

## FORMAL SUBMISSION TO THE AUSTRALIAN PRODUCTIVITY COMMISSION INQUIRY ON MENTAL HEALTH

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### THE PURPOSE OF THE FORMAL SUBMISSION

This written submission is being filed in response to the request by the Australian Productivity Commission for the examination and feedback on the Productivity Commission 2019, Mental Health, Draft Report, Canberra dated October 2019.

It serves the purpose of complementing and elaborating on the preliminary submission made by the author, before the Public Hearing of the Australian Productivity Commission Inquiry on Mental Health in Melbourne on the 19<sup>th</sup> November 2019. It also addresses the request made by the Commissioners for more anecdotal evidence to substantiate the claims in the preliminary submission. This submission therefore supersedes the preliminary submission dated 19<sup>th</sup> November 2019.

### THE CONTEXT - AUSTRALIA'S DILEMMA

In any year approximately one in every five Australians experience mental ill-health. Too many people suffer additional preventable physical and mental distress, relationship breakdown, stigma and loss of life satisfaction and opportunities.

### THE CONSEQUENCES

The cost to the Australian economy of mental ill-health and suicide, is conservatively, in the order of AUD 43 to 51 billion per year. Additional to this is an approximate AUD 130 billion cost associated with diminished health and reduced life expectancy for those living with mental ill-health.

### SOME OF THE KEY FINDINGS IN THE PRODUCTIVITY COMMISSION'S DRAFT REPORT

*"In any year, approximately one in five Australians experiences mental ill-health. While most people manage their health themselves, **many who do seek treatment are not receiving the level of care necessary.** As a result, too many people suffer additional preventable physical and mental distress, relationship breakdown, stigma, and loss of life satisfaction and opportunities".*

*"The treatment of mental health is tacked on to a health system that has been largely designed around the characteristics of physical illness".* The contrasts and hence the required responses are however very stark. The draft report has suggested that *"a generational shift is needed"*.

## THE INTERIM REPORT OF THE PRODUCTIVITY COMMISSION - OUR OBSERVATIONS

A detailed scrutiny of the interim report suggests that it leaves immense scope for improvement due to the following deficiencies in the problem solving approaches suggested to tackle this very complex and pluralistic problem. It should be pointed out that a mental ill-health is a 'complex social problem'.

**A problem (as opposed to a 'puzzle') has no existing solution.** Creative problem solving using systems thinking therefore poses questions from conditions of ignorance, risk and confusion. **It is not about finding solutions to symptoms but rather about identifying the root cause of the problem before solving it. It is therefore a problem solving technique based on "problem-dissolving" and emphasizes that solutions derived through creative problem solving techniques are "optimizing" (as opposed to "satisficing") solutions.** Our critique of the interim report is based on the following key observations :

- The focus is on improving **'inputs'** rather than **'outcomes'**, and hence the emphasis is on improving **'efficiency'** in the system, as opposed to improving **'effectiveness'**. It is therefore a **'simplistic' (linear)** approach and not a **'holistic'** one.
- The focus is on a **'curative'** approach as opposed to a **'preventative'** approach, and hence it is **'reactive'** and not **'proactive'**. The majority of solutions are **'clinical'** rather than **'therapeutic'**, and as such the solutions **'tinker at the fringes'** without **'addressing the core issues'** - **they only look at the 'tip of the iceberg'**.
- Solutions to complex pluralistic problems cannot be resolved with **'direct'** interventions; the most effective solutions are achieved through **'oblique'** solutions. Therefore **'creative problem-solving techniques'** are required to solve these **multi-dimensional** problems.
- The solutions are rather **'disjointed'** and hence lack **'holism'** and **'integration'**.
- It is a **'blinkered'** approach which is narrow in focus and lacks **innovation and lateral thinking.** (*"Insanity is doing the same thing over and over again and expecting different results", said Einstein*).

## THE CONTRIBUTORY FACTORS

We live in a “VUCA” (**volatile, uncertain, complex and ambiguous**) world. The nature of this environment in itself creates various contributory factors that lead to stress and mental ill-health. The problems created by our environment are very **multi-faceted, complex and pluralistic**. It is a world in which we need to manage not only ‘actions’ but more importantly the ‘interactions’ between the various elements in the system. **Solutions to complex and pluralistic problems cannot be found through linear and reductionist problem solving techniques. They require ‘systems thinking’ and creative problem solving techniques.** The nature of this VUCA world does not lend itself to solutions of the past. A puzzle is one that has a solution that has yet to be discovered; while a problem is one for which no solution currently exists. Mental ill-health is complex multi-faceted problem to which no solution currently exists. **Therefore ‘holistic’ solutions designed through creative problem solving techniques are required. We need to look at this problem through a different lens. We need to explore alternate perspectives.**

## THE KEY PRINCIPLES AROUND WHICH OUR RECOMMENDATIONS ARE STRUCTURED

- ***“PREVENTION is better than cure”***. What is recommended here is a path to long term reform of Australia’s mental health system. It is a low-risk and high-yield solution to Australia’s mental ill-health dilemma. Mental ill-health is a very ‘systemic’ issue and hence is very multifaceted and complex and does not lend itself to linear problem solving techniques. It is therefore very challenging to tackle.
- Mental illnesses tend to first emerge in younger people and hence early detection (and treatment) is critical.
- There is less awareness of what constitutes mental ill-health and as such a more ‘holistic’ (‘systemic’) approach to overall well-being is required. This approach also breaks down cultural barriers to seeking assistance and removes social stigma.
- The importance of non-health services and organisations cannot be under-estimated. Mental well-being is the responsibility of all Australians. It addresses the problem of a lack of health-care support in remote regional areas.
- It does not advocate a ‘clinical’ approach but rather a ‘therapeutic’ one with minimal or no side-effects. Medication, apart from having unwanted side-effects, may also be unfamiliar to primary care physicians. It also aims to reduce wasted health resources and missed opportunities to improve lives. ***It is therefore outcome-focused and increases accountability.***
- ***Our recommendation therefore is holistic, cost-effective, substantial in benefits and has a far greater community-wide reach.*** It therefore requires far less tax-payer funding. It addresses the issue of overlooking other determinants of, and contributors to, mental ill-health. Most importantly it achieves the outcomes articulated in the draft report viz: ***“While benefiting individuals, it would also enhance the well-being of the wider community through more rewarding relationships with family and friends; provide more opportunities for carers; scope***

*for a greater contribution through volunteering and community groups; a more productive workforce; and an associated expansion in national income and living standards”.*

- It is therefore a high priority reform area *“that could be implemented quickly, often deploying existing resources to bring about immediate benefits for those already experiencing mental ill-health and for those who are at risk of developing it”.*

#### **THE REFORM AREAS THAT WOULD BE ADDRESSED THROUGH THESE RECOMMENDATIONS**

**Reform area 1:** Prevention and early intervention for mental illnesses and suicide attempts

**Reform area 2:** Close critical gaps in healthcare services

**Reform area 3:** Investment in services beyond health

**Reform area 4:** Assistance for people with mental illness to get into work and enable early treatment of work-related mental illness

**Reform area 5:** Fundamental reform to care coordination, governance and funding arrangements

#### **OUR RECOMMENDATION - AN ALTERNATE SOLUTION THROUGH A ‘HOLISTIC’ APPROACH**

In response to alarming findings contained in the interim report, it is our learned view that ancient techniques practiced in Asia would be the solution to this problem. we suggest a ‘quantum leap’ in our thinking and that we engage in a ‘shift of paradigm’ to develop our ‘self-transformation’ (also referred to as “inner engineering”) as a means of achieving a **dimensional shift in the way we perceive and experience life**. This, we believe would assist people with a risk of mental ill-health to reach their full potential in life, have purpose and meaning and contribute to the lives of others. Yoga practices, with particular focus on mindfulness, offer a safe and effective intervention for a growing number of patients with mental ill-health. On the other hand, mindfulness practices (such as Yoga) allow one to observe, or witness their thoughts and emotions, rather than reacting or getting caught up in them. This empowers the individual to control their thoughts and emotions. *“Ultimately, negative ideations or perceptions can be accepted by the patient with grace and detachment, instead of with judgment”* (Ina Davies, 2019) .*It is therefore suggested that our recommendations are included within the draft recommendation 22.2 - A new whole-of-government mental health strategy.* Our recommendations are therefore as follows:

**RECOMMENDATION NO: 1 -** *“That the Federal Government gives very serious consideration to embedding the ancient technique of YOGA (in particular, mindfulness practices) as an integral part of the curriculum in our national education system, from primary, right through to tertiary levels”.*

*(It is suggested that this recommendation is included within draft recommendation 17.3 - Social and emotional learning programs in the education system and draft recommendation 18.2 - Student*

*mental health and well-being strategy in tertiary education institutions. This would also impact upon recommendation 19.1 - Psychological health and safety in workplace health and safety laws).*

*NOTE: While this may involve retraining of staff in yogic mindfulness practices, the long-term benefits of this scheme are far too great to ignore. The cost implications are minimal while the impact is very vast.*

**RECOMMENDATION NO: 2 - “That the Federal Government uses the non-clinical and ‘holistic’ technique of Medical Yoga Therapy as a means of treating those who have already been diagnosed with mental ill-health. (It is suggested that this recommendation is included within draft recommendation 17.4 - Educational support for children with mental illness and recommendation 20.1 - Social exclusion is associated with poor mental health).**

NOTE - The administration of Medical Yoga Therapy should only be conducted under the supervision of trained clinicians and has the potential of being a substitute or complement to clinical solutions.

#### **WHY YOGA?**

*Contrary to popular myth YOGA is NOT a religious ritual. Through the use of a combination of various breathing techniques and postures, it is a tried and tested tool for achieving perfect alignment, absolute harmony and complete synchrony with our existence. It is a ‘holistic’ approach to total wellness and well-being by helping to achieve ‘pleasantness in life’, such as peace, joy and happiness through ‘personal mastery’. It is a technique for controlling ‘mind over matter’, and is therefore the ideal tool for alleviating mental ill-health and promoting ‘self-esteem’. It is a ‘systems’ approach to solving complex and pluralistic problems and hence ideal in this situation. It is a ‘self-help’ approach and therefore reduce the dependence on medication. It dispels social stigma and hence elevates self-esteem. Over a period of time it would build a national environment of wellness and well-being with a significant enhancement in the quality of life.*

**Yoga is a 3,000 year-old practice that has evolved into a holistic approach to general wellness and healing. It is beginning to be recognized by researchers and clinicians as a complementary therapy that encompasses multiple components of healing that are being singled out or used in pieces as parts of traditional treatment methods. United Nations and the International Community has recognised this ancient wisdom by declaring the 21<sup>st</sup> June as the “International Day of Yoga”.**

**Yoga is a form of mind-body fitness that involves a combination of muscular activity and an internally directed mindful focus on awareness of the self, the breath, and energy.** Four basic principles underlie the teachings and practices of yoga's healing system. The first principle is the human body is a holistic entity comprised of various interrelated dimensions inseparable from one another and the health or illness of any one dimension affects the other dimensions. The second principle is individuals and their needs are unique and therefore must be approached in a way that acknowledges this individuality and their practice must be tailored accordingly. **The third principle is yoga is self-empowering; the student is his or her own healer. Yoga engages the student in the healing process; by playing an active role in their journey toward health, the healing comes from within, instead of from an outside source and a greater sense of autonomy is achieved.** The fourth principle is that the quality and state of an individual's mind is crucial to healing. When the individual has a positive mind-state healing happens more quickly, whereas if the mind-state is negative, healing may be prolonged.

United Nations and International community recognized this Indian National Wisdom - "Yoga" by declaring "June-21" as "International Day of Yoga." The word Yoga means "union," that is, union of one's personal consciousness with the cosmic consciousness. Yoga helps the evolution from "I" to "WE;" that is, from limited individual to global human being. **For a psychiatrist, this "union" could also mean, the union of thought and affect as well as mind and body, which could have therapeutic potential.**

It is the ideal technique for optimising the potential of:

- **Mind** (Gnana Yoga)
- **Body** (Karma Yoga)
- **Emotions** (Bhakthi Yoga), and
- **Energy** (Kriya Yoga)

## **SOME OF THE MANY BENEFITS OF YOGA**

### **AT THE SCHOOL/UNIVERSITY LEVEL**

- It enhances **concentration and memory, focus, and mind-body coordination, by stabilising the body, mind and energy systems**
- It is a '**non-threatening' therapeutic activity** which is not affected by '**stigma**' and hence is far more likely to be accepted far more widely
- It targets large groups and hence is a **great catalyst of for social interaction and support**
- It **provides teachers with techniques** to empathise with, and hence cope more effectively with students suffering from mental ill-health

## AT THE COMMUNITY LEVEL

- It helps the sufferers of mental ill-health to take '**control of their mind**' and hence prevents '**negative thoughts**'. It evolves the body and mind towards achieving higher possibilities.
- It gives **relief to chronic health conditions** and prevents obesity, asthma, sinusitis and other chronic ailments
- It **provides carers / parents with techniques** to empathise with, and hence cope more effectively with students suffering from mental ill-health
- It decelerates the aging process
- The national culture in Australia is predominated by '**individualism**', as opposed to many Asian countries which is predominated by a '**collectivist**' culture, stemming from the matriarchal culture in those countries. Consequently there is also a widespread '**culture of care**' in '**collectivist**' cultures and therefore a '**social net**' (an 'eco-system of support') to assist sufferers of mental ill-health. YOGA can also help build community spirit and a '**culture of care**'. This can be particularly useful in multicultural settings with a large diversity.

## ANECDOTAL EVIDENCE AND LITERATURE REVIEW TO SUPPORT OUR RECOMMENDATION

Yoga is a spiritual lifestyle that transcends all religions. Yoga is successfully applied in various psychiatric disorders over the globe with encouraging evidence coming from scientific publications in reputed journals, especially in last three decades. These reports suggest a need to integrate yoga in mental health services. However it must be pointed out that the benefits of yoga are potentially very substantial and widespread, but may be evident only in the long-term.

Research conducted by the Harvard Medical School (published in the Harvard Health Publishing Journal updated in May 2018 suggest that *"The practice of Yoga modulates the stress response and help the reduction of anxiety and depression"*. It further suggests that *"Yoga practices help increase heart rate variability, an indicator of the body's ability to respond to stress more flexibly"*.

Research conducted by the University of Utah concluded that *"Yoga practitioners had very high pain tolerance and lowest brain-related brain activity during the MRI, by regulating stress and therefore pain responses"*.

In India, Janakiramiah et.al (in a paper titled "Antidepressant efficacy of Sudarshan Kriya Yoga in melancholia: A randomized comparison with electroconvulsive therapy (ICT) and imipramine") argued *"that yoga fared nearly as well as an antidepressant drug (imipramine)"*. Ganghadar et.al (in a paper titled Positive antidepressant effects of generic yoga in depressive outpatients, 2013) pointed out that *"Yogasana therapy reduced depression to the level of remission"*.

Kirkwood et.al (in 'Yoga for anxiety; A systemic review of the research evidence', 2005) states that ***"In anxiety states too Yoga has proven benefits not only in the nonclinical population but also in clinical populations"***.

Shannahoff-Khalsa et.al (in 'An introduction to Kundalini yoga meditation techniques that are specific to the treatment of psychiatric disorders') supports these findings and argues that ***"Patients with obsessive compulsive disorder have been treated with Kundalini Yoga and the effects have been encouraging"***.

Varamballi et.al (in *Yoga therapy for Scizophrenia*) concluded that ***"Well conducted clinical trials have confirmed the benefits of Yoga added to ongoing, stabilised antipsychotic therapy in outpatients of schizophrenia. Benefits of Yoga on the negative and cognitive symptoms of the disorder were notable"***

Gard et.al (in Potential self-regulatory mechanisms of yoga for psychological health, 2014) have pointed out that ***"Yoga is a particularly powerful active mindfulness practice, and this practice is notably effective in improving one's well-being and emotional regulation, as well as providing stress relief and enhancing self-care. Mastering self-care and self-regulation are essential tools against mental illness, substance abuse, and advocates for a healthy body and mind"***.

#### **LESSONS FROM ASIA**

- The Prime Minister of India (H.E. Narendra Modi) has implemented a nation-wide scheme to introduce YOGA into the school curriculum. While there is yet no documented analysis of the outcomes, it is reported that there has been a visible improvement in the quality of life.
- Similar schemes (albeit on a smaller scale) are also being tested in Sri Lanka, Nepal and Malaysia)
- The ISHA Foundation - a South-India based institution with a global footprint has been actively promoting YOGA globally as the most effective technique for improving total health, wellness and well-being.

## CONCLUSIONS

*If, "Insanity is doing the same thing over and over again and expecting different results", according to Einstein, then isn't it time that we made a shift of paradigm to tackle this dilemma which is increasing exponentially?*

Admittedly, the evidence supporting the outcomes delivered by Yoga on mental ill-health are not found in abundance, but that does not in fact mean that we should stray away from this ancient technique, the practice from which we would have all to gain but nothing to lose. Mental ill-health has reached epidemic proportions and unless we act immediately Australia is going to be faced with a calamity. The solution that is required is therefore one that is systemic, sustainable and has the maximum reach. YOGA meets all the key selection criteria to solve this very complex and pluralistic social issue. This is the 'generational shift' that is suggested in the interim report.

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