

The Social and Economic Benefits of Improving Mental Health

**Supplementary Submission by
Queensland Advocacy Incorporated**

Productivity Commission

23 January 2020

About Queensland Advocacy Incorporated

Queensland Advocacy Incorporated (**QAI**) is an independent, community-based systems and individual advocacy organisation and a community legal service for people with disability. Our mission is to promote, protect and defend, through systems and individual advocacy, the fundamental needs and rights and lives of the most vulnerable people with disability in Queensland. QAI's board is comprised of a majority of persons with disability, whose wisdom and lived experience of disability is our foundation and guide.

QAI has an exemplary track record of effective systems advocacy, with thirty years' experience advocating for systems change, through campaigns directed to attitudinal, law and policy reform and by supporting the development of a range of advocacy initiatives in this state. We have provided, for over a decade, highly in-demand individual advocacy through our individual advocacy services – the Human Rights Legal Service, the Mental Health Legal Service and the Justice Support Program and more recently the National Disability Insurance Scheme Appeals Support Program and Decision Support Pilot Program. Our individual advocacy experience informs our understanding, and prioritisation, of systemic advocacy issues.

QAI's Mental Health Legal Service (**MHLS**) is a specialist legal service dedicated to providing free and independent information, advice, referrals and representation in relation to mental health law in Queensland. From time to time, the MHLS also works on law reform issues and provides continuing legal education services to the legal profession and the community. The focus of the service is to provide advice and representation to people who have matters before the Mental Health Review Tribunal, including a review of a treatment authority, a review of a forensic order, an application for electroconvulsive therapy or an application to have an involuntary patient move out of Queensland.

QAI was extensively involved in the review of the Queensland mental health legislation that culminated in passage of the *Mental Health Act 2016* (Qld). Subsequent to this, we have made submissions to the review of this legislation and the evaluation of mental health services operating under this Act.

Introduction

The focus of this inquiry is on the link between mental health and economic participation, productivity and growth. In response to the Productivity Commission's (**the Commission**) initial Issues Paper, QAI made an initial submission (**primary submission**) dated 4 April 2019.

In October 2019 the Commission released its draft report, which made a number of requests for further information as well as findings and recommendations, and invited respondents to comment on it by way of further submission.

The current supplementary submission is QAI's response to that invitation, and should be read in conjunction with its primary submission and with other documents referred to throughout. As in the primary submission, QAI restricts its responses in this supplementary submission to those requests and matters for which we have knowledge and expertise.

QAI thanks the Productivity Commission for the opportunity to make a supplementary submission to this inquiry.

1. Responses to "Information Requests"

The Draft Report makes a number of "Information Requests". QAI confines its responses to these requests to those for which we have knowledge and expertise.

16.1: Information on transition support for individuals with mental illness released from prisons (on parole or not) that link them to relevant community services.

QAI's ***dis-Abled Justice*** report¹ of May 2015 was based on a series of face-to-face and telephone interviews with key legal practitioners, magistrates, service providers, advocates, parents and academics. We secured these interviews by commencing with the following set questions designed to solicit respondents' views on problems, gaps and solutions in the criminal justice system pertaining to people with intellectual, cognitive or other capacity-related impairments:

- (a) In your area of practice, what laws, programs, policies or procedures directly or indirectly target people with intellectual, cognitive or other capacity-related impairments?

¹ Queensland Advocacy Incorporated. 2015. *Dis-Abled Justice: The Barriers to Justice for Persons with Disability in Queensland*. Online: <https://www.qai.org.au/disabled-justice-the-barriers-to-justice-for-persons-with-disability-in-queensland/>

- (b) Are you aware of gaps in provision in relation to people with intellectual, cognitive or other capacity-related impairments?
- (c) How would you change the current arrangements/laws/procedures to address those gaps in the system of provision?

QAI urges that the Commission consider the findings of our **dis-Abled Justice** report, together with QAI's submission to the Queensland Productivity Commission's Inquiry into Imprisonment and Recidivism,² when considering broader questions about the operation of the criminal justice system in relation to people with mental illnesses (including psychosocial disabilities).

Of particular relevance to the Commission's request for information [16.1] is *dis-Abled Justice* section 6.5, "Leaving prison", much of which is applicable to people with mental illnesses who leave prisons. Portions of that section are reproduced here:

Upon release, offenders with intellectual disability [including psychosocial disability and mental illness] re-entering the community face a number of prejudices to community placement that may result in re-institutionalisation.³ The critical time is at about five weeks out... One source has described prison release as comparable to the soldier returning from battle.⁴ Reintegration is more challenging for ex-prisoners with intellectual disability. Barriers include poverty, inferior levels of education, unemployment, homelessness and personal issues including drug or alcohol dependency, lack of social support or loss of family ties.⁵ The risk of recidivism increases when services are not available. Commonwealth and state government services are difficult to access, in part because they are poorly coordinated at the policy level.⁶

Positive developments include Interact's offender reintegration services 'Bridging the Gap', which involves working with offenders and ex-offenders with cognitive impairments for up to six months while in custody and then up to another nine months post-release on establishing social supports, housing, legal, financial and personal support systems.

QAI recommends that as part of a Disability Justice Plan a coordinating body investigates and makes proposals for the coordination of post-release services for

² Queensland Advocacy Incorporated. 25 October 2018. Submission to Queensland Productivity Commission Inquiry into Imprisonment and Recidivism. Online: https://qpc.blob.core.windows.net/wordpress/2018/11/IRIP016-Inquiry-into-Imprisonment-Old-Advocacy-Inc_Redacted.pdf

³ J Cleur & D Coyne. 1994. *Behaviour, crime and life: Issues for people with an intellectual disability in contact with the criminal justice system in NSW*. Paper presented to the Third Inter jurisdictional Conference on Guardianship and Administration. Western Australia.

⁴ E Ogilvie. 2001. *Post-release: the current predicament and the potential strategies*. Canberra: Criminology Research Council. <http://www.aic.gov.au/crc/reports/ogilvie-html.html>.

⁵ E Baldry & M Borzycki. 2003. *Promoting integration: the provision of prisoner post-release services. trends and issues in crime and criminal justice*. Canberra: Australian Institute of Criminology.

⁶ V Catherine Riches, T Parmenter, M Wiese & R Stancliffe. 2006. 'Intellectual disability and mental illness in the NSW criminal justice system'. *International Journal of Law and Psychiatry* 29: 386–396.

ex-prisoners with disabilities. [Similar coordination and planning should take place for people with mental illness who leave prisons.]

The need for a coordinated approach to exit

The work of the Prisoners' Legal Service, the Catholic Prison Ministry⁷ and the Queensland Centre for Intellectual and Developmental Disability demonstrates that ex-prisoners are most likely to reoffend in the first fraught weeks out of jail. Ex-prisoners often have nowhere to live, little money, few friends or supporters and scant prospects. For some, a return to prison is an alternative to poverty, loneliness and homelessness.

Piecemeal changes are not enough: the first step is for government to initiate a coordinated cross-government approach to post-release services to ex-offenders with disabilities so that they are better equipped to reintegrate and live fulfilling lives.

Post-release income

The immediate payment from Centrelink on release from prison is equivalent to two weeks of the eligible payment, usually the 'Newstart' Allowance, or if the ex-prisoner has a diagnosed disability, possibly the Disability Support Pension. (Rent assistance is available if the prisoner is able to secure accommodation.) From that the ex-prisoner must pay for accommodation, food, medication, clothing and sundry expenses.

Post-release accommodation

The most serious problem for ex-prisoners with disability is the lack of adequate accommodation on release.⁸ For people with intellectual disability the lack of accommodation 'makes their chances of integration slim'.⁹ A visit to any of the larger men's homeless shelters in Brisbane will confirm that people with intellectual disability and other capacity impairments are disproportionately represented amongst homeless ex-prisoners.

In order to gain parole, the prisoner must provide the Parole Board with an address which the Board then assesses for suitability. Many prisoners with capacity impairments simply have no home to go to.

⁷ M Alexander & D Martin. 2013. *Queensland Prison Report 2013*. Prisoners' Legal Service & Catholic Prison Ministry.

⁸ V Catherine Riches, T Parmenter, M Wiese & R Stancliffe. 2006. 'Intellectual disability and mental illness in the NSW criminal justice system'. *International Journal of Law and Psychiatry* 29: 386-396.

⁹ E Baldry, L Dowse & M Clarence. 2011. *People with Mental Health and Cognitive Disability: Pathways into and out of the criminal justice system*. Background Paper for the National Legal Aid Conference, Darwin, 6-7.

Ozcare Supported Parole Program has two facilities that accept male ex-prisoners in South Brisbane and in Townsville, but supply does not approach demand.¹⁰ It is not uncommon for parole applications to be approved but not activated until a vacancy arises at an Ozcare facility – which can sometimes be a matter of years.¹¹ If Ozcare is deemed unsuitable as a release address, either by the parole board or by Ozcare itself, the prisoner is left with no options. For someone serving a long sentence it may result in years being spent in prison instead of being outside and supervised on parole. Ozcare does not accept women prisoners and lack of appropriate housing options results in prisoners remaining imprisoned past their possible release date.

Other jurisdictions:

- NSW trialled a case management approach to supporting offenders with intellectual disability upon release from prison and established that obtaining adequate accommodation was the most serious issue.¹²
- In Victoria, the Department of Human Services is vested with responsibility for providing emergency accommodation¹³ for ‘people with a disability who are in crisis associated with offending behaviour’.¹⁴ This normally involves the provision of short-term accommodation for people whilst on bail.¹⁵ Further measures are provided by Victorian non-governmental organisations for post-release accommodation, which includes short-term and permanent accommodation. Assistance is provided by the Victorian Department of Housing in securing permanent accommodation for this group.¹⁶

QAI recommends:

- QCS and Department of Housing and Public Works (DHPW) cooperate to pilot a comprehensive program of housing and support for exiting prisoners with disabilities (The NSW Justice Support Program may provide a useful example.)
- Prisoners who apply for public or community housing must be eligible for priority housing on release from prison.
- QCS and DHPW should cooperate to give prisoners the option to maintain public or community housing for a reasonable time while they serve in prison.

Post-release employment

Ex-prisoners are Centrelink-assessed ‘Stream 4’ clients. They are entitled to the highest level of jobseeker support. Catholic Prison Ministry’s ‘Reintegration Support

¹⁰ Prisoners Legal Service and Catholic Prisons Ministry. 2013. *Queensland Prisons Report*.

¹¹ Ibid.

¹² VC Riches, TR Parmenter, M Wiese & RJ Stancliffe. 2006. ‘Intellectual disability and mental illness in the NSW criminal justice system’. *International Journal of Law and Psychiatry*. 29(5): 386.

¹³ Accommodation can be provided for a period of up to three months.

¹⁴ Department for Families and Communities. 2011. *Forensic Disability: The Tip of Another iceberg*. Government of South Australia.

¹⁵ Ibid.

¹⁶ Ibid.

Program’ has shown that about 30 percent of its clients have achieved an ‘employment outcome’ compared to 12% of other ex-prison jobseekers. We have no statistical information about persons with intellectual disability or other capacity impairments within that group. Given that the overall labour force participation rate for persons with intellectual disability was 40.9 percent in 2009, compared with 78.6 percent for all people, the participation rate for ex-prisoners with intellectual disability and other capacity impairments is likely to be proportionately low.

19.2: Personal care days for mental health

The Commission asks whether designating a number of days of existing personal leave as ‘personal care’ to enable employees to take time off without medical evidence to attend to their personal care and wellbeing could improve workplace mental health and information on absenteeism due to mental ill-health.

It is widely accepted that stress is a significant contributor to mental ill-health. For employees experiencing stress and wishing to access short-term leave to attend to their personal care or wellbeing, it follows that any formal bureaucratic or administrative process (such as that which requires employees to obtain medical evidence to justify their personal leave) is likely to add to that stress rather than assist the employee to address the problem.

2. Responses to “Draft Findings”

QAI supports the majority of the Commission’s draft findings, many of which are consistent with QAI’s earlier submission to the present inquiry.

In particular, QAI supports or broadly supports draft findings 2.1, 3.1 (to the extent that it is useful or possible to quantify the cost of mental ill-health and suicide), 5.2 (in particular, the finding that the clinical evidence suggests that of those people with mental illness who are best treated through psychological therapy, most need more than 10 sessions), 10.1 (assuming privacy and human rights implications can be effectively managed), 10.2, 13.1, 16.2, 16.3, 19.3, 20.1, 20.2, 21.1 and 21.2.

QAI makes further submissions in relation to the following draft findings:

5.2: The effectiveness of MBS-rebated psychological therapy

While the Commission appears to accept evidence for the clinical effectiveness of psychological therapy, it laments what it considers to be the lack of a “well-resourced and rigorous evaluation of the effectiveness of MBS-rebated psychological therapy”.

QAI's view is that the clinical evidence of the effectiveness of psychological therapy (where appropriate) should also be taken as evidence of the effectiveness of MBS-rebated psychological therapy. The particular mechanism by which psychological therapy is paid for (i.e. by MBS rebate, private health insurance or private payment of full fees) should not, in QAI's submission, be relevant to an evaluation of its effectiveness, except to acknowledge that those people who rely on MBS-rebated psychological therapy are likely to access it less than they require it, a factor which in turn limits its effectiveness.

10.1: Digital records would facilitate information sharing

While QAI is in favour of the concept of information sharing for specific health-care purposes, QAI urges the Commission (and government) to proceed cautiously given the obvious privacy and other human rights implications, especially of data breaches and the sharing of data for unauthorised purposes, or for purposes other than that to which an individual originally consented and/or for which it was originally captured.

16.1: Prevention and early intervention to reduce contact with the criminal justice system

While QAI agrees that proper or adequate evaluations of "prevention and early intervention" programs are rarely undertaken by governments, QAI queries any implication in this draft finding that (1) the evidence that supports prevention and early intervention as a crime reduction strategy in relation to people with mental illness (including psychosocial disability) is less than strong, and (2) governments have adequately designed and resourced prevention and early intervention programs in relation to people with mental illness (including psychosocial disability).

It is widely accepted in the criminological literature that child abuse and neglect, poor engagement with school, unemployment, unstable housing and drug (including alcohol) abuse are factors which increase the risk of criminal offending.¹⁷ People experiencing mental illness are more likely to experience these criminogenic "risk factors", and unsurprisingly are heavily over-represented in the criminal justice system.¹⁸ Indeed mental illness is often a significant reason why an individual experiences these factors in the first place. It is also the case that people experiencing mental illness are often at significant disadvantages when dealing with the administrative systems, processes and institutions of justice, a factor which tends to increase their risk of incarceration or other punishment.

As articulated in QAI's original submission, research into the costs and benefits of providing early support to, and diversion of, people with mental health disorders in terms of their involvement with the criminal justice system has found that such intervention is cost-

¹⁷ Don Weatherburn. 2014. *Arresting Incarceration*. Canberra: Aboriginal Studies Press, p.74.

¹⁸ Queensland Advocacy Incorporated. 2015. *Dis-abled Justice*, chapter 2.2 ("Over-representation"). Online: <https://www.qai.org.au/disabled-justice-the-barriers-to-justice-for-persons-with-disability-in-queensland/>

effective. One review by researchers at the University of NSW and PriceWaterhouseCoopers found that “for every dollar spent on particular early intervention initiatives, between \$1.40 and \$2.40 in government cost is saved in the longer term”.¹⁹ Similar savings simply cannot be claimed by the standard approach to criminal offending, which must account for the enormous costs of police, courts, prisons and their criminogenic effects. It is widely accepted that the standard approach would not be sustained by a cost-benefit analysis.

QAI refers the Commission to its original submission and to its 2015 report, *dis-Abled Justice*, especially to chapter 2, “Overrepresentation: Evidence and Reasons”.

16.4: Health Justice partnerships

While QAI supports the Commission’s draft finding that “approaches to integrate health and legal services show promise in helping people access legal support early and thereby reduce risks to mental health,” QAI queries any implication that the relative lack of any empirical evidence to support health justice partnerships could become a reason to withdraw from investing in them.

Health justice partnerships are relatively new in Australia, so properly-evaluated “empirical evidence” of a standard likely to satisfy government is unlikely to exist. Rather, QAI urges the Commission to consider supporting such partnerships on the basis of (1) the significant body of research into their philosophy, approach and design, and (2) the underlying philosophy of coordinating and co-mingling cooperative health and legal services, given the identifiable needs of what are in practice many shared clients (about whom much is already well-known).

3. Responses to “Draft Recommendations”

QAI supports most of the Commission’s draft recommendations, many of which are consistent with QAI’s earlier submission to the present inquiry.

In particular, QAI supports draft recommendations 5.1, 5.2, 5.3, 5.5 (to the extent that it would allow for more availability of, and more flexibility regarding, MBS-rebated group therapy), 5.7 (to the extent that it would allow for more flexible use of psychology consultations by videoconference where that would benefit individuals), 5.8, 5.9, 6.1, 6.2, 7.1, 7.2, 8.1, 8.2, 10.1 (to the extent that it is compatible with privacy and human rights protections), 10.3, 10.4, 11.1, 11.3, 11.4, 11.5, 11.6, 11.7, 12.1, 12.2, 12.3, 13.1, 13.2, 13.3, 15.1, 15.2, 16.1 (on the understanding that police will receive better and regular mandatory

¹⁹ Ruth McCausland, Sarah Johnson, Eileen Baldry and Anna Cohen. 2013. *People with mental health disorders and cognitive impairment in the criminal justice system: Cost-benefit analysis of early support and diversion*. University of NSW and PriceWaterhouseCoopers. Online: <https://www.humanrights.gov.au/sites/default/files/document/publication/Cost%20benefit%20analysis.pdf> (accessed 20 January 2020), p.12.

training for responding to people with mental illness in crisis situations),²⁰ 16.2, 16.3 (to the extent that it would support the provision of better health care in prisons), 16.4, 16.5, 16.6 (though the draft recommendation should also call for funding for Community Legal Centres), 16.7, 17.2, 17.3 (to the extent that such assistance is offered in properly inclusive ways), 17.4, 17.5, 18.1, 18.2, 18.3, 19.1, 19.2, 19.3, 19.4, 19.5, 20.1, 20.3, 21.1, 21.2, 21.3, 22.1, 22.2, 22.3, 22.5, 23.2 (as well as an equivalent recommendation for health and disability supports by states and territories under current delineations), 23.3, 24.2, 24.3, 25.1 (to the extent that it is consistent with privacy and human rights laws), 25.2, 25.3, 25.4, 25.5 and 25.7.

QAI makes further submissions regarding the following draft recommendations:

5.4: MBS-rebated psychological therapy

While QAI supports the recommendation to the extent that it would increase the number of MBS-rebated psychological therapy sessions available to people who require them, QAI queries the need for the Commission to suggest setting what are ultimately arbitrary limitations on the number of sessions available.

QAI supports the Commission's evidence-supported findings that the cost of not treating mental ill-health amounts to billions of dollars annually, and that more effective treatment would result in substantial savings. QAI also supports the Commission's evidence-supported finding that psychological therapy is effective for the treatment of particular presentations, and that capping the number of MBS-rebated psychological therapy sessions at 10 per year for each individual means that many individuals whose treatment requires more than 10 sessions are not receiving adequate treatment.

The above findings would suggest that the imposition of *any* arbitrary limit (whether 10, 20 or a different number) will lead to individuals missing out on necessary treatment.

For the above reasons, QAI urges the Commission to consider recommending that MBS-rebated psychological therapy be provided based on a patient's need, as assessed by the patient's treating therapist in collaboration with a GP. In practice, that may require patients to return to their GP after every ten therapy sessions to evaluate its ongoing effectiveness and to arrange extensions to their referrals.

11.5: Improved mental health training for doctors

²⁰ Consistent with the recommendations of the Coroners Court of Queensland following its inquest into the deaths of five people with mental illness, who were shot by police between August 2013 and November 2014. Recommendations online: https://www.courts.qld.gov.au/_data/assets/pdf_file/0005/540590/cif-recommendationspoliceshootings-20171020.pdf, accessed 23 January 2020.

QAI strongly supports this draft recommendation. In addition, QAI urges the Commission to consider recommending that doctors receive specific NDIS training that would better equip them to support their patients' NDIS applications and reviews.

QAI offers advice for individuals applying to become NDIS participants, and also represents people through internal and Administrative Appeals Tribunal reviews after their applications have been initially rejected by the NDIA. It is our experience that initial applications are often inappropriately rejected because clients' doctors are not sufficiently aware of what the NDIA requires in order to accept a person as a participant and therefore fail to provide the necessary evidence. It is often the case, in our experience, that lengthy and stressful review processes – which work to delay people's acceptance into the NDIS and therefore their provision of much-needed supports and services – are often the consequence of inadequate provision of necessary information by doctors and other members of a person's treating team. Many of these rejections and subsequent delays could be avoided if doctors were more aware of and attuned to the requirements of the NDIA when assessing a person's eligibility for NDIS support.

14.1: Employment support assessment measures

While QAI acknowledges that relevant assessment tools are preferable to irrelevant tools, QAI urges the Commission to consider the way such assessment tools are often used in practice *against* the interests of jobactive and DES participants. The use of assessment tools can often lead to the imposition of additional bureaucratic requirements not placed on a person without mental illness, and can often be less than useful at assisting people to actually obtain meaningful employment.

14.4: Income support recipients' mutual obligation requirements

Within the present system guided by principles of so-called "mutual obligation", QAI supports the Commission's draft recommendations to build more flexibility for jobseekers experiencing mental illness, and to assess more systematically whether employment service providers are meeting their own obligations to provide personalised Job Plans that go beyond compliance.

While QAI acknowledges that the present review is in one sense limited to the mental health care system, QAI strongly urges the Commission to consider – as it does in other areas of its draft report – that the mental health care system does not exist in isolation, and that improving mental health depends on the reform of many other systems.

It is widely accepted that the obligations imposed on many income support recipients by so-called "mutual obligation" requirements in federal income support policy and legislation

have detrimental effects on recipients' mental wellbeing,²¹ especially in an environment in which an unemployment of about five per cent is structurally built into the economic framework by prevailing government and central bank policy (which is to achieve the lowest rate of unemployment that can be sustained without inflation rising to above three per cent) – which often means there are no jobs for people to find.²² It is also widely accepted that unemployment is strongly correlated with – and in many cases causes – higher incidence of mental ill-health.²³

QAI strongly urges the Commission to consider finding that “mutual obligation” policies themselves contribute toward the incidence, experience and duration of mental illness among jobseekers, and recommending that so-called “mutual obligation” policies be reconsidered and replaced with a policy approach that takes greater account of what available evidence says about the causes of unemployment among people with mental illness, best-practice ways to both support people into and throughout employment, and best-practice responses to people with mental illness who are struggling to find employment.

15.1: Housing security for people with mental illness and 15.2: Support people to find and maintain housing

While QAI strongly supports these draft recommendations to the extent that they would increase the number and range of housing options available to people with various housing needs, QAI urges the Commission to consider including in its report and recommendations an acknowledgement that some “supported housing” styles can in practice be unnecessarily restrictive on a person’s choices.

For example, many people currently subject to Forensic Orders (Mental Health) in Queensland are effectively forced to live in “Supported Independent Living” (SIL) accommodation. SIL was introduced under the NDIS and is described (including in the Commission’s draft report) as a type of accommodation that supports a person to live as independently as possible. In practice, SIL accommodation too often functions effectively as little more than the old “group home” accommodation. Participants’ funding is often grouped with other participants in the same SIL home, and their lives are timetabled around the consequent availability of support workers engaged by the SIL. People living in SIL accommodation are usually unable to choose who supports them, as the SIL is usually owned by the service that provides core supports.

²¹ T. Philip and Kerry Mallan. 2015. *A New Start? Implications of Work for the Dole on mental health of unemployed young Australians*. Children and Youth Research Centre, Queensland University of Technology.

²² Philip Lowe, “The labour market and spare capacity”: Address to a Committee for Economic Development of Australia (CEDA) Event, Adelaide, 20 June 2019. Online: <https://www.rba.gov.au/speeches/2019/sp-gov-2019-06-20.html>, accessed 21 January 2020.

²³ For example: KI Paul and K Moser. 2009. “Unemployment impairs mental health: Meta-analyses.” *Journal of Vocational Behavior* 74(3), pp 264-282.

For example: Mary, Bob and Dylan live together in a SIL. They all receive 1:3 funding under their NDIS Plans, apart from 12pm-3pm on Mondays, Wednesdays and Fridays, when they each receive 1:1 funding. Mary has found a dance group she would like to attend on a Thursday evening, however that would require 1:1 support to attend. As she has not been allocated 1:1 funding for that day or time, Mary is unable to attend, unless she can convince both Bob and Dylan to also change their support times.

SIL is often, in practice, a very difficult arrangement to leave. Although a person has a right to choose where and with whom they live, the NDIA is often reluctant to increase funding to allow this to occur in cases where a person has already co-shared. Unfortunately, people living in SIL accommodation can often have planning meetings in relation to them occur with no input from them: in practice, the NDIA communicates directly with the service provider who can end up writing goals and choosing activities a person will attend without consulting them.

Often people with complex needs, including those with psychosocial impairments, prefer to have their own core needs team – which is difficult to achieve under a SIL accommodation arrangement. For these and other reasons, QAI is actively campaigning to discontinue the use of the SIL model under the NDIS and to have it replaced with other housing models that promote individual agency and individual need.

QAI directs the Commission to its submission to the Joint Standing Committee on the National Disability Insurance Scheme's (JSC) inquiry into Supported Independent Living.²⁴

16.3: Mental health care in prisons and on release

Within the present criminal justice system that is built on policies that increasingly use prisons and detention centres in the execution of sentencing goals, QAI supports draft recommendations 16.2, 16.3 and 16.4 to the extent that they would achieve appropriate levels of mental health care based on the needs of each individual – which is something that clearly does not occur at present.

But QAI urges the Commission to consider recommending that adequate mental health assessment and screening, at the very least, take place for every prisoner upon admission to a prison immediately and throughout their stay in prison as a matter of course. Currently the draft submission merely recommends that governments should undertake mental health screening and assessment “in the medium term”, which is taken to be over the next two to five years. QAI is unaware of any reason why screening should not be taking place

²⁴ Queensland Advocacy Incorporated, submission to the Joint Standing Committee on the National Disability Insurance Scheme's Inquiry into Supported Independent Living, 6 September 2019. Online via the QAI website (<https://www.qai.org.au/wp-content/uploads/2019/10/19.09.06-SIL-Submission-Final.pdf>) or as Submission No.8 at the JSC Inquiry's website (https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Independentliving/Submissions), both accessed 21 January 2020.

immediately, given what is known about the mental state of many people upon being admitted to prison and during their stay in prison.

QAI also urges the Commission to consider strengthening its recommendation to ensure that prisoners are entitled to appropriate and adequately-resourced mental health treatment and care as required while they are inside prison.

QAI's experience through our Justice Support Program is that when a person in the criminal justice system is supported holistically (instead of simply providing legal support for the criminal charge, but also taking time to listen to their story, helping them to better understand their situation, and identifying their own social and legal needs and supporting them), the likelihood of recidivism is vastly reduced.

It is widely acknowledged that the carceral environment is itself detrimental to prisoners' mental health and wellbeing. While Queensland's government has reversed most of the changes made to its youth justice system by the government headed by Premier Campbell Newman between 2012 and 2015, Queensland is not substantially different to other Australian states and territories in that its government continues to favour "tough on crime" approaches which, in practice, increase the number of people in custody – especially Aboriginal and Torres Strait Islander people and people with mental illnesses, who are significantly over-represented among the prison population. QAI suggests that the Commission considers recommending that governments commit to criminal justice reform that is supported by the evidence, with a view to reducing the numbers of people with mental illness in custody.

QAI directs the Commission to its original submission and to its 2015 report, ***dis-Abled Justice***.

17.1: Perinatal mental health

QAI supports better training for doctors and health professionals, and the provision of more and better information to doctors, professionals, families and communities to better recognise the signs of mental ill-health, followed by the provision of appropriate support.

QAI strongly urges the Commission to reconsider its recommendation supporting universal screening, which must necessarily take place regardless of consent. Many people (regardless of their mental health) have legitimate concerns about the collection and collation of data by and for government agencies, especially as that data is increasingly used for purposes well beyond what was originally conceived. How would data obtained from universal perinatal mental health screenings be used, and with whom would it be shared? Could it have implications – either now or in the future – for private health insurance cover or premium rates, or for levels of Medicare surcharge? Could it have

implications for the “pre-emptive” involvement by child safety departments and other agencies with coercive powers?

25.8: Requiring cost-effectiveness consideration

QAI urges the Commission to proceed with caution with respect to this draft recommendation, and asks the Commission to consider removing it from its draft recommendations, or amending it to request that governments consider costs and benefits in a holistic way that considers externalities and multiplier effects. No doubt governments will naturally consider the costs and benefits of particular reforms before committing to them. However these considerations are often too narrowly formulated. For example: the building of additional supported housing for people with mental illness will naturally appear as a line item in annual government budgets, while the anticipated benefits of such a program may not appear at all, or be “hidden” inside reduced amounts for other line items (including mental health facilities, prisons, etc) in future budgets.