

11 April 2019

The Social and Economic Benefits of Improving Mental Health Review
Productivity Commission
Locked Bag 2, Collins Street
East Melbourne Vic. 8003

Dear Commission Members,

Re: Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health

The Brotherhood of St Laurence (BSL) is an independent non-government organisation with strong community links that has been working to reduce poverty in Australia since the 1930s. Based in Melbourne, but with a national profile, the BSL is committed to an Australia free of poverty. We undertake research, service development and delivery, and advocacy with the objective of addressing unmet needs and translating the understandings gained into new policies, new programs and practices for implementation by government and others.

Our work is deeply informed by the capabilities approach, developed by Amartya Sen and Martha Nussbaum. This approach is configured by normative commitments to human freedom and flourishing. The approach is cognisant that support for individual functioning, or human capital, is necessary but not always sufficient to achieve just outcomes. Adjusting opportunity structures, through policy and systems reform, can be just as important.

The BSL does not provide specialised mental health services. We support the direction of proposals made the National Mental Health Commission and Mental Health Australia to increase investment in mental health services; improve standards of care and promote service offerings that prioritise consumer and carer voice and peer participation. But we have not attempted to replicate the breadth of recommendations made by these agencies that speak directly to the reform of the mental health service system.

Instead our commitment to anti-poverty advocacy contains the rationale for this submission: the costs of mental illness are not distributed equally. Nor is access to services and support. Australia will not shift the dial on mental illness, unless we simultaneously address levels of poverty and social exclusion, which predispose people to mental illness, and can aggravate and intensify the experience of it.

The opportunity for comprehensive reform

This inquiry provides the Commission with an opportunity not simply to quantify the benefits that will accrue to both individuals and Australian society if we are able to reduce the incidence, severity and level

of disability associated with mental illness but also to identify the bottlenecks that have prevented the realisation of these ends. Indeed, we submit that addressing the latter question is more important. It is, however, an even more complex undertaking which must proceed with a clear understanding of the ways that poverty and inequality structure not only access to services, but the experience of mental illness itself.

We are mindful that some people experiencing mental illness have access to excellent clinical and specialist care. Nonetheless, while there have been decades of incremental reform in mental health services, and despite stated aspirations, policy settings are yet to realise the ambitions for integrated and accessible supports that build the capabilities of people with mental illness to achieve both recovery from illness and pathways to economic security and social participation. Despite a plethora of reports, many people with mental illness still face poor outcomes, discrimination and social exclusion and thus poverty. Systemic reform should aim to attenuate these outcomes.

Greater investment in the mental health service system is a must

As the Commission's Discussion Paper indicates, there have already been numerous reviews into the structure and effectiveness of supports for people with mental illness through specialist and mainstream clinical and community services. The findings have been coherent and consistent across decades:

- There is insufficient investment from all levels of government to address mental illness. There is a strong rationale for additional investment into specialised but interdisciplinary services, offered in the community, rather than through acute care facilities. These services should integrate physical and mental health support, alongside strategies to address social and economic disadvantage, with a view to long-term recovery and inclusion.
- There are profound inequities in access to support across regions and socioeconomic groups. Stigma and discrimination may play a role, but these factors are compounded by regional economic factors. Place-based responses which are culturally and spiritually accessible, particularly for Indigenous Australians and those from refugee backgrounds, are required.

The BSL appreciates that clinical and specialist researchers and providers are well placed to provide additional insights about developing an integrated service system and validated services offerings to improve outcomes for people with mental illness. Nonetheless even the best models and interventions—those which are conceptually coherent and evidence-based—can fail at implementation, unless they are thoughtfully calibrated to respond to extant inequities and other forms of marginalisation.

The interaction between poverty and mental illness

The interaction between mental illness and poverty is complex. Mental illness encompasses conditions that are uniquely sensitive to life circumstances. Poverty predisposes people to other forms of trauma, including violence and homelessness, and is correlated with social exclusion and isolation. Poverty and trauma are distal and direct causes of both mental illness and mental ill-health, disruptive to individual wellbeing at multiple levels. Mental illness can result in deepening impoverishment, posing difficulties to maintain employment and tenancy, relationships and connections. While mental illness itself is caused by a variety of factors, individual and genetic, the research clearly shows that social determinants impact the prevalence and trajectory of mental illness, not least because poverty and marginalisation impede access to support¹. For these reasons any comprehensive approach to mental wellbeing must address health inequalities by reducing exposure to poverty and the social structures that produce inequities.

¹ Lund, C et al. 2018, 'Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews', *The Lancet Psychiatry*, vol. 5, no. 4, pp. 357–69.

The Discussion Paper indicates that the Inquiry will give specific focus to disadvantaged groups, including those in poverty. This too is our point of departure. We hope that the Commission's analysis is informed by understanding the social gradient in mental health, according to which factors like poverty and ethnicity impact access and outcomes; and that the Commission's recommendations include strategies to reduce this, which means explicitly addressing the social determinants of mental ill health. At least two of these are amenable to immediate policy intervention:

- The level of poverty in a country like Australia is a policy choice. Australia's current social security system is manifestly inadequate to alleviate poverty for those who are reliant on it, including for those with mental illness. It is within the power of government to immediately reduce the conditionality, stigma and humiliation experienced by recipients, at the same time as increasing levels of income support.
- Likewise, the level of homelessness is a choice. In the absence of effective measures to address homelessness, particularly among people with mental illness, reforms to the structure of mental health services will have limited effects. Indeed, because mental health conditions interact with the circumstances in which people live, current policy settings entrench illness.

Additionally, the BSL supports a life-course approach to addressing mental illness. This means that there is no silver bullet. Responses need to be sufficiently responsive to the risks at different life stages, including childhood and adolescence, where disrupted education is particularly significant, as well as the transition to adulthood, parenthood and later life. In recent years there has been an increasing awareness of the importance of adolescent mental health. From a prevention perspective, early childhood is just as important.² Research commissioned by the Victorian Government in 2015 reported that there are multiple interactions between material deprivation and psychosocial wellbeing in early childhood. In circumstances of deprivation, even children with high levels of resilience can have poorer outcomes. Childhood wellbeing requires strategies that reduce the incidence and impact of childhood poverty³.

Importance of mainstream services

A range of services funded by government, often provided by third sector, for-purpose organisations, can also be marshalled to improve outcomes for people with mental illness and to promote mental wellbeing more broadly. Programs such as these can work in multiple ways to advance wellbeing or, depending on the principles and practice that structure design and delivery, can instead compound marginalisation. In this and other submissions, the BSL has argued for the following improvements to the governance and commissioning frameworks for social services:

- Co-design the policy frameworks, with reference to which services are designed, with potential consumers/clients and delivery agencies.
- Sponsor enabling organisations within service systems to research, monitor and improve practice, service design and delivery.
- Include capability and social capital indicators in outcomes frameworks and models of evaluation.

² Cosco, TD, Hardy, R, Howe, LD & Richards, M 2018, 'Early-life adversity, later-life mental health, and resilience resources: a longitudinal population-based birth cohort analysis', *International Psychogeriatrics*. Epub ahead of print. doi:[10.1017/S1041610218001795](https://doi.org/10.1017/S1041610218001795)

³ Welsh, J, Ford, L Strazdins, L & Friel, S 2015, Evidence review: Addressing the social determinants of inequities in mental wellbeing of children and adolescents, Victorian Health Promotion Foundation, Carlton South, Vic.

- Provide for advocacy and advice for population groups experiencing disadvantage as they attempt to navigate market delivery of social services.

These principles could be applied to specialist services also.

Conclusion

Poverty is corrosive; mental illness is destabilising; the combination can be devastating. A commitment to human flourishing demands that we act to:

- prevent people facing poverty and disadvantage from developing mental health problems
- prevent people experiencing mental health problems from becoming poor and social isolated or excluded
- ensure that recovery-oriented treatment models effectively support people experiencing poverty and/or homelessness to achieve economic security.

Reforms to our system of mental health should explicitly address these purposes. Our submission has recommended strategies accordingly. More research is required, and recommended. Nonetheless, it is already clear that a wholesale reconfiguration of income and housing support is required to address the social determinants of mental illness. Important steps have already been taken to complement medical interventions with services that address psychosocial needs, and these should be commended. The next challenge is to bring the economic security explicitly into the policy frame so that mental illness neither arises from, nor results in poverty.

For further information on this submission please contact Julie Connolly

Yours sincerely,

Dr Julie Connolly

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