

This submission is referring to Chapter 12 in the Productivity Commission Draft report (2019), "Psychosocial Support", also using reference to Chapter 20 "Social Participation and Inclusion". After reading these sections of the draft report, and after speaking to people in varying positions of Government and Non-Government Mental Health services, I felt disappointed that there is not more focus in the area of Psychosocial Disability or Psychosocial Support.

I am writing from the perspective of having Lived Experience. I have been involved for many years in various Lived Experience groups, committees and programs, including being Chairperson of Lived Experience groups and representative in various capacities. This has given me a personal perspective of mental health services and what is important for consumers and carers and my own personal situation. It has also given me a somewhat professional perspective, learning over time what is important for service delivery, policy and program development and implementation of mental health services, both Government and Non-Government services.

It is my opinion that mental health diagnosis is not the biggest issue facing people who are living with the condition or the services that are funded to support them. A person with mental health issues faces many challenges and barriers in their life but the greatest burden a person in this situation faces is that of Psychosocial Disability.

Psychosocial disability is the disability that is related to a mental health diagnosis (National Mental Health Consumer Carer Forum, 2011, p:17; Productivity Commission, 2019, p:417) There are varying degrees of disability in people living with mental illness, some individuals may have great disability, others may be able to have strong and productive lives (National Mental Health Consumer and Carer Forum, 2011, p:17), this is not diagnosis related.

Some individuals need a lot of support in their daily activities and social/community involvement - some people have great levels of psychosocial disability, but some do not. So why do we put everyone in the same boat through focusing on diagnostic categories rather than looking at the impact of Psychosocial Disability? This seems to me to be the greatest burden for the individual and the system

Having a mental health condition is isolating and stigmatizing. The issue here is that this can also make a mental illness worse. For someone experiencing mental health issues, lack of communication and social contact compounds the symptoms, creates further disability and potentially makes the condition worse (Wang et al., 2017, p:1451)

Sometimes factors that arise from the diagnosis can affect a person's functioning just as much or more than the diagnosis, such as some forms of treatment, discrimination, stigma, social exclusion, restriction from education and employment, secrecy and having to hide or not speak about the condition in public, general

isolation, inability to have normal relationships and communication in society. These issues are not the mental health diagnosis, these issues happen because of the diagnosis. Therefore, a mental health diagnosis, regardless of any initial disability, comes itself with issues that create disability. As is also argued by the National Mental Health Consumer and Carer Forum Report “Unravelling Psychosocial Disability” (NMHCCF 2011, p:40), stating that these issues “are also circumstances that can exacerbate mental health and other health conditions, leading to a vicious cycle of social exclusion, poverty and co-occurring illness”. This - I believe - is the greatest burden on the individual and mental health services, not the diagnosis, or the mental health condition, but the level of psychosocial disability related to the experiences of the individual.

For this reason, it is also my argument that psychosocial services that support people living with mental health issues can actually be therapeutic by their very nature; just as helpful or more therapeutic than sitting in a Psychiatrist’s office. Yet the community perception of the Non-Government Services that are providing psychosocial support for people living with mental health issues is that they are seen as an add on. Therefore housing, recreation, social groups, skills development and acquisition, general support and social groups are seen as an extra service that would just give a person support without being necessary to help a person’s disability. Actually, this is as necessary as recommended supports for people with physical disabilities, not just an extra that will make a person's life a bit better.

Another aspect to Psychosocial Disability or Support is that of social and community participation. I don’t think these can be separated - they go hand-in-hand, one influences the other and vice-versa. The chapter in the Productivity Commission Draft Report, (2019), Volume 2, Chapter 20, “Social Participation and Inclusion” argues that “Social exclusion is strongly associated with poor mental health. People with mental illness are more likely to be socially excluded, and people facing social exclusion for other reasons are likely to subsequently experience poor mental health” (P:792). This statement confirms much of what I have already mentioned in this submission in relation to Psychosocial Disability. The Productivity Commission Report (Ch 20.2, 2019) also lists several activities and areas of social and community participation which are good for mental health - for any person in the community, not just those with mental health issues, stating that as well as these resources “access to psychosocial supports can also be crucial in ensuring that people with mental illness are able to participate socially and have the opportunity to live a contributing life in the community” (P:825). Therefore, much of what is written in this chapter 20 also relates to psychosocial disability, and I don’t think they can be separated.

There is evidence that Psychosocial Support can improve a person’s circumstances, including, but not limited to, less admissions to Acute Psychiatric Units and Emergency Departments, better mental health, increased community participation and increasing the effectiveness of other services (Productivity Commission, 2019, p:420). But these kinds of supports are not delivered effectively or efficiently enough

to provide their full benefit to the mental health community or the individuals that need them. This is summed up by Paul Deaney, Program Officer of Disability Rights Fund;

“The challenge here is that in many countries, the system is dominated by the medical model to the detriment of rights and quality of life. Building more psychiatric hospitals is seen as the main solution. Fundamental issues such as housing, support, jobs, education, voting, and political and legal rights are seldom considered. Persons with psychosocial disabilities are under the domain of psychiatry and in this domain, their rights are abused.”

I would also argue, in the area of NDIS Provision, that although NDIS is a good service – when it is applied properly – there are gaps to the kind of support it can provide. The NDIS can help people, and make a positive change for individuals but when looking at mental health service provision, overall in this country, there are issues with how much the NDIS can actually cover. It is clear to me, through being involved in various committees and research projects, and just talking to people living with mental health issues and spending time with them, that psychosocial support programs should be funded outside of the NDIS.

The way the NDIS is set up is leaving gaps in this kind of service provision. The issues I have covered throughout this submission, such as; the benefits of Psychosocial Support, the problems individuals experience without this kind of support and the effects of Psychosocial Disability on people - as opposed to only diagnosis; all these issues are greater than just one service, they need multiple options, or approaches. I don't believe just one service can do the justice that Psychosocial Support is capable of.

The benefits of psychosocial support are large, as are the needs of people experiencing this type of disability. But the recognition of these services is still emerging, they are not given the credit they deserve. I believe this could be the largest and most effective change that could be made to mental health services. I believe that if psychosocial services are properly recognised and implemented this could make a huge difference to people's lives and the effectiveness and cost benefits of mental health services.

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