. Interventions that focus on changing negative thinking are important for breaking patterns. (building resilience) Improving the quality of our relationships and building intimacy with those around us can also reduce the feeling of being lonely.

## **Justice and Social Protection**

***What are the key barriers to children and young people with mental ill-health participating and engaging in education and training, and achieving good education outcomes?***

WayAhead runs a school program called Small Steps. We go into primary schools presenting to teachers and parents on anxiety in young children. We know that an anxiety disorder affects one in ten children. Anxiety impacts on a child's social, family and school life which can have life-long consequences including poor self-esteem. Without early intervention, the outlook is not good. We know this from anecdotal evidence. Many of the people we work with are people who developed anxiety symptoms early in life, sometimes they can be traced back to preschool. Children with anxiety are seldom the disruptive or noisy pupil. They often go unnoticed and sometimes they are labelled as shy. Fear of standing out, not

achieving, poor self-worth contributes to poor education outcomes, resistance to further education and career development.

We also know that early intervention may assist in preventing the onset of more serious problems including depression and substance abuse in adolescence. Anxiety disorders can be resolved with timely information, care, treatment and support

## Skills acquisition, employment and healthy workplaces

### ***How could employment outcomes for people experiencing mental ill-health be further improved?***

WayAhead purposely recruits employees with lived experience of mental ill-health. We see their experience as a positive in their work with us. However, it comes at a cost for a small organisation like ours. While it is not a regular occurrence, sometimes our staff become unwell and need to take leave. We are committed to support staff to take as much leave as they need to get well but it leaves us with no back-up for the work and it puts a strain on other staff. We would like government funders to understand this is a genuine expense for small organisations committed to employing people with lived experience. While this concern will not impact our employment practices, it is a genuine concern for small business and, for a small investment by government, productivity can rise without impacting employment opportunities for people with lived experience.

## Mentally Healthy Workplaces

In 2006 WayAhead established its Workplace Health Promotion Network (WHPN). That network has grown over the last 13 years, as many companies have realised the importance workplace mental health plays out in all aspects of a successful workplace. WHPN has been renamed WayAhead Workplaces.

We have noticed the huge shift that has occurred as people come to understand the concept of sedentary behaviour at work and in our lives and just how much society have stopped moving and the huge impact this is having on our mental and physical health. We have seen changes in awareness and attitudes towards mental health which is both heartening and exciting. More people are asking questions about what mental health and wellbeing means in the workplace and what they should do. Tailored strategies and campaigns that change attitudes in the workplace need to be multifaceted hitting the issue from all angles as a wider public health issue effecting everyone. The Australian research coming out in this area is exciting and we now don't have to rely on overseas data as much as we now have a supply of our own to use. To say it is an exciting time to be working in workplace health in Australia does not ignore the fact that for many, bringing about

behaviour change in the workplace, is still difficult. However, there are much more resources and support to help with the challenges. There is a growth of workplace health jobs as it becomes a more specialised field. Improving mental health in Australia with persistence, better public health campaigns, Australian research, more 'everyday' people sharing their stories publicly, strategic intent in organisations to treat workplace health and wellbeing like a business KPI in of itself – with measurable data and reporting requirements and leaders and managers walking the talk and being assessed on achieving these goals. Workplace health moved from being all about safety and not much about health; from a reactive place because they have to do something or fix something, to be compliant on the right side of the law (all of these approaches usually involved reluctantly dragging organisations along) to now looking at a preventative, proactive approach to workplace health and wellbeing, striving to be a resilient, thriving organisation with the results to back it up.

Many workplaces have achieved a great deal in recognising the important role they play in the mental health of their employees – but it is still the luxury of a few. Small business still has some way to go and the whole community including government plays a role in supporting them to lift their game.

***What are the barriers to achieving closer coordination of health, mental health and non-health services and how might these be overcome?***

As a small NFP working in the mental health sector, our biggest barrier to program development, partnerships and outcome measurement is the annual funding cycle. Relying on one-year funding rather than 5-year funding, restricts long term planning and the sustainability of our programs. So much effort is put into ensuring we will receive funding for the next financial year, that we are at risk of losing sight on why we are providing certain services. If we had longer term funding, we could put much more effort into ensuring we are delivering the outcomes we are being funded to do and be more accountable for the funds we receive.

Across all government, grants to NFPs and other service providers should be for a minimum of 5 years.

Thank you for the opportunity to submit to the Productivity Commission's review.

Yours sincerely,

Elizabeth Priestley  
Chief Executive Officer