
Social Alchemy

PO Box 455
Potts Point NSW 1335

Mental Health Productivity Report Submission

5 April 2019

OVERVIEW

I'm writing from personal experience, and on behalf of my company, partly to present an action-orientated response to this submission.

Partly due to time constraints, but mainly due to aspects of the intensely personal nature of the effects of mental health on a person in the community and their perceived reputation, this is a brief and perhaps vague submission.

I welcome further discussion if specific aspects of the submission are sought.

SCOPE

The submission relates to the following three areas:

1. Prevention and early intervention.
2. Mental health in the workplace.
3. Housing and homelessness.

UNDERSTATED NATURE OF THE IMPACT OF MENTAL HEALTH

Mental health remains a taboo subject, in both personal lives but especially in the broader workplace and community.

Wellbeing is taken for granted in our lives and communities, where too often people concern themselves with health only in times of difficulty. Too little emphasis is placed on the "above hygiene" levels of health. This is a comment spanning across all forms of health: dental, physical fitness and mobility, and specifically here mental health.

Increasingly, there are excellent awareness campaigns in the community that are addressing this trend. My comments relate from a time when I first started to survey mental health in the

community back in 2004 before I was aware that I was struggling with my own difficulties in ways I was not prepared to address at that time.

This in many respects in the point here. It is not that there is no emphasis on positive wellbeing, because there clearly is great advances that have been made. These excellent initiatives are to be applauded. The issue is that because it remains a taboo subject it remains difficult to tackle. The old adage “you can’t manage what you don’t measure” rings true.

Prevention and early intervention are dependent on more openness and honesty in our communities that encourage people to put their hands up when challenges are encountered.

SELF-CENSORING

The problem is not inadequate resources or access to those resources. In many cases, speaking from my own experiences and observations of others, it is that people in need of help in the workplace are less likely to openly seek help because of the perceived disadvantage that will put them in terms of reputation, performance and future prospects.

It is not enough just to say “are you okay?” in our workplaces, although it is better to say this than not.

Workplace culture, and the expectations that people have of themselves as they perceive how they are seen by others, is a massive and greatly underappreciated barrier to people taking action due to self-censorship.

Previously, I was employed by Defence. It remains unclear to me how accommodating that environment might have been to people presenting themselves for assistance in relation to mental health because I was never prepared to seriously seek the help I needed.

In this regard, the help I needed was not great, but it was significant all the same. “Bad news doesn’t get better with age” is an old army adage and rings true.

This is a matter of trust. Great trust is needed for people to be open about their needs and has obvious implications for prevention and early intervention.

This is not new news. The case for this, both in terms of quality of life, economic impact and indeed productivity in a macro sense has been well made. Still, the challenge remains.

It is as though we need to find the old television commercial featuring “Norm” from an earlier age to revisit our lives, again emphasising his message “Life. Be in it.”

SAVING LIVES

Rightly, intervention in mental health could be described as saving lives. The ripples of consequences are not fully appreciated. The lives of those affected in the close orbit of at risk people also have their lives saved in many respects. Lives can easily be unintentionally made more difficult because of the challenges faced by others.

Difficulties encountered through housing and homelessness have massive impact on the quality of life of those experiencing such challenges, and this will consequently impact on a wider community. All too often, people withdraw and refrain from connection which is not good.

Suffice to say that these are themselves taboo conversations that further cause or compound the challenges of mental health.

PUTTING IT OUT THERE

There have been challenges which I have encountered that I will not document here publicly, but I welcome follow up to discuss these in detail in a more appropriate forum.

That said, despite these comments being a little cryptic which arguably could be seen to do little to counter the taboo nature of mental health in our community, it is my own small way of moving the conversation a little further towards openness.

It should be clear from my reticence from commenting in clear specifics here that there are risks involved in speaking plainly.

Our community generally does a poor job at recognising the challenges brought about by difficulties through mental health in people's lives until such time as the impacts become pronounced. It is much better to build resilience by earlier intervention and prevention.

There is more to be done.

Matt Jones

5 April 2019