

The Treasurer's reference to the Productivity Commission on Mental Health is both complex and diverse and appears to cover a continuum of events across clinical recovery and personal recovery a domain of fluidity (Issue Paper).

As a qualified social worker with experience as a consumer, carer and advocate I wish to raise the following issues:

1. Research opportunities exist for consideration of a social context at a 360 degree perspective and should include social needs, social rights and social citizenship impacts of political economy inclusive of social determinants of health and social determinants of health inequalities. Clearly one needs to define mental health as inclusive, collaborative, positive and open in nature.
2. The diversity of mental health and mental illness personal and clinical contexts require more than a response off medicine alone or the politics of psychiatry.
3. All sectors of political, social, economic, community and family life require reference as no man or woman is an island.
4. The social consequences of policy, structure, process and style are significant as models should see that 360 degree interaction, collaboration and inclusion and avoid or reduce discrimination and stigma.
5. Mental health for most is personal, family and community related and finally social construction of a critical perspective should draw an understanding (knowledge) and action (decisions) beyond a narrow clinical define. It is paramount to draw a understanding of the person in environment, community and family as carer and advocacy roles are significant.
6. A parting thought is the need to distribute and/or redistribute well-being fairly and with equity not to disadvantage the worst more.

Policies on age, gender differences, housing need action to attend to social citizenship as current distributions across fiscal and occupational welfare leave many at sea. Redistribution at a well-being level is badly needed. Indeed welfare has become a two tier system. Inclusion at a citizenship level needs greater consideration of equality of opportunity and equality of outcomes indigenous people here are badly unrepresented at the well-being level.

Structural gaps at age and gender level fail many, yes we must employ young people but not exclusively at the cost of other and yes I see these as different labor markets

I believe we start with:

1. Agreement that personal recovery of mental health is a journey of small steps and personally differentiated this does not preclude or exclude the key driver of focus here. I agree both economic and social engagement is needed. The social determinants of health and health inequality however currently remain in the division, access and capacity of current employment structures of full time, part-time, casual, contract and term practices. I agree impacts occur on income, living standards, social engagement and connections and that this is limiting, discriminatory and exclusive..
2. The best opportunity appears to be in the Primary Health Network with the purpose and intent to work with the Stepped care model in a recovery perspective. In this model I am seeing positive communication across both clinical and personal recovery.
3. Final note all sectors including those within the mental health sphere of action need a realignment of the taxation-welfare systems.

~~Stephen Graham~~ Brown