

Dear Commission Members

21/01/20

I am glad to see the matter of mental health and the failings of our current system being taken seriously. Your report definitely and clearly points out the many shortcomings of our current system and how it fails to help Australians of all ages and backgrounds facing troubles with mental illness.

I was particularly pleased to see it was noted that tertiary students have an increased chance of experiencing mental illness than others and the strong relationship between mental illness and general disengagement in education and the workplace.

Where I do take issue with the findings however is in the solutions recommended for many of these problems. Essentially the solutions boil down to a lot more of the same things that are already not working now. Headspace and Beyond Blue for example have been appalling failures, as evidenced by the fact that this inquiry has been needed in the first place, so to spend more money on expanding and creating new, similar services seems counterproductive.

I see it has been noted that Aboriginal and Torres Straight Islanders would benefit from culturally traditional forms of support, through family, community, even spirituality. Yet the rest of society hasn't been given any similar consideration. To me that stands out as an area clearly requiring further attention, as while Aboriginals and Torres Straight Islanders certainly do face their own challenges, so too do refugees and other cultural and religious groups who may benefit not from modern Western treatments, but instead from the same kind of consideration being given to Aboriginal and Torres Straight Islanders toward their own culture and beliefs.

Indeed, just as cultural identification and connection to the land may help the wellbeing of Aboriginal and Torres Straight Islanders, so too may connection to community and church to (for example) people of various European, Christian backgrounds. Perhaps where Aboriginals and Torres Straight Islanders could benefit from traditional healers, others may benefit from traditional healing from their own cultural backgrounds too.

Regarding mental illness among tertiary students and Australia's overall high rate of suicides, it should not be discounted how many suicides have drugs, whether prescription or illegal, as a major or primary factor. Yet what we do see typically is that when funding for mental health programs increase, so too do the rates of use of prescription drugs. The most severe case of this would of course be with Purdue Pharmaceuticals and the opioid crisis in the United States, but while we fortunately haven't reached that level here, I see no reason to go anywhere in the direction of increasing access to drugs that are already overprescribed.

Instead, as we already know the current system has failed, I would much prefer attention and money be put towards systems that are scientifically and statistically proven to work. That is to say, better access to modern medical treatments and proper nutrition, and very importantly, a better education system that makes it possible for more students to actually be engaged and learn, so they can later be more engaged in society and thus less likely to suffer from serious mental illness.

Finally, I certainly don't want to see largely experimental and unproven forms of early intervention to be made widespread in Australia, as while an interesting concept, no trial so far can demonstrate actual workability. There is no definite evidence that mental health professionals are capable of effective assessment and treatment of social and emotional developmental issues in the early childhood years, and so it seems to me that doing so is simply an effort to appear to be doing something about a problem, rather than looking to a real, viable solution.

Young children would benefit far more from greater assistance to parents in terms of effective physical health care and education or childcare than from costly and unproven assessments.

Ideally, I would like to see funding reduced or entirely cut from any mental health providers that are not getting proven, consistent results and future funding being contingent on demonstrable results. Meanwhile funding could be reallocated to improve the quality of general practitioner care and to provide better quality education to all Australians, regardless of their background.

Thank you for taking the time to read submissions and for taking a thorough and honest look at what is not working in our current system. I hope that you take it one step further and really consider where the failings come from and that many if not most of the problems we are facing are not merely due to lack of funding and programs – but due to existing programs simply not being effective at all, and needing to be replaced with entirely different methodologies that are.

Sincerely,

Jason Toth