



AASW

**Australian Association
of Social Workers**

*Submission to the Productivity
Commission
Re: The Social and Economic
Benefits of Improving Mental Health*

April 2019

© Australian Association of Social Workers
National Office – Melbourne
Level 7, 14-20 Blackwood Street
North Melbourne 3051
PO Box 2008
Royal Melbourne Hospital Vic 3050
T 02 61995000
F 02 6199 5099
E social.policy@asw.asn.au
www.aasw.asn.au

Enquiries regarding this submission can be directed to:

Debra Parnell
Manager, Social Policy & Advocacy



Angela Scarfe
AASW Social Policy & Advocacy



Introduction

Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 11,500 social workers throughout Australia.

We set the benchmark for professional education and practice in social work and have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians.

The social work profession

Social work is a tertiary-qualified profession recognised nationally and internationally that supports individuals, families, groups and communities to improve their wellbeing. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledge.

Social workers practice in a diverse range of settings including (but not limited to) health, mental health, disability, family support services, family violence, housing, child protection and aged care. Social workers consider the relationship between biological, psychological, social, and cultural factors and how they impact on a person's health, wellbeing and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may have a negative impact, such as inequality, injustice and discrimination.

Therefore, social workers are uniquely placed to hold both a broad and an in-depth view of the multiple issues raised by this inquiry; and the AASW welcomes this opportunity to contribute.

The assessment approach

The AASW welcomes the definition of mental health in the issues paper as:

... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001a, p.1).

This definition leads to two important concepts which form the dual foundations for the AASW response to this inquiry: the social determinants of mental health; and the human rights based approach to mental health.

The social determinants of mental health

The World Health Organization has identified the importance of multiple, interacting factors in either promoting or obstructing the state of well-being in which everyone can realize their abilities and work productively. There is overwhelming evidence that factors such as socio-economic position, early childhood conditions, employment or unemployment, social inclusion and availability of housing are critically important in either promoting or hindering health. In communities where these elements are missing or their quality is inadequate, people are more likely to experience poor physical health, and it is obviously more difficult for people to realize the state of wellbeing envisaged by the WHO.¹

Despite the acceptance of this principle at a conceptual level, there is evidence that it has not led to better service planning in the way that it could. For example, a recent review of the capacity of Primary Health Networks (PHN's) to deliver mental health services found that PHN's are prevented from

¹ <https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/determinants> accessed 18 March 2019

commissioning services that address the social determinants of mental health, meaning that their capacity to implement preventive solutions is hampered.

Mental health and human rights

A discussion of the external conditions that promote mental health leads directly to the issue of human rights. Unless people can be confident in the security and freedom that flow from political and civil rights, it will be difficult for them to realize the state of wellbeing in the WHO definition. Similarly, people also need to be confident that their basic needs for nutrition, shelter, safety and security will be met before they can attain that state of well-being and can contribute to their community and the economy. It is no co-incidence that the elements named in the International Covenant of Economic Social, and Cultural Rights feature so strongly in the determinants of mental health.

Taking a human rights approach to mental health provides valuable insights into how we can address the contributing factors to ill-health and strengthen the factors that promote mental health. It directs attention to the needs of vulnerable groups and to the interaction between discrimination and marginalization on mental health. It demonstrates the importance of many principles that underpin the service system such as equality of access to services and the need for standards and accountability in the delivery of services. Most importantly, a human rights approach affects the way we calculate the benefits of improving mental health.

The role of social work in mental health

Because social workers understand that mental health and mental illnesses are not caused or determined by a single factor, they use a multi-dimensional, 'person-in-environment' approach. When social workers commence work with a person, they undertake comprehensive and evidence informed psychosocial assessments. Their professional education provides an appreciation of the impact that intrinsic personal factors, combined with familial, social, environmental and cultural factors have on development, health and wellbeing. Unlike other forms of assessment, social workers use an interactive and systemic analysis; and this psycho-social assessment process is the unique core of social work practice.

Having conducted a psycho-social assessment, many social workers also undertake 'case management' or care co-ordination. For social workers, care coordination is about developing a relationship with the client that seeks to foster collaborative decision-making in assuring that services are well targeted and person/family-centred. Social workers understand that care coordination is most importantly about building a positive working relationship with a person in order to develop care plans that address their needs, strengths, and goals.

Because they have a comprehensive understanding of the intersections between individuals and the environment around them, social workers work in both realms to engender positive change. This dual focus to intervention distinguishes social work from other health professions in the mental health sector. In their commitment to human rights and social justice, professional social workers advocate for the rights of clients against the discrimination, reduced opportunities and abuse they can experience. Social workers also identify gaps in the current service system. Using their program planning and implementation skills, they can initiate and lead the introduction and delivery of new programs and services.

As well as practicing in specialist mental health settings, social workers are employed in a wide variety of services and in a wide range of fields such as education, justice, housing or employment services. People using these services may already be at their most vulnerable experiencing escalating psychological distress, and at risk of developing mental ill-health. Social workers are skilled in identifying and intervening at this critical juncture. By building a positive relationship based on the person's strengths, organizing services that build people's coping capacity, ensuring that people have services that meet their cultural or developmental needs, social workers improve many of the elements in people's lives that make up the social determinants of health.

In this way, social workers make an important contribution to mental health prevention and early intervention, regardless of whether they are working in a specifically mental health role, and regardless of the setting in which they are working.

Social workers also work with people who are already experiencing mental ill-health or are in crisis in numerous roles including: family support worker, drug and alcohol counsellor, child and family counsellor, rehabilitation worker, crisis counsellor and therapist. Through therapeutic interventions and the mobilization of services and supports, these social workers enhance all aspects of the person's social functioning, promote recovery and resilience and aim to reduce stigma.

Accredited Mental Health Social Workers (AMHSW's)- AASW members who are accredited and have specialist mental health expertise - constitute a significant element of the mental health workforce They are one of the few allied health professionals eligible to provide private mental health services to people with diagnosable mental health conditions, or people at risk of developing mental health conditions under Medicare.

In other words, the social determinants of mental health, and the close link between human rights and mental health constitute key underpinnings of the way social workers undertake their work. In their direct interventions, their advocacy on behalf of their clients, their efforts towards service improvement and policy change, social workers are constantly attending to the social determinants of health, and are constantly promoting the right of the whole community to enhanced mental health.

Contributing components to improving mental health and wellbeing

Structural weaknesses in healthcare

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?

Despite the recent reforms described in the issues paper, major problems persist in achieving the desired outcomes for individuals and communities. While PHN's have been identified as the mechanism to address many of the shortcomings, their capacity to identify needs, plan for the services to meet those needs and ensure that the services are delivered effectively, have been hampered. A review conducted into the effectiveness of PHN's in the area of mental health identified that PHN's still have problems in each stage of this process.²

PHN's vary in their understanding of what it means to engage with the people who use services, and the people who care for them or provide services. The report found that many PHN's are not encouraging genuine participation or co-design opportunities, in the way that the 5th National Mental Health and Suicide Prevention Plan encourages. This is particularly noticeable with respect to the lack of partnerships with Aboriginal Controlled Community Health organisations.³

The review also stated that PHN's do not all have a clear idea of how to enact the stepped model of care. Although the concept underneath the model was accepted and understood, the task of facilitating transitions between steps and incorporating them into a continuous service was handled differently in different locations.⁴

The review concluded that the task of commissioning services is poorly understood by PHN's. Their reliance on "market forces" as the determining factor in allocating tenders has distorted the service system, by favouring larger generic services over specialist ones. This has poor consequences for rural

² Brown, P. & Quinlan, F Report of the PHN Advisory Panel on Mental Health, September 2018, unpublished report

³ Ibid.

⁴ Ibid

communities, people from culturally or linguistically diverse communities or people with specialist mental health needs, such as survivors of trauma.⁵

Inevitably, the consequence of current short term tendering and associated processes are that services will be de-commissioned. By contrast, if PHN's were to include the benefits of maintaining on-going relationships as a factor in their considerations, it is more likely that services which have already been operating could continue to do so, and people with mental health needs would be able to maintain the trusting relationships with staff which form the basis of recovery.

Specific health concerns

Which forms of mental health promotion are effective in improving population mental health in either the short or longer term? What evidence supports this?

One of the reasons that stigma persists for people living with mental ill health is that there is insufficient recognition in the general population of the damage done to individuals and families by poverty, family violence, lack of affordable housing, and a lack of resourcing in education, especially for support within education for young people developing mental health issues as a result of these other issues.

“Men tend to see illness, especially mental illness, as a sign of weakness. Hence, they don't ask for help with anxiety or depression, or more serious forms of ill health. They also tend to stop taking effective medication, once they are feeling better.”

- AASW Member

The AASW welcomes the increasing visibility of mental health issues in entertainment and the media. These have initiated a shift in attitudes against the stigma of mental health and increasing the acceptance of treatment.

“Prominent male politicians, and sporting heroes, speaking openly about their own mental health, have opened up lots of conversations about personal mental health issues”

AASW Member

Community mental health programs can assist in this process. An example of one such form of Mental Health Program which assisted in a regional area is given by the 'Leading from Within' program:

The 'Leading from Within' program was initiated by social workers as a form of mental health promotion which has improved population mental health. In 2002 we began a process with 17 small groups and almost 100 people, most of whom were young (mainly 14-16 but a couple of 12 year olds and a few 18-22 year olds from the cricket club) and the rest were adults.

At the end of the first year some of the adults decided to create a new organisation (Leading from Within (Greater Shepparton) Incorporated) to promote recovery from trauma, suicide prevention and leadership development.

The program was evaluated by the University of Melbourne in 2017 and validated as very effective, life changing and lifesaving. The professional community is now able to be very well informed about trauma and its impact. If as a society we addressed these issues in early childhood, supporting (especially vulnerable) families effectively in the early years we would avoid the development of many the symptoms of trauma, including mental health. It's very clear to me that, as a society, we have the tools.

AASW Member.

⁵ The Accessibility and quality of mental health services in rural and remote Australia, 2108, Senate Standing Committee on Community Affairs, Parliament of Australia.

Health Workforce

Accredited Mental Health Social Workers: Specialists in complexity

As well as the mental health role that all social workers undertake, regardless of their setting, the social work profession in Australia also features a cohort of mental health specialists: Accredited Mental Health Social Workers (AMHSWs). The advanced training that is required prepares and provides AMHSWs with the skills for working with people with very complex presentations and co-morbidities. These social workers have significant expertise in assessment and providing therapies and intervention with a wide range of complex mental health needs. As is the case for all social workers, AMHSWs maintain a multilevel focus in their engagement with people, analysing the change that needs to occur at an individual level as well as in their family and social contexts: once again a 'person in environment' approach is key. This appreciation for the interaction between the individual and systems distinguishes AMHSWs from other professions.

Moreover, a strength of the social work perspective also allows the AMHSW to appropriately collaborate with other agencies, practitioners and allied health professionals to provide a holistic and case management approach to achieving evidence based outcomes.

There is a continuously growing body of literature to support the AASW's position that AMHSW's should feature more prominently in the mental health workforce. Evidence demonstrates that social work services in health and mental health settings increase their effectiveness.^{6,7} For example, a review of almost three decades of international research, undertaken in 2017, showed that social work services had positive benefits for both health and economic outcomes for vulnerable adults, children, pregnant women, and older adults. Overall, findings from this review indicated that interventions involving social workers, whether through sole delivery, team leadership, or core membership on inter-professional teams, had positive effects on health outcomes and were less costly than usual care that did not include substantial social work services. These findings held across populations, health problems, and settings.⁸

What can be done to address health workforce shortages in regional and remote areas?

People in rural and remote locations appear to consult specialist mental health services at the same or lower frequencies than do people in metropolitan locations⁹. The factors which contribute to this have been discussed extensively and include:

- a culture which emphasizes self-reliance and coping as a virtue;
- the difficulty of maintaining privacy in small communities;
- the higher numbers of self-employed and small business owners among farmers and the agricultural sector making it difficult for people to undergo treatment which requires absence.

Nevertheless, there are other factors in regional and rural communities that lay the foundation to enhance mental health:

- Evidence that people in rural and remote communities visit General Practitioners (GPs) at a similar rate as people in metropolitan locations;
- The continued existence of community and self-help groups in many regional and rural communities;
- Better availability of information and communications technology based services;
- Proven success of numerous innovative projects which have been extensively documented and have a bank of community trust¹⁰.

⁶. Steketee G, Ross A M, & Wachman M K. 2017. Health outcomes and costs of social work services: A systematic review. *AJPH* Supplement 3, Vol. 107, No. S3 18

⁷. Moriarty J, & Manthorpe J. 2016. The effectiveness of social work with adults. A systematic scoping review, King's College London, UK.

⁸ *ibid*

⁹ <http://www.ruralhealth.org.au/book/prevalence-mental-health-disorders> consulted 23 June 2018

¹⁰ For example: <https://therippleeffect.com.au/>

Regardless of the factors contributing to the low levels at which people consult specialist mental health services, the acceptance of GP's creates an opportunity for a platform from which people in remote and rural locations can be referred to specialist mental health care in a non-threatening way. This demonstrates the importance of a well-respected GP service as the gateway to appropriate mental health services. Despite the low numbers of specialist personnel, the continuing trust in GPs presents a significant opportunity to provide appropriate services. The government has created the Better Access program which is designed to improve accessibility to community based, mental health care. Because it is accessed through a visit to a GP it is ideally placed to respond to people's reluctance to initiate contact with a specialist mental health service.

"Ongoing face to face appointments provided by the same to professional to the customer in a timely and regular manner are required for most of the customers I work with in mental health recovery. Locums, skype, FIFO, are unable to be accessed by our most vulnerable who require time to assess the professional as safe, and then begin working, continue working through medication changes, medical condition changes etc, until they can establish a relationship".

- AASW Member

In which areas or circumstances would greater use of technology and tele-health services be suitable? What prevents greater remote provision of services to address the shortages?

There has been an increased emphasis on digital mental health as part of the low intensity services required of PHNs. Although they are regarded as new, we note that the term digital health refers to a number of different service models including telephone services such as lifeline, which have been operating for many years. As a group, they have been identified as a cost-effective way of taking services to people who have difficulty accessing services for a range of reasons, but they vary according to whether they feature personal contact and the extent of this contact. The implications of this variation are profound, and the AASW's position is that they cannot be considered as a generic group but must be considered according to their specific features and in reference to their specific intended audience.

The AASW agrees that there are particular features that render them attractive to rural audiences: they allow people to obtain advice and information in privacy, at a time that suits them and without travelling long distances. Nevertheless, the actual services delivered are entirely dependent on the quality of the communications infrastructure. Therefore, the AASW recommends that the government set a priority to guarantee reliable telephone and internet connections to all rural and remote communities as an aspect of mental health service delivery.

What could be done to reduce stress and turnover among mental health workers?

Social workers have expressed the importance of ongoing professional support, training, supervision and other support. In providing this proper professional support, workers felt cared for and valued, reducing the chance of stress and burnout.

"Despite having a potentially very stressful role, I, and the other professionals who were part of the Prison Counselling Service, were provided with exceptionally good professional development and the chance to get together and share information, problems, and issues on a regular basis.

Our Manager flew professional trainers in from the Eastern States where he was from, to provide us with the best training he could find for us. The trainings were for 3 hours, and were held away from the normal work environment. We all felt valued, nurtured and supported. This helped to reduce the stress and burnout among the mental health team." – AASW Member.

Providing such professional support alone will not reduce stress and turnover if mental health workers

have no opportunity to engage with them due to their workloads. There needs to be an ongoing commitment across services to hire enough staff to bring caseloads down to a level commensurate with the capabilities of the practitioner, to allow them the time for professional development and supervision. This is a particular challenge in rural and regional settings, where positions are often filled by new or inexperienced graduates who are quickly overwhelmed by the needs of the under-served community:

Housing and Homelessness

What approaches can governments at all levels and non-government organizations adopt to improve:

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

Supports for families where a member has mental illness take on added importance in the context of homelessness and mental health. Many young people with mental illness are avoiding homelessness only because their families are supporting them to the point that they are jeopardising their own mental health.

Because people with mental health issues often find it difficult to live in close proximity to others, there needs to be an investment in different models of housing. For example, in Australia and overseas there are models of housing that feature more flexible combinations of private and shared space, individual bedrooms with shared kitchen and living areas. Purpose built facilities have the advantage that they can also contain co-located health employment support services and social participation opportunities to provide the supports that many people require to live independently and in communal settings.

- *housing support for people experiencing mental illness who are discharged from institutions, such as hospitals or correctional facilities?*

The AASW maintains that it is unacceptable that people are discharged from prison, hospital or state care into homelessness or insecure housing. The AASW recognises that there is a severe shortage of acceptable affordable housing, but rejects this as an excuse for condemning people who need support services to homelessness. Instead it is an indication of the depth of government failure. Housing is a human right, and the AASW welcomes its inclusion in this inquiry.

"I have come across clients who have been release from prison with no follow-up support regarding accommodation provision, work options, and general support."

– AASW Member

"Housing, mental health and homelessness services need to co-operate. There need to be liaison people [...] in hospitals to ensure that no-one is discharged into the night with no money and nowhere to go." – AASW Member

Social Services

Are there significant service gaps for people with psychosocial disability who do not qualify for the NDIS? If so, what are they?

The introduction of the NDIS, and subsequent transfer of funding from mental health services has opened significant gaps for people who were previously receiving mental health supports but who have been deemed ineligible for services under the NDIS. When organisations received block funding it was possible for professionals to exercise refined judgements about the most appropriate type of service for that person, based on an assessment of their needs. Skilled and experienced case managers often combined programs into a co-ordinated 'wrap-around' response. By contrast, under the NDIS a participant has one opportunity to apply for a funding package, and if found to be ineligible, they have limited opportunities for appeal. Social workers have observed that for people with a non-physical disability there is a low success rate for applications; and that this has widened the gap between outcomes for people who are funded by the NDIS and people who aren't.

"Application success rates are extremely low and favour those who also have a physical disability."

AASW member

“Who does and does not qualify for the NDIS is a moot point. It is impossible to find out the qualifications and training of those conducting assessments. I have seen people who do not need it, receive massive packages and those who need it badly, be rejected. The stress this causes to people already in distress is significant.”

AASW member

Social workers are also concerned about the gap in services for people who do not qualify for the NDIS but who have a chronic, non-psychotic condition. These people are often the survivors of child sexual abuse or family violence. They require a trauma informed approach to clinical, evidence based therapies, as well as non-clinical support services, such as case management and advocacy. They also require out of hours, non-crisis support. These people usually have no support from their families because it is a family member who has been the instigator of the abuse or harm.

Questions on the Justice system

To what extent does inadequate identification of mental health and individual needs in different parts of the justice system increase the likelihood, and extent, of peoples’ future interactions with that system?

Social workers in the justice system report that many people who enter prison are already experiencing poor mental health. Added to this is their concern that the system itself does not provide adequate services to respond to the impacts that prison itself have on people’s mental health. This means that many people return to the community with mental health issues that inhibit their capacity to reintegrate.

“Once people are in gaol, what reduces the likelihood of prisoners re-offending is to change the way they think of themselves, by increasing their skills and hence their self-worth. While all the emphasis is on punishment, and minimal care, that tends to seal their fate.”

AASW Member

“I have come across clients who have been released from prison with no follow up support regarding accommodation provision, work options, and general support.”

AASW Member

To what extent do inconsistent approaches across states and territories lead to inefficient, ineffective or inequitable outcomes for offenders and their families?

Victoria, Western Australia, South Australia and Tasmania have adopted different forms of diversionary mental health courts which seek to divert individuals with a mental illness away from the justice system and into mental health treatment¹¹. Nevertheless, these courts are geographically limited by the residential postcode of the offender, leaving many people with mental illness ineligible based on their remote or rural location¹². This can also have the effect of rendering homeless people ineligible for these services. The AASW would recommend wider adoption of diversionary mental health courts and widen their jurisdiction to cover rural and remote areas.

Questions on Child Protection/Child Safety

Concern for the wellbeing of children and young people has been a core element of social work practice internationally since the development of social work as a distinct profession. Significant numbers of social workers practise in child wellbeing and protection settings in a range of roles including direct case work, management and policy.

Social workers have long observed that children and young people in our child protection system often

¹¹ Davidson, F. (2015). Mental Health Liaison and Diversion: Court Liaison Services and Mental Health Court Programs in Australia. The Australian Centre for Research Excellence in Offender Health.

¹² ibid

experience significant mental ill-health. Regardless of the challenges to their healthy development that derive from their original circumstances, the reality is that removal of a child or young person from their home environment causes significant trauma. The AASW is concerned that current investment and responses to child welfare in Australia are disproportionately focused on tertiary intervention (such as child protection responses). The AASW has long believed that a significant investment in prevention and early intervention is desperately needed to address child protection and safety.¹³ In the context of mental health, the imperative for prevention and early intervention assumes added importance. A 'public health' model of child wellbeing and protection with commensurate and significant investment in prevention and early intervention services and supports to children and families will not only improve the capacity of vulnerable families to safeguard the mental health of their children and young people, it will also avoid the further trauma that occurs for children.

The AASW acknowledges that in Australia, social workers' role in the history of child protection has included the removal of Indigenous and other children from their families and communities. This has led to intergenerational trauma and the tragic legacies of the 'Stolen Generations', and the continuing unacceptably high rate of mental ill-health among Aboriginal and Torres Strait islander peoples. The AASW welcomes the creation of a new Closing The Gap target to decrease the rate of removal of Aboriginal and Torres Strait Islander children and young people.

Nevertheless, progress will take time. Currently Aboriginal and Torres Strait Islander children are 10 times more likely to be removed from their family than are other children. This significant injustice has profound consequences which extend beyond the trauma it causes for children and their families. It often results in breaking the connection between the child and their community, their country and their culture. It furthers the intergenerational trauma experienced by many Aboriginal and Torres Strait Islander people and is a significant cause of continuing poor mental health.

The central idea of the Aboriginal and Torres Strait Islander Child Placement Principle is that Aboriginal children should be placed with Aboriginal families. There has been widespread recognition of this as the key to human rights based child protection practice,¹⁴ and the AASW commends the principle to the Productivity commission as a key mental health initiative.

Questions on Education and Training

School social work is a well-established specialist area of social work practice and an example of the unique contribution that social work can make to mental health. Although the traditional understanding of social work in a school context is that social workers can provide counselling and support for young people with mental health issues, the actual scope of social work's potential contribution is much broader. This is because social workers located in schools are strategically placed to undertake all aspects of the social work role described in our introduction: to improve wellbeing directly and to make changes in the service system. As well as providing support at every level of the steps in the stepped care model and to do so in a way that is sufficiently unobtrusive to enable young people to have confidence in approaching them. Many young people are reluctant to use services with a mental health title because they do not identify themselves as unwell.

"As a headspace worker I work one day a week in two different country schools doing Outreach. I have a caseload of young people in each school and provide counselling and case management to them using a variety of evidence-based practices eg Motivational Interviewing, Mindfulness, DBT, Trauma Informed and Family Inclusive practice."

- AASW Member

Social workers in schools also attend to the structures and procedures in schools that compound the difficulties that young people face. Indeed for many social workers, the rigidity of schools structures is itself a contributor to mental illness. Students who miss time at school to attend appointments then have to 'catch up' on material or events they missed.

¹³ AASW Child wellbeing and protection position paper, AASW 2013 <https://www.aasw.asn.au/document/item/2215>

¹⁴ *ibid*

“Inflexible school programs in times and structures e.g. adolescents often need more sleep making morning difficult for them ; lack of quality assessment and counselling systems in schools - in Queensland there is still the system where burnt out teachers often become school guidance officers.”

- AASW Member

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?

For social workers, there is an obvious connection between trauma, ill-health and difficulty engaging with education.

“I would have thought the answer was obvious. Having a mental illness impacts on your capacity to process and function so time spent away from school, capacity to retain information as well as self-harming or suicidal disruption to their quality of life and trauma experience becomes the focus.”

- AASW Member

For other social workers, the social determinants of health approach accounts for the difficulties that vulnerable children and young people experience in education as well:

“Economic factors and the stress for families of having a stable income etc. also impacts on children's capacity to go to school with food in their stomach and not feel isolated because they cannot afford a uniform: creating shame and humiliation. All of these factors effect self-confidence and identity and in term impact on mental health.”

- AASW Member

“As an Outreach worker visiting regional schools once a week, I see the key barriers to young people with mental ill-health participating in education I see as are:

- **Distance to travel/lack of public transport or a roadworthy vehicle*
- **Domestic Violence/Trauma*
- **Drug Use both parental and from young people*
- **Disability both diagnosed and undiagnosed - the latter is most common, in young people and their parents.*
- **Parental unemployment*
- **Parents who didn't finish High School*
- **Schools that are 'stretched' or oversubscribed re numbers of students*
- **Counselling/Well-being Staff funding allocation and varying levels of expertise*

All of the above compound to mean that families are stressed and may have a poor/hostile relationship with the school making it hard for the school to support the young person or engage the family.”

- AASW Member

Do teachers and other staff in schools and education facilities receive sufficient training on student mental health?

‘I don't believe staff in schools and education facilities receive sufficient training on student mental health - particularly for students experiencing trauma prior to or during their school attendance/ or other major issues affecting their lives.’

- AASW Member

‘Even mental health practitioners don't get sufficient training so teachers certainly don't.’

- AASW Member

Whether or not teachers receive sufficient training, not all social workers believe that teachers should be solely responsible for meeting student mental health needs.

“I do not know what training teachers get on Mental Health, but I do not feel it is their role to manage mental health issues. It would be good if they had enough knowledge to recognise there is an issue, but then for them to have someone they could inform about their concerns and refer to.”

- AASW Member

Questions on Government-Funded Employment Support

What alternative approaches would better support people with a mental illness (whether episodic or not) to find and keep a job?

It is the AASW's position that the employment programs of the current government are ineffective, punitive and unjust. The government's own reports into the Community Development program and ParentsNext demonstrate that they are causing a deterioration in many aspects of people's lives¹⁵. The AASW maintains that these programs are problematic on every level. Despite ostensibly being employment services, they are based on prejudiced assumptions about groups who are vulnerable and that they must be controlled. Their operations lack transparency and create bureaucratic tangles, with harsh, unfair real-life effects. Given that people who lack employment are already living with the stress of an income which is far below the Minimum Income for Healthy Living¹⁶, the high rates of erroneous and sudden automated penalties for supposed non-compliance compound the anxiety and stress on people who are already surviving on extremely low incomes and resources.

“A kinder and more flexible approach by Centrelink would help enormously. I have seen suicides because of Centrelink's bureaucratic and inflexible attitudes.”

AASW member

“The job network agencies were supposed to do this but they were tendered out to non-human service providers, left unregulated and disaster occurred.”

- AASW Member

Framework to enhance mental health and improve participation and workforce contribution

Questions on co-ordination and integration

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

The experience of social workers is that the current funding and commissioning model of a collection of discrete compartmentalised items of service, creates difficulties for people who need a comprehensive coherent response to their evolving and complex needs.

Our members have reported needing to devote a significant amount of time to assisting vulnerable people through liaison and advocacy with community and health services to ensure that people receive the full range of appropriate community supports. Even when those supports are in place, social workers know how important it is that they cohere into a unified, comprehensive “Wraparound” service. There are particular issues in multiple system intersections, such as those between the mental health sector and child protection, the NDIA, family violence services or the family court.

¹⁵ https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ParentsNext/Report
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/CDCTrialExpansion/Report/d02

¹⁶ Australian Council of Social Service, *The cost of living a decent life: New report highlights the inadequacies of income support for low paid and unemployed Australians*, Media release, 23 August 2017

While this complex case management work is well within the skillset of social workers, the issue is that this role is not always recognised in funding agreements, or is not funded adequately.

‘Professional boundaries that reduce interactions/ competition between professions and lack of regard for skills of others.’

- AASW Member

“Mental health services need to recognise that they are all part of a continuum and that they must collaborate. Funding is a massive barrier but we are looking at making a long-term difference. At present, we pay a high price for those who do not receive early intervention; through unemployment and incarceration rates. Having sufficient numbers in the workforce, and encouraging people to speak up about what is wrong and what needs to be done, instead of toeing an agency line would help.”

. - AASW Member

“Ownership of information and lack of cohesion in treatment which also includes lack of time with services being over worked and limit of providers. Also, cost aspects to having time set aside for meetings or communication? Many organisation work part time and the overlap of providers sometimes means that people spend weeks getting in touch.”

- AASW Member”

I am alarmed at the way services that are meant to be helping a person or family actually work against each other. Even if we had funding to constitute case management meetings, the system need to formally determine where the clinical governance would sit. Whose version of what is best for the person would carry the day?”

AASW member

“The need to maintain privacy and to make sure that clients are fine with professionals sharing information can be used as an excuse by people who don’t want to make the effort to collaborate across services.”

- AASW Member

“No central point to coordinate services. Funding is a massive barrier, but we are looking at making a long-term difference. At present, we pay a high price for those who do not receive early intervention; through unemployment and incarceration rates.”

- AASW Member

“I would abolish day services for Mental Health and integrate patients back into community services. This would involve more support workers being employed to work one-to-one with patients. Segregating mental health patients all together in a building does not equate to social participation/inclusion.” - AASW Member

Questions on funding arrangements

Can you provide specific examples of sub-optimal policy outcomes that result from any problems with existing funding arrangements?

It has long been recognised by social workers that three-year funding cycle for mental health services and community services inevitable result in poor outcomes for the people who use these services. It is impossible to plan long term consistent support for people, and difficult to attract staff. It can take a period of months for professionals to build the trust between organisations on which a co-ordinated service system depends. Referral and treatment pathways take time and trust to operate effectively. The inability to guarantee long term employment – let alone a career structure - makes it very difficult for these services to attract and keep qualified staff. Whereas services in major cities can draw from a large pool of qualified clinicians, services in rural and remote communities have difficulty persuading staff to re-locate for a short-term contract.

“Sub-optimal outcomes result from the nature of short-term funding. When funding is for three years only, it takes at least 18 months to 2 years to become skilled and effective. Then there is uncertainty. This needs to end.”

- AASW Member

“If a program is working please just keep it funded. Funding uncertainty gives unnecessary pressure to organisations, staff and consumers.”

- AASW Member

Are the current arrangements for commissioning and funding mental health services — such as through government departments, PHNs or non-government bodies — delivering the best outcomes for consumers? If not, how can they be improved

The role and capacity of Primary Health Networks

The AASW agrees with the issues paper that it is important to examine how well PHN's are fulfilling their role of identifying the primary mental health needs of their communities and commissioning the services to meet those needs. PHN's have the potential to be effective at delivering locally appropriate community based, low and moderate needs drawing on a social determinants of health model. Two recent investigations have examined the adequacy of PHN's performance and sought to understand how they can be improved.

The Senate Inquiry into Accessibility and Quality of Mental Health Services in Rural and Remote Australia.

Although the focus was on services in rural and remote areas, the findings of this inquiry have relevance for groups within the community with specific, non-mainstream need, such as people from culturally and linguistically diverse communities, people recovering from trauma and disaster and people who identify as LGBTIQ+.

The inquiry concluded that compulsory competitive tendering had not always led to better mental health services. As a method of choosing service providers, compulsory competitive tendering favours large organisations with capacity to write good tenders. These are often providing a generic service, based on a generalised model. Smaller services which provide more culturally specific or location specific care and support do not always have the resources to write the winning tender. More importantly, the system creates competition between organisations. By contrast, collaboration between a larger well-resourced service and a small one catering to a specific community or need could provide the very model that a PHN was looking for.

The inquiry also found that commissioning services does not always deliver the flexibility of service response that is required for a truly person centred approach. Nor does it fund the activities required for long term service improvement, staff professional development and quality assurance. The inquiry concluded that PHN'S need to receive a component of flexible, block funding to enable service providers to exercise discretion in the forms of support they provide people with specific needs. The other reason for a component of block funding is that it enables organisations to dedicate resources to 'back of house' functions which improve services over time; such as continuing professional development for staff, meeting quality standards and continuous service improvement processes.

The PHN Advisory Panel on Mental Health

This panel reported to the then Minister for Health on the effectiveness of PHN's current operations in meeting the mental health needs of their communities. Their report endorsed the key pillars on which the approach of PHN's to mental health is based, but identified significant weaknesses in the ability of PHN's to deliver that vision. For example, the participants endorsed the importance of addressing the social determinants of mental health taking a psycho-social approach, but pointed out that PHN's have no ability to commission services that take this approach and address these

determinants. They all agreed that there needs to be a stronger focus on integrating the mental health services of PHN's with alcohol and drug services and social and emotional wellbeing services, and identified the separate funding and reporting structures of those services. The most concerning observation was that the consultations demonstrated considerable support for the broad concept of stepped care, there was no consensus on what constitutes a stepped care approach to service delivery, or how it applies to commissioning services.¹⁷

These issues translate directly into poor quality services:

"The Mental Health services I have come across are also very money orientated and not client focused. Some appear to have put in tenders as providers of services without much thought before they are operational. This has disastrous outcomes for people referred to them and very frustrating for staff employed, who then leave, causing more disaster for patients."

- AASW Member

How does the way the Medicare Benefits Scheme operate impact on the delivery of mental health services? What changes might deliver improved mental health outcomes?

The AASW supports the Better Access initiative as an effective mechanism to meet the mental health needs of many people who would not otherwise receive mental health care. Accredited Mental Health Social Workers (AMHSWs) are one of the few professional groups eligible to provide private mental health services to people with diagnosable mental health conditions or people 'at risk' of developing mental health conditions under Better Access. There are currently more than 2,200 AMHSWs working across major cities, regional, rural and remote regions, with approximately 40% practicing in rural and regional areas. Many AMHSW's operate out of 'shopfront' type offices and some operate from GP clinics, making them more approachable for people who wish to avoid the stigma of entering a health setting.

"It would be wonderful if more professionals like me were based in other GP surgeries."

- AASW Member

In June 2018, the Medicare Benefits Schedule Review Taskforce created the Mental Health Reference Group. In response, the AASW conducted a survey of Accredited Mental Health Social Workers (AMHSWs) to ascertain their qualifications, skills and experience. It found that AMHSWs meet the highest standards of professional regulation in Australia. Following consultation with AASW members in private practice and providing services under Medicare, the AASW has made a number of submissions to the Review Taskforce, and has recommended that:

- people have access to more sessions under Better Access;
- all residents in residential aged care facilities be able access to appropriate Mental Health services with a referral from a General Practitioner;
- there be greater recognition AMHSW's within the Better Access program;
- there be parity in the rate of Medicare rebate paid to Psychologists and Social Workers;
- the removal of the 3-tier rebate schedule.

The AASW endorses the recommendation of the Mental health Reference Group, that Better Access be Extended to include people who are 'at risk' and recommends that the next government accept and implement these recommendations by the Mental Health Reference Group.

¹⁷ Brown, P. & Quinlan, F. Report of the PHN Advisory Panel on Mental Health, September 2018 unpublished report

Conclusion

Since the launch of the issues paper, the calling of the federal election has added to the uncertainty facing the health system. This has been anticipated by our members:

“There needs to be a bi-partisan approach to funding for mental health - and that basically means all welfare services as well as mental health specific ones - so that funding is not dependent on party in power.”

-AASW member

Regardless of the outcome of the election, social workers will continue their work with many of the vulnerable people whose quality of life will be affected by measures resulting from this inquiry. The AASW looks forward to working in and with all sections of the service system to implement the improvements recommended by this inquiry and thanks the Productivity commission for this opportunity.

Submitted for and on behalf of the Australian Association of Social Workers Ltd



AASW
.....
**Australian Association
of Social Workers**

T 02 6199 5000
F 02 6199 5009
E social.policy@asw.asn.au

National Office – Melbourne
Level 7, 14-20 Blackwood Street,
North Melbourne, 3051

Postal Address
PO Box 2008, Royal Melbourne Hospital, Vic, 3050