



WAAMH

**Western Australian Association
for Mental Health**

Western Australian Association for Mental Health

Submission: Productivity Commission Inquiry into The Social and Economic Benefits of Improving Mental Health

2019

Supported by:



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BACKGROUND

The Western Australian Association for Mental Health (WAAMH), along with HelpingMinds, Mental Health Matters 2 and CarersWA, welcomes the opportunity to comment on the Productivity Commission Inquiry into the social and economic benefits of improving mental health.

WAAMH is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery and citizenship. WAAMH recognises a continuum of supports - built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion and cultural connection - are essential to the promotion, protection and restoration of mental wellbeing. WAAMH promotes, advocates for and further develops this network of supports.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership. WAAMH also engages in a wide network of collaborative relationships at a state and national level with individuals, organisations and community members who share its values and objectives.

ABOUT THIS SUBMISSION

This submission is based on a range of resources, including academic research; existing WAAMH papers and submissions; existing WAAMH consultation findings; and, feedback and insights from wide consultation with people in the mental health, alcohol and other drug (AOD) and other relevant sectors, including people with lived experience, families and carers.

Consultation survey

WAAMH partnered with Consumers of Mental Health WA (CoMHWA) to conduct a community consultation survey in March 2019, which was open to service providers, people with lived experience, family members and carers and others working in the mental health and AOD sectors. 87 people responded to the survey, with representation from seven WA regions, including: Perth metropolitan (70.59%), South West (12.94%), Wheatbelt (8.24%), Peel (3.53%), Goldfields-Esperance regions (2.35%), Pilbara (1.18%) and Great Southern (1.18%) regions.

Respondents (n=82) identified as: a person with lived experience of emotional distress or mental health issues (67.07%); a carer of someone affected by mental health issues (39.02%); a family member of someone affected by mental health issues (57.32%); a provider of mental health services (14.63%); and/ or, as working in the mental health sector (20.73%). Respondents could identify as more than one of these categories.

Additional resources

Additional resources, including relevant WAAMH submissions and other useful documents, have been included in Appendix 1 at the end of this submission. WAAMH requests that the

Productivity Commission refer to these in their inquiry process. Links to online versions have been provided where possible.

Submission content

The content of this submission is based around the following priority areas identified by WAAMH, corresponding to questions from the Productivity Commission Issues Paper 2019:

- Increasing investment in prevention and early intervention;
- Community supports;
- The role of sectors other than health in supporting mental health: a social determinants approach;
- Focusing on improving mental health for all Australians; and,
- Supporting informal carers/ family members.

WA's large size, geographical distances between town centres and low population density, with the majority of WA being classified as remote or very remote, mean that WA faces unique challenges when it comes to mental health and mental health service delivery. With this in mind, this submission is focussed primarily on issues pertinent to the WA context. However, many of the issues raised, such as the need for increased investment in prevention and early intervention, will have national significance, and should be viewed in the context of a nation-wide response.

SUBMISSION SUPPORTERS

This submission has been supported by the following organisations: HelpingMinds, Mental Health Matters 2, and CarersWA. WAAMH would also like to thank CoMHWA for collaborating to deliver and analyse the consultation survey mentioned above.

KEY THEMES

THEME 1: INCREASING INVESTMENT IN PREVENTION AND EARLY INTERVENTION

“True prevention and early intervention begins (sic) before there is a mental health issue. True prevention happens when everyone (even those without mental health issues) are (sic) educated through a proactive strength-based co-design approaches and programs.”

- Respondent, WAAMH and CoMHWA Consultation Survey, 2019

Across Australia and the world, communities, experts and governments agree we need to establish a new balance for mental health systems so that problems can be prevented, and people can find and access the support they need before reaching crisis point. International models demonstrate how to organise mental health services that respond to need where and when it is most needed, through increasing self and community-based care, and reducing over-reliance on hospitals and specialist services¹.

¹ World Health Organization, The Optimal Mix of Services: WHO Pyramid Framework.
http://www.who.int/mental_health/policy/services/2_Optimal%20Mix%20of%20Services_Infosheet.pdf
 Accessed 19 October 2018

Prevention, early intervention and mental health promotion have been identified as key areas for increased investment by governments nationally. The Investing to Save report by Mental Health Australia and KPMG, which outlines the economic benefit of mental health reform in Australia, identifies investment in prevention, early intervention and promotion as one of three key recommendations for mental health reform nation-wide and states that mental health investment needs to shift away from acute or crisis responses and towards prevention and early intervention².

WAAMH consistently receives feedback from the community that mental health prevention and early intervention are priorities, with a recent survey revealing that 71.3% of people believe that there needs to be an increase in prevention and early intervention services or an increase in funding for prevention and early intervention services (54.6% and 16.7% respectively)³. Affordability and accessibility of services are priorities, with 19.7% of respondents to the same survey indicating the need for mental health services to be accessible and available when people need them, including 24-hour services, and the need for services to be affordable or free for people of all incomes. Similarly, over 70% of respondents to an online survey identified a lack of preventative services in rural and remote areas as a key barrier to people seeking support for mental health issues in regional areas and was consistently raised as major area for action to improve mental health and access to mental health services in regional areas⁴.

“Again, funding. If we don’t have the money, we can’t have the services. I believe they need to be funded by the government, so they are accessible to everyone. Mental health prevention/early intervention needs to be as important as schooling is for children.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Stigma and mental health awareness continue to be identified by community stakeholders as major issues in the prevention and early intervention space. In a rural and remote consultation survey by WAAMH in 2018, stigma was identified by 64% of respondents as being a barrier to seeking supports for mental health care in regional areas and was raised consistently over the consultation period. Service providers also identified stigma around mental health issues as being in the top five barriers to delivering mental health services in regional areas⁴. Similarly, in the most recent WAAMH consultation with community about changes needed in the prevention and early intervention space, a total of 25.7% of respondents identified the need for stigma reduction (12.1%) and greater mental health awareness in the community, including in workplaces, and the need for increased mental health education, including education regarding the link between physical health and mental health (13.6%)³.

² KPMG and Mental Health Australia (2018). Investing to Save: The economic benefits for Australia of investment in mental health reform. Final Report.

³ WAAMH and CoMHWA Productivity Commission Inquiry Survey 2019

⁴ WAAMH Rural and Remote Senate Inquiry Submission 2018

“I think the biggest problem is the stigma that is still attached to mental health issues”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Western Australia has a bipartisan government plan that provides the roadmap to achieve this – the Better Choices. Better Lives. Western Australian Mental Health, Alcohol and other Drugs Services Plan 2015 – 2025 (the WA MHAOD Plan)⁵. The WA MHAOD Plan includes in its principles, “a primary focus is on rebalancing services between hospital-based and community-based: moving services to the community where clinically appropriate”.

However, despite plans to prevent mental health problems before they start, successive governments have failed to substantially invest in this area. While mental health has received additional spending overall, Government has focused these resources on acute and sub-acute services, continuing the existing structure of a system unable to keep people well or respond to the thousands of Western Australians seeking support in the community each year. There must be a renewed commitment and an increase in funding for prevention and early intervention services in WA, by both state and federal government.

Fragmentation and funding confusion

There is a plethora of programs and models in prevention and suicide prevention, complicated by a range of funding streams. Stakeholders report concerns about the extent and consistency to which programs are evidence based, with some providing little depth or follow through beyond light-touch information.

Most prevention programs lack integration with mental health and AOD services, and stakeholders report little understanding of the role and programs across these parts of a disjointed system. In suicide prevention, despite grass roots coordination initiatives, at the systemic level there are multiple funding streams and initiatives for different regions, cohorts and different models and programs. As a result, efforts remain fragmented and complex. Prevention and suicide prevention initiatives need to be planned, designed and coordinated at a structural level, across state and federal initiatives and with pathways to mental health and AOD community and clinical services.

Focus on Aboriginal-led solutions and initiatives, and culturally appropriate and relevant services

The need for services that target priority and vulnerable populations with an increased risk of mental health challenge is consistently raised in consultation with community stakeholders. Community members identify the need for increases in youth services, including those in rural and remote areas; the need for accessible services for people from culturally and linguistically diverse backgrounds, including peer support; and, the need for eating disorder services in regional areas³.

The need for culturally appropriate, secure and relevant community-led services and initiatives for people at higher risk of mental health challenges and suicide prevention is also

⁵ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.

consistently raised in WAAMH consultations and is reinforced by national and international evidence⁶. Effective mental health and AOD system supports for Aboriginal people must focus on community-led, community-owned, culturally appropriate, preventative, interdisciplinary and holistic care, with social and emotional wellbeing as a critical component. In addition, programs and services for Aboriginal people must involve partnerships with Aboriginal Community Controlled Health Services and local communities.

Consultations with Aboriginal community members have identified the need for locally based and locally developed suicide prevention initiatives that respond to local needs and sustain community members in their existing and active role to support each other, preventing suicides at times of crisis. These are needed in metropolitan areas, as well as rural and remote.

New mental health and suicide prevention funding should prioritise local, rural and regional models and providers, to ensure local relevance and cultural security. It must drive Aboriginal led solutions focused on social and emotional wellbeing, through procurement arrangements and capacity building to support growth in effective social and emotional wellbeing, mental health and suicide prevention initiatives by Aboriginal Medical Services.

“Make services and information more culturally relevant. Get culturally informed workers to adopt hands on mental health community education strategies. Don't use western style information pamphlets...”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019



Further information regarding priority groups and people at increased risk of mental health issues is provided in THEME 4 of this submission.

Prioritise a strong social determinants approach

The link between social determinants and health is strongly established, and it is generally understood that to effectively address health inequalities, social determinants must be addressed. Similarly, the most effective interventions for population health are those which address the social determinants, and which focus on the prevention of risk factors and health conditions, rather than waiting for people to become unwell before intervening¹⁶. Importantly, social determinants of health (and in turn, health inequities) often fall outside health, and so need to be addressed by sectors other than health.

The importance of addressing the social determinants of mental health and the need to address these early to prevent the onset of mental health and AOD issues is consistently raised by the community in WAAMH consultations. Prevention and early intervention strategies must take a social determinants approach, with strong cross-sector collaboration and long-term vision.

⁶ The Aboriginal and Torres Strait Islander Suicide Evaluation Project. (n.d.) Suicide Prevention in Indigenous Communities. Retrieved from https://www.atsispep.sis.uwa.edu.au/__data/assets/word_doc/0019/3004183/ATSISPEP-Suicide-Prevention-Literature-Review.doc



Further information on the role of sectors outside of health in facilitating a social determinants approach is provided in THEME 3 of this submission.

Prevention and early supports that keep people living well in the community are urgently needed in WA and nation-wide. Acute services are the most expensive way to address mental health and will remain unable to meet demand without change. A more balanced system will enable earlier access, prevent worsening mental health, ease pressure on emergency departments and acute beds, and reduce associated increasing public system costs. With WA's emergency departments unable to respond to a growing crisis, and hospital beds experiencing rising challenges in delivering holistic recovery services and seamless pathways back to community living, the time for change is now.



Further reading: Please see the Investing to Save Report (KPMG & MHA, 2018) for further information.

Recommendations:

- 1. Increase investment in prevention and early intervention, including suicide prevention with a focus on accessibility and affordability for all; addressing the social determinants of health; and addressing the needs of priority groups.**
- 2. Facilitate coordination between state and federal funding models and service planning, with alignment between state and territory mental health plans and the 5th National Mental Health Plan and Primary Health Network activities.**
- 3. Invest in Aboriginal community-led prevention and early intervention responses that support self-determination and cultural reclamation.**

WA-specific recommendations:

- 4. The Western Australia government increase investment in mental health prevention and early intervention, with 4% of the State's overall investment in mental health to be in prevention by 2020 and 5% by 2025, as per the targets in the WA MHAOD Plan.**

THEME 2: COMMUNITY SUPPORTS

What kinds of community support services are most needed to help people affected by poor mental health to reach their full potential?



A significant increase in community supports available in WA is required, as per the targets and recommendations set out in the WA MHAOD Plan. Quality community support services provided by peers and recovery workers help people build recovery plans, reach personal goals and live valued lives in the community. In a recent WAAMH consultation with community, 15.2% of respondents identified the importance of peer-based supports, and recovery-oriented practices and supports in the community³. These included: peer support programs, including one-on-one and group options; recovery-focused care options; and, peer-based, recovery-oriented mentorship opportunities.

Community support services also support each person on a recovery journey that is unique to them and led by them, their family members and carers (where appropriate), with the service care providers acting as supporters and enablers. Some assist carers and families to protect their own health and wellbeing and sustain them in their caring role.

Respondents from a recent WAAMH consultation³ identified the need for the following community-based initiatives and services to support people's mental health, including:

- community workshops and education;
- support groups;
- support workers;
- community drop-in centres and hubs for mental health care;
- quiet community spaces and social activities;
- awareness raising campaigns;
- counselling and therapy, both on an individual basis and in group settings;
- outreach services including social work;
- peer-based supports;
- crisis support; and,
- support for people who hoard.

The need for mental health workers in all general practice clinics was also identified, as was the need for suicide prevention services with follow up care and early intervention services based in the community.

Community support services that address the social determinants of mental health were identified by 16.7% of respondents to the same consultation as being needed in WA. These included: services to assist people with travel and transport; financial counselling; housing support; employment support; and, education support services.

“Choice for the individual. That depends on what the person feel they need.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Community supports contribute significantly to people's emotional and social wellbeing and to a financially sustainable health system, saving money and lives⁷. Without investment in treatment and recovery services in the community people can become increasingly unwell and may have to access care via far more costly emergency departments and hospital admissions, with the associated costs of bed-based services⁸.

Unsuccessful attempts to access community support, due to waiting lists or restrictive program criteria, have been linked to the tragic deaths of West Australians in 2018. The National Review of Mental Health Programmes and Services cited high rates of emergency department admissions and readmissions to acute psychiatric services as evidence of, "failure to provide timely and adequate community-based mental health supports" in WA. It is clear that the current approach to mental health investment and a reliance on acute care facilities is not working, with WA's public hospitals having the worst record in the country for keeping mental health patients in emergency departments while they wait for specialist care⁹ and rising readmission rates of 18% - well above the 12% national target.

Acute and emergency services focus on clinical outcomes but are unable to provide long term care and support. Consumers and family members report that acute and emergency services fail to address stigma, or to effectively support them to progress many valued aspects of their personal and social recovery such as a safe and stable home, financial security, relationships, jobs or learning opportunities, and community belonging.

Consumers, carers and family members also report their rights, dignity and respect to be most often compromised in emergency departments and hospital-based services, which still have a long way to go in the cultural change necessary to work with people with lived experience as partners in care and support, in challenging environments often not designed for mental health crises. People in the community call for alternatives to emergency department environments, and consistently ask for increases in community-based support services. Better outcomes for people can be achieved through support in the right place - in their homes and communities; at the right time - early, preventing the need for hospital admission; and by the right people - peers and recovery workers who provide compassionate recovery support and hope.

"Crisis centres as an alternative to ED. ED is not the place for someone experiencing mental distress."

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

The WA MHAOD Plan identifies community support as a basic building block of an effective and balanced mental health system and the most under-resourced service type, meeting

⁷ McGorry, P. (2015). Mental health as significant as tax reform, says economist. PM program. Sydney, NSW: Australian Broadcasting Corporation.

⁸ Fels, A. (2018). Please don't dismiss the PC inquiry into mental health as 'just another inquiry'. Retrieved from <https://theconversation.com/please-dont-dismiss-the-pc-inquiry-into-mental-health-as-just-another-inquiry-104695>

⁹ Australian College for Emergency Medicine. (2018). Waiting times in the emergency department for people with acute mental and behavioural conditions. Retrieved from https://mhas.wa.gov.au/assets/documents/18.02.26-ACEM_Mental-Health-Access-Block.pdf

only 22% of demand¹⁰. Modelling undertaken for the WA MHAOD Plan by state government showed that community support needs to grow from 8% to 19% of the service mix¹¹. These needs remain. Consumers and families who are not connected to services currently report an almost complete inability to access support before mental health issues escalate to the point of crisis or after acute care experiences. Even then, the majority of consumers report that services are hard to access, are not available in their area, or that they do not meet the eligibility criteria.

Mental health providers have the same concerns, with many reporting waiting lists from several months to 9 – 12 months, depending on the location of the service and the cohort the program is designed and funded to support.

Welcome investments in Step Up Step Down services in WA hold promise for reducing admissions, length of stay and readmissions. The focus on growing these services in the regions is supported, however these services still function at the point of escalating need and crisis, as opposed to early intervention. Additionally, with current settings this model can only support people with short stay needs, people with stable accommodation to return to, and people in or able to travel to metropolitan and regional centres.

There has been little real action to address the modelled need and consumers' preference for community support that is focused on their goals and aspirations. Instead, successive governments have focused their efforts on increasing hospital beds and community bed-based services. While these are needed for an effective system, without a balance across all service types that collectively work to lessen demand, improve flow and deliver better outcomes, we will never be able to meet demand for acute and sub-acute services no matter the investment poured into them.

Improving models of services

WAAMH recognises that greater investment in community support will require improved quality and integration of current services across the whole system. There are multiple stakeholders with responsibility to achieve this. Levers that can enable genuine partnerships and more flexible, responsive services include quality standards and strategic procurement and contracting processes.

New models, and procurement processes associated with existing services, should also attend to the need to better integrate services within the system. There is a further need for to co-design and implement system navigation supports to support consumers to access existing resources and supports.

In addition, there is a need to research best practice community support models to accompany and guide increased investment in this part of the mental health sector. There is currently a paucity of research in this area, and future investment should be evidence informed and based on contemporary trauma-informed and recovery-based approaches.

¹⁰ Government of Western Australia, Mental Health Commission. (2014, p.5) The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 for consultation. Government of Western Australia.

¹¹ Government of Western Australia, Mental Health Commission. (2015). Better Choices Better Lives. Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025. Page 21

New models of community support service delivery should be co-designed and community-led.

“There should be co-designed community services designed by and for end users.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

The National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a welcome reform that will provide lifelong psychosocial support to some people with mental illness in the community, providing hope for recovery. However, it would be a mistake to wait until the impact of the scheme is clear before growing services that support people’s recovery. The NDIS eligibility rules limit NDIS access to around 10% of people with mental illness who require ongoing community support. Analysis by WAAMH suggests that around 6,500 West Australians will be eligible for a NDIS funded plan, but between 20,000 - 29,000 people who need ongoing psychosocial supports will not be eligible¹².

With Commonwealth investment in open-eligibility community mental health supports changing, large service gaps are emerging. While new funds have been identified to replace transition programs, providers report these are insufficient to cover statewide needs in WA because of our very significant delays in joining and transitioning to the national NDIS. At the time of writing, we estimate that less than 25% of the approximately 3,500 consumers accessing federal mental health programs have successfully transitioned to the NDIS or some other form of support. The majority of funding has been extended for only 12 months, when a recent Joint Standing Committee on the NDIS (JSC) recently recommended that the Australian Government extend funding for two years until 30 June 2021 and make public by 30 June 2020 how it intends to deliver longer-term arrangements for existing program clients not eligible for the NDIS. Additionally, many stakeholders consider that the funding mechanism through Primary Health Networks is problematic.

Although the conclusion of NDIS roll-out and federal program transition is not yet complete, it is clear that profound community support gaps will remain and may worsen.

The WA MHAOD Plan’s estimates showed community support will require state funding contribution of \$245 million, with an additional \$201 million federal funding needed (to meet 2025 demand), and WAAMH anticipates that the Commonwealth investment will come primarily from the NDIS once federal mental health program funding largely ends in June 2020. Compared to an existing state spend of \$34 million, the gap is stark - immediate investment is required¹³. While the WA Mental Health Commission is expected to release revised figures in its forthcoming WA MHAOD Plan Update with relatively minor adjustments expected to occur for population changes, even if the best scenario for NDIS access occurs WAAMH estimates that around three in five consumers will remain without the ongoing community support they need.

¹² While the exact figures of people who need ongoing psychosocial support are unknown, the Productivity Commission estimated approximately 200,000. The National Mental Health Service Planning Framework modelling estimated that 290,000 Australians with mental illness require community support.

¹³ Figures are for both mental health and AOD community support. Government of Western Australia, Mental Health Commission. (2015). Better Choices Better Lives. Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025. Page 215.

In this complex and shifting funding environment, it is more important than ever that State planning occurs together with the Commonwealth to map out a detailed plan to meet the existing and growing shortfall to improve consumer outcomes and reduce growing rates of emergency attendance and acute service readmissions in the longer term.

Policy settings about NDIS-state interfaces will assist to maximise the benefits of the scheme for Western Australians with psychosocial disability. While the NDIA has a clear role in supporting and enabling access, it is also the case that providing the evidence required for eligibility assessment is the role of clinicians. To support this a systemic and strategic approach by public mental health is required. At a recent NDIS Psychosocial Disability Government Stakeholder Workshop in Western Australia, clinicians sought both macro level frameworks and micro level tools to assist them to support mental health consumers with the evidence they require to test their eligibility for the scheme. Other jurisdictions, most notably Victoria, have established NDIS-Health interface lead workers and clinical guidance and tools. WAAMH recommends a similar approach is established nationwide.

“Ensuring that community groups which provide families with social support and respite are not lost as part of the NDIA rollout.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Recommendations:

- 5. Increase investment in community support services in WA and nationally.**
- 6. Facilitate research of best practice community support models in Australia through funding and coordination at both a state and federal level.**
- 7. Australian Government extend funding of federal mental health programs for two years until 30 June 2021 and make public by 30 June 2020 how it intends to deliver longer-term arrangements for existing program clients not eligible for the NDIS.**

THEME 3: THE ROLE OF SECTORS OTHER THAN HEALTH IN SUPPORTING MENTAL HEALTH: A SOCIAL DETERMINANTS APPROACH

How can sectors other than health, including education, employment, social services, housing and the criminal justice system better support people who experience, or at risk of, poor mental health and help them to reach their full potential?



The World Health Organisation¹⁴ defines mental health as, “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Keeping mentally healthy and managing mental health challenges is not just about having access to mental health care. While seeking assistance from mental health professionals may play a role in our mental health, there are many other factors which make a difference to our mental health that are not part of the health care system - that is, the social determinants of health. Where we live, what we eat, what job we have, and the connections we have to the people around us can also make a difference to our mental health.

Social determinants have a significant impact on both physical and mental health. It is widely understood that health and mental health follow a social gradient; people experiencing more disadvantage also experience poorer health and mental health outcomes¹⁵. The social determinants contribute to this discrepancy, with social inequalities resulting in inequitable health outcomes; that is, differences in health outcomes which are “not only unnecessary and avoidable, but...are considered unfair and unjust”¹⁶. In addition, social determinants compound and interact, increasing inequities for those in disadvantaged groups and contributing to widening gaps in health and mental health outcomes.

The link between social determinants and health is strongly established, and it is generally understood that to effectively address health inequalities, social determinants must be addressed. Similarly, the most effective interventions for population health are those which address the social determinants, and which focus on the prevention of risk factors and health conditions, rather than waiting for people to become unwell before intervening¹⁶. Importantly, social determinants of health (and in turn, health inequities) often fall outside health, and so need to be addressed by sectors other than health.

¹⁴ World Health Organization and Calouste Gulbenkian Foundation. (2014). Social determinants of mental health. Retrieved from http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf

¹⁵ Australian Institute of Health and Welfare 2016. Australia’s health 2016. Australia’s health series no. 15. Cat. no. AUS 199. Canberra: AIHW.

¹⁶ Shim, R., Koplan, C., Langheim, F. J. P., Manseau, M. W., Powers, R. A. & M. T. Compton. (2014). The Social Determinants of Mental Health: An Overview and Call to Action. *Psychiatric Annals* 44(1). https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1492239963?rfr_id=info%3Axri%2Fsid%3Aprim

The importance of addressing the social determinants of mental health and the need to address these early to prevent the onset of mental health and AOD issues is consistently raised by the community in WAAMH consultations¹⁷. In 2018, WAAMH conducted a consultation with over 220 respondents from rural and remote areas of WA and found that social determinants and their role in mental health was frequently highlighted. Respondents to the consultation were asked to identify what factors affect mental health in regional areas. The following determinants were identified as the key issues in regional areas: alcohol and other drug use (83.08% of respondents); social isolation (76.92%); stress (76.92%); unemployment (67.69%); stigma about mental health issues (64.10%); lack of housing (47.69%); lack of income (56.92%); negative community attitudes about mental health issues (52.31%); trauma (52.31%); lack of community support (51.79%); access to transport (51.79%); violence (43.08%); access to food (18.97%)⁴.

Similarly, in the most recent WAAMH consultation of service providers, people with lived experience of mental health challenges and carers and family members³, respondents identified specific roles for sectors such as education and justice, and the importance of workplace initiatives. Some of the suggested roles and actions for sectors other than health from this consultation are summarised below:

Workplace initiatives	Education	Justice
<ul style="list-style-type: none"> • Mental health education of employees, including frontline health staff • Mental health first aid responders in workplaces • Facilitation of return to work processes for people with mental health challenges • Flexible work arrangements; support for people entering workplace • Reduce workloads for people with mental health challenges as appropriate. 	<ul style="list-style-type: none"> • Mental health education and resilience programs in schools • Increase psychologists in schools • Increase funding for education assistants in schools • Reduce fees for tertiary study • Reduce the emphasis on testing and exams in the school system to reduce the pressure on students. <p><i>“School curriculum to include tools and coping schools for early interventions.”</i> - Respondent, WAAMH and CoMHWA Consultation Survey 2019</p>	<ul style="list-style-type: none"> • Increase co-response initiatives by police and mental health services • Enhancing mental health supports for people in the justice system • Changes to legislation that are more sensitive to mental health challenges <p><i>“Legislation must take a more sympathetic view of culpability for offenses committed by those suffering from mental illness. Committing mental health sufferers to prison can only exacerbate their conditions; they need medical support.”</i> - Respondent, WAAMH and CoMHWA Consultation Survey 2019</p>

¹⁷ WAAMH. (2018). Many Voices, Big Impact: Mental health lived experience submission on the Sustainable Health Review Interim Report. Perth, Western Australia.

It is vital that sectors other than health play a role in addressing and supporting mental health and wellbeing in the community. A range of existing documents produced by WAAMH address the issue of social determinants and the role of sectors other than health; these are listed below. A range of recommendations are made in these documents and WAAMH requests that the Productivity Commission refers to these in its inquiry process.

Further reading: Please see the following documents for more information on the ROLE OF SOCIAL DETERMINANTS in supporting mental health and wellbeing, including ACCOMMODATION and HOUSING, and SUPPORTED EMPLOYMENT for people with mental health challenges:



- **WAAMH Submission to the Draft Mental Health and Alcohol and Other Drug Accommodation and Support Strategy 2018–2025 Consultation**
- **Many Voices, Big Impact: Mental health lived experience submission on the Sustainable Health Review Interim Report**
- **WAAMH Pre-budget Submission 2019**

Ways of working

In a recent WAAMH consultation asking people how sectors other than health can support people who experience or are at risk of poor mental health³, the most prominent theme raised by respondents was the issue of ways of working that can be employed by sectors other than health to facilitate this, with 37.9% of respondents identifying issues in this area. These included the need to:

- providing mental health training to employees;
- effectively listen to clients;
- employ trauma informed practice;
- actively involving people with lived experience;
- ensuring person-centred care;
- creating safe spaces; and,
- having mental health support people on staff and available to assist clients.

16.7% of respondents to the same survey also identified the need to address stigma and discrimination of mental health as being a role that sectors other than health could take in supporting mental health and wellbeing. Awareness campaigns, sensitive reporting of mental health by media, and education were all identified as being necessary to address stigma and discrimination.

“Treat the individual not the diagnosis, listen to the person’s needs, challenges, goals, insecurities ask if individuals have questions and make the effort to provide feedback rather than focus on a form.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

The need for sectors other than health to engage with communities, create community connections, and engage in community education about mental health were also identified.

“Listen to the whole picture not just isolated snap shots. Use what is learned to create practical support.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Cross-sector collaboration

The effects of social determinants on health cannot be addressed by mental health interventions alone. Whilst mental health interventions to improve mental health and suicide prevention are critical, they are not sufficient to counter the significant influence of social determinants.

The need for cross-sector collaboration and better integration between government departments and other sectors is of utmost importance in supporting mental health and wellbeing. A key issue in the structure of the policy environment related to mental health and social determinants is the siloing of policies and responsibilities; there is no clear, overarching mandate for sectors outside of health to consider how their policies may impact mental health, and how to create policies which are mindful of and conducive to good mental health. This is relevant, as taking an integrated approach to mental health and social determinants has been identified as key mechanism for adequately addressing mental health at a population level¹⁸.

We know that many people with mental ill-health experience physical health comorbidities that can sometimes be poorly managed, given the focus on their mental ill-health. An example of this is a NDIS participant with a primary psychosocial disability and Type 2 diabetes. Due to their cognitive capacity they have an inability to self-manage their physical illness which results in multiple hospital admissions. We know that effective management of physical ailments of people with mental ill-health are important – this has the potential to minimise risk factors and detect and treat emerging chronic diseases. Effective interventions can reduce premature deaths, improve quality of life and reduce costs of health care. To this end, the WHO has documented best practice for managing physical diseases in people with mental ill-health¹⁹.

Such an approach is warranted, because it is increasingly understood that effectively addressing mental health requires action in sectors outside of health. In addition, international research has demonstrated that a formalised approach to intersectoral collaboration on mental health, with strong leadership, is a key asset to the success of such an approach²⁰.

¹⁸ Wahlbeck, K., Cresswell-Smith, J., Haaramo, P. & Parkkonen, J. (2017). Interventions to mitigate the effects of poverty and inequality on mental health. *Social Psychiatry and Psychiatric Epidemiology*, 52(5), 505–514. doi:10.1007/s00127-017-1370-4

¹⁹ World Health Organisation. (2018). Guidelines for the management of physical health conditions in adults with severe mental disorders. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/275718/9789241550383-eng.pdf>

²⁰ Jenkins, R & Minoletti, A. (2013). Promoting mental health: a crucial component of all public policy. In K. Leppo, E. Ollila, S. Peña, M. Wismar & S. Cook (Eds.), *Health in All Policies: Seizing opportunities, implementing policies* (pp.163-182). Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf?ua=1

For social determinants to be adequately addressed, and for sectors other than health to be able to fulfil their roles in supporting mental health, mental health must be seen as a whole-of-government priority. A coordinated approach must be established, ensuring cross-sector collaboration and the sharing of responsibilities in terms of policy and investment to support mental health at both State and Territory and Federal levels.

A recent WAAMH submission to the WA Government's Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 Two Year Plan Update recommended that whole-of-government key performance indicators would assist in facilitating collaborative working towards shared mental health goals and help to improve population level outcomes.

“Less siloed systems, more wrap around treatment and support, more integration of alcohol and other drug treatment services into mental health treatment and support services.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019



Further reading: Please see WAAMH Two Year Plan Update Submission for further information on the need for whole of government KPIs.

Recommendations:

8. That the Productivity Commission take a stronger social determinants approach in its Inquiry.

9. That models for increased cross-sector collaboration and a coordinated approach to mental health across government departments be investigated including exploration of whole-of-government key performance indicators, at both State and Territory and Federal levels. This must include enhanced collaboration with primary care to address the increased physical comorbidities experienced by people with mental ill-health.

THEME 4: IMPROVING MENTAL HEALTH FOR ALL AUSTRALIANS

What needs to be done to improve mental health and well-being for groups of people at higher risk of mental health issues? (For example, Aboriginal and Torres Strait Islander peoples, people in rural and remote areas, people from Culturally and Linguistically Diverse backgrounds, young people and people who identify as LGBTQI+).



Prioritising the needs of people at greatest risk of mental health issues is a human rights imperative and should be a key focus for the Productivity Commission in its inquiry.

WAAMH consistently hears from consumers, family members, carers and service providers about the need to address mental health issues for specific population groups, including people living in rural and remote areas, the LGBTQI+ community, children and young people, Aboriginal people, and people from culturally and linguistically diverse (CaLD) backgrounds.

In a recent consultation survey by WAAMH and CoMHWA, culturally-based initiatives and ways of working were key priorities identified to help improve mental health and well-being for people at higher risk of mental health issues, identified by 25.8% of respondents³. These included:

- facilitating greater cultural awareness in the community and cultural awareness training of mental health workers;
- culturally sensitive programs for Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds;
- culturally appropriate peer workers;
- culturally appropriate mental health resources, and accessible interpreters for people of all cultural backgrounds;
- culturally appropriate staffing;
- targeted mental health services; and,
- linking Aboriginal people with elders.

Community-based initiatives and other services tailored to support people at higher risk of mental health challenges. These included:

- community education;
- community outreach services;
- support groups;
- social opportunities;
- drop in centres and family centres in the community;
- life skills programs;
- drug cessation services;
- integrated family support services;
- peer led and delivered supports;
- place-based programs; and,
- case management services.

Codesign of programs and initiatives is also a key priority for community, as well as the need for community led initiatives, high-level representation of priority populations, and accessible consultation methods for diverse groups. Ensuring that services are accessible and affordable for people at increased risk is also a priority, with the physical location of services, the affordability of services, and the enabling of access to services through the Mental Health Plan and Medicare systems all identified as being of significance.

The impact of intersectionality for people at higher risk of mental health and AOD challenges must also be recognised; that is, the more marginalised the person is, or the more priority groups that a person identifies with, the greater the impact of discrimination and less likely they are to receive the right service/s. This must be taken into account in terms of co-designing, planning and delivering services, as well as addressing stigma and discrimination. The forensic population and those with a criminal record may also be faced with stigma and discrimination, which may affect their mental health and their access to services. While not addressed specifically in this submission, this cohort must also be a priority when considering ways in which the mental health of those at higher risk of mental health and AOD challenges can be improved.

“...when you are developing supports you need to truly co-design (not just consult) to ensure the service will work for the vulnerable group.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

People living in rural and remote areas

People in WA's small towns, regional and remote areas experience worse mental health and higher suicide rates but have far less access to services. In WAAMH's 2018 consultation of more than 220 consumers, family members and service providers across the state⁴, the top reported barrier to service access was a lack of community support, followed by a lack of prevention services. People identified the main factors impacting their mental health as AOD use, social isolation, stress, unemployment and stigma.

“We literally are travelling over four hours to seek help each week as we have to see a psych in Perth as there is no one in our area. It is very costly and impacts on our lives greatly. Please create services where there aren't any.”

- Rural family member, 2018

The WA MHAOD Plan showed that community support needs in regional, rural and remote WA needs to grow to 1.35 million hours by 2025. This means we need almost twice as much community support in country areas *as we currently have for the whole state*. While data is not publicly available to compare to the amount of services available in country areas now, stakeholders report much of the funding is provided in metropolitan areas, with some places having no state funded community supports at all. While better information and communications technology services are needed, technology is not a panacea – with many people preferring the chance to build a relationship with a skilled worker to support their recovery, via face-to-face, locally-based services.

Work is needed to support and improve the relevance of support options available in local communities and the sustainability of small, locally based providers that have strong local knowledge and relationships, and to help build capacity and jobs for local people. Levers

include procurement reform that prioritises genuine partnerships, and local knowledge, connections and experience, and capacity building to facilitate a level playing field for providers.

Young people

Providing services for young people is a key priority in WA, with community members calling for increased services, better access to services particularly in rural and remote areas and increases in prevention and early intervention services and initiatives. Community mental health services play a crucial role in preventing the long-term mental health issues and psychosocial disability that people can experience without appropriate, timely support. Prevention activities such as school mental health awareness programs, early intervention services that support people when their first mental health symptoms become apparent, and ongoing community support services for young people to learn to manage their mental health throughout the lifespan all play a role. Combined, these elements are the best way to reduce the pressures on our mental health system into the future.

In 2018, WAAMH undertook a major project to look at young peoples' experiences of the mental health system in WA. It found that young people can have contact with many services and service systems, service navigation is complex and difficult, and that young people place a high value on the relational capabilities of service staff. Young people showed resilience and a strong sense of personal agency, including taking action to get services to work together. Many recognise the need to persevere in connecting with support, and often keep going back to see someone else even after they have had a negative experience.

In the young persons' mental health space, stakeholders report a complex and fragmented system simply unable to respond to young people's needs. Pressing needs are community-based support for young people presenting in emergency and transitioning between hospital and community, and accommodation with linked community recovery support for young people with co-occurring issues or other complex support needs.

The WA MHAOD Plan identified that young people should be prioritised early when increasing community support. WAAMH supports the development of a new Youth Stream and recommends that this facilitate and procure the range of service types sought by young people, including early intervention, peer-based models and community support for different developmental stages within a broad youth category.

Aboriginal peoples

WAAMHs consultations in metropolitan areas indicate Aboriginal people predominantly try to access emergency or hospital-based services only once their mental health has escalated to crisis point or after a suicide attempt. They report little knowledge of community support options available and how to access them, or that many services are not culturally secure.

In other parts of the state, the availability of mental health services varies greatly. Despite remote areas having a very large population of Aboriginal peoples, and unacceptably high suicide rates, there are no or few state-funded community-based supports for Aboriginal peoples with mental ill-health, depending on the region. A WA Country PHN Needs

Assessment identified that there is not a targeted and differentiated approach for Aboriginal people with mental illness²¹.

Aboriginal people report they often need programs that respond to co-occurring mental health issues and AOD use, but that they often are met with many “wrong doors” and extensive waiting lists for the few services able to respond to these needs.

Feedback from Aboriginal people and the services that support them indicates that experiences of racism and discrimination continue to feature strongly in the experiences of Aboriginal people when trying to access both mental health and mainstream services. Examples provided by Aboriginal families include less responsiveness in crisis situations to Aboriginal young people compared to their non-Aboriginal counterparts, resulting in lower service access and a lack of appropriate support in times of crisis, despite the higher risk of suicide. Other families have informed WAAMH about discriminatory action by police and justice agencies, contributing to the over-representation of Aboriginal people in prisons and across the justice system, and the resultant impact of incarceration, often away from Country, on Aboriginal people’s connection to family, land and community all of which impacts negatively on mental health.

“There is a lack of cultural awareness in organisations and many employees in organisations are unable to work in a culturally appropriate way... There needs to be more money put towards building collaborative relationships with Aboriginal organisations, education employees on how to actually work with these communities and funding community led initiatives within WA.”

- Aboriginal Stakeholder, WAAMH Rural and Remote Consultation, 2018

Previous WAAMH consultation showed that lack of cultural security and appropriateness of services for Aboriginal and Torres Strait Islander people is a barrier to service and support access, as well as to delivering services. Aboriginal and Torres Strait Islander people living in rural and remote areas are significantly impacted by the lack of mental health services. Despite areas such as the Kimberley having a very large population of Aboriginal peoples, there are few specific targeted approaches for people with mental ill-health.

Aboriginal peoples have a broader understanding of mental health, incorporating concepts of well-being and connection to family, land and culture, that is only very rarely reflected in mainstream service delivery. There is a long-recognised and established need for culturally-based programs led by Aboriginal peoples and organisations, inclusive of the expertise of Elders, which WAAMH strongly endorses.

In its 2017 Workforce Development Report²², WAAMH identified the need to grow the Aboriginal mental health workforce in rural and remote areas. This includes the workforce in

²¹ Country WA Primary Health Network and Australian Government Department of Health. (Aug 2016). Country WA Primary Health Network Needs Assessment Reporting Template Summary. Retrieved from http://www.wapha.org.au/wp-content/uploads/2016/08/160812_Public-Facing-PHN-Needs-Assessment-Reporting-template_Country-PHN_final-web-v-1.1.pdf

²² Western Australian Association for Mental Health (WAAMH), 2017, Workforce Development in Community Mental Health Project Report. Retrieved from <https://waamh.org.au/assets/documents/sector-development/waamh-workforce-development-report.pdf>

agencies funded to provide services primarily to an Aboriginal population, including Aboriginal community-controlled health services.

In addition, having access to culturally appropriate services for Aboriginal and Torres Strait Islander people, having more Aboriginal and Torres Strait Islander staff, having access to cultural training and translators, and access to multicultural services are also identified as being needed to improve access to mental health services in regional areas.

Aboriginal-led, culturally secure and culturally appropriate community support options that complement clinical approaches need to urgently increase for Aboriginal peoples. Mechanisms to achieve this include procurement reform – we need a genuine commitment to prioritise Aboriginal led and delivered services and many staff and agencies will require guidance on how to achieve this.

The Aboriginal mental health workforce needs significant expansion, and some Aboriginal Medical Services need capacity building to develop or expand their suicide prevention, social and emotional wellbeing, mental health and co-occurring AOD use capability programs, as not all are active in this area. It is also necessary to improve the cultural safety of non-Aboriginal community support services through, for example, building on the learning of the Looking Forward Moving Forward program²³.

WAAMH calls for much greater investment in Aboriginal community-controlled health services to enable them to provide more mental health and social and emotional wellbeing services and programs in rural and remote areas. There is also a need to train, support and upskill staff in the community mental health sector to improve their cultural competence and capability to work with Aboriginal people.

“Government needs to be investing in strong communities. And what is the number one asset or strength of Aboriginal people? CULTURE.”

- Respondent, WAAMH Rural and Remote Consultation, 2018

Children and families

Another priority population that must be addressed is children and families. While data on funding and programs is not readily publicly available, few community supports target at children and families, or whole of family recovery and healing programs appear to exist in Western Australia.

Consultation by WAAMH in 2018⁴ identified that a lack of child and youth mental health services in rural and remote areas severely impedes access to support in these areas, and found that increasing access to child and adolescent youth services (including school-based services, community services and inpatient facilities) was in the top five areas identified for improving mental health service access in regional areas.

“As a parent it is disheartening to see when your child wants help and yet can’t access it in our area.”

- Respondent, WAAMH Rural and Remote Consultation, 2018

²³ More information on this project can be found here: <https://ndri.curtin.edu.au/research/project-detail/785>

The WA MHAOD Plan notes that dedicated community support services for children and young people are a high priority, as are supports for children who have parents with a mental health problem.

The WA MHAOD Plan states that ‘support for children who have parents with a mental health problems and/or alcohol and other drug problem is a key priority area’, but it identifies no specific actions.

These children are vulnerable and often voiceless, and it is essential that government acts to enhance their rights to a childhood and adolescence in which they are safe and supported to thrive, connected to family, community, education and the opportunities our society offers others. This is also a key area for prevention. It is very disappointing that the Two Year Plan Update makes little mention of children of parents with mental illness, nor identifies specific action or progress in responding to their needs.

We call for the urgent development of practical family-based support services that can step in to support children of parents with mental illness at times when their parent is unwell or hospitalised and has no family to take on the role of a parent. This type of service should stay with the children in their home to support them in their own environment, reduce their caring tasks and keep them connected to their family, friends, community and schools, and avoid dislocation from these important anchors in their lives. WAAMH suggests that more needs analysis is required in this area, including a strong component of children and family engagement.

“What my family needs is practical support in times when I am unwell, I need someone to get my kids to school because I am so drugged up with meds I can’t even get out of bed. I need help with everyday living, getting shopping, making meals, taking my kids to outside social clubs.”

- Community member, 2019

“Nothing has changed. Services give the kids respite but they go back into the same caring role after a weekend.”

- Community member, 2019

People with co-occurring mental health and AOD use

Although 63% of people who have an AOD issue also have some sort of mental health challenge, it is the experience of many people that treatment or support for the complexity of both issues is rarely holistically available. Both systems often require treatment or stabilisation of one issue prior to service access for the other, or in parallel. Despite long acknowledgment of this issue, complicated referral pathways remain a problem. The structural differences between the AOD treatment sector and the community mental health sector include differing service models, historical practices and funding silos, which make it challenging to fund or provide holistic services. In turn the fragmentation causes significant difficulties for consumer navigation and joined-up care.

Lack of access to AOD services, including rehabilitation services, and services that cater for

co-occurring mental health and AOD issues are a recurring theme in WAAMH's consultations with people and providers in rural and remote WA. In a 2018 consultation⁴ AOD problems were identified as the major issue that affects mental health, with 83% of respondents identifying this a problem in their community. In a report released by the Royal Flying Doctors Service in 2017 the need to address alcohol and drug issues in regional communities was also identified in the top three priorities for improving health in regional areas in Australia, signifying the importance of this area²⁴.

WAAMH welcomes emerging needs analysis and commissioning processes to provide integrated services and recommends this priority population receives additional and early focus when government increases community support programs.

Recommendations:

10. Invest in Aboriginal community-led, culturally secure mental health services across the spectrum of intervention, from primary and secondary prevention to tertiary care and ongoing community support.

11. Promote and encourage co-design processes in the creation of new mental health services and community services that support people from priority groups or at higher risk of mental health challenges (supported by funding and contract flexibility)

12. Investment in stigma prevention and processes to address discrimination as well as developing system navigation roles, including culturally appropriate peer support workers, to help individuals, families and carers traverse the differing layouts and cultures of physical health, mental health and allied systems, which include Housing, Criminal Justice, the NDIS and Child Protection.

13. Services and support options that are culturally safe and competent for people from diverse backgrounds including Aboriginal, LGBTQI and culturally and linguistically diverse communities must be considered a vital component of best practice, and should be available across the spectrum of intervention, from primary and secondary prevention to tertiary care and ongoing community support.

14. Co-designed, community-led, culturally appropriate services should be designed to be integrated and to provide consistent and linked-up care across the spectrum of need, and active efforts should be made to ensure that these services are easy to identify and access.

15. That services be supported to acquire, improve and maintain their capacity to deliver services for people with co-occurring mental health and AOD issues, and that such services are increased in WA and nationally.

16. We call for the urgent development and funding of practical family-based support services supports for children and families where a parent has a mental illness. This

²⁴ Bishop, L., Ransom, A., & Laverty, M. (2017). Health care access, mental health, and preventive health: Health priority survey findings for people in the bush. Royal Flying Doctor Service of Australia. Available at https://www.flyingdoctor.org.au/assets/documents/RN032_Healths_Needs_Survey_Result-no_crop_marks_P3.pdf

should include further needs analysis, with strong input and engagement from children and families.

WA-specific recommendations:

17. Develop a new Youth Mental Health Stream in WA and facilitate and procure the range of service types sought by young people, including early intervention, peer-based models and community support.

THEME 5: SUPPORTING INFORMAL CARERS/ FAMILY MEMBERS

What changes should be made to how informal carers are supported to carry out their role?



“Even support persons of people with physical disabilities, an area with less stigma, are not resourced enough. If carers were included in the assessment/intervention (with the consent of the individual concerned), so that it's not just a focus on the individual, but more on a system, their contribution could be assessed, and necessary services put in place. There would be a greater awareness of their needs. These could be practical and/or financial.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Informal carers/ family members play a significant role in the care of people with mental health challenges. In 2015 there were approximately 2.7 million unpaid carers in Australia, and the services they provided in 2015 had a replacement value of between \$60.3 billion per annum (with an estimated 1.9 billion hours of unpaid care in the same year). Despite the significant value of the work done by informal carers, the weekly median income of primary carers aged 15 - 64 is estimated to be 42% lower than that of non-carers, with over two thirds of primary carers being female²⁵.

WAAMH consultations³ have shown that increasing support services for informal carers/ family members is a key initiative needed in WA. In one survey of community members in 2019³, providing increases in the available supports for informal carers was identified as the most important issue to address to enable them to carry out their role, with 65.1% of respondents noting supports in their response.

A variety of supports in metropolitan and regional areas are specifically identified. Respite services are the most frequently cited supports needed, and other supports include:

- in-home supports for carers;
- supports for children²⁶;
- mental health supports for carers;
- counselling services for carers and children; and,
- family supports.

²⁵ Carers Australia. (2019). Statistics. Retrieved from <https://www.carersaustralia.com.au/about-carers/statistics/>

²⁶ See Recommendation 16 of this submission

Peer supports and ways of connecting and linking carers to each other were also identified as important. Supports that are free, and available out of hours and 24 hours a day were also indicated as important. Social opportunities, accessible information about supports, coping strategies and flexible work arrangements were identified by respondents as being needed to support informal carers.

“More support groups outside of work hours. As most informal carers have to work they can’t attend sessions that are usually during the day.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Actively involving carers in decision making and being listened to by service providers are also identified as vital for change. Despite inclusion in WA’s *Mental Health Act 2014* and a plethora of policies, frameworks, standards and principles which speak of the need for ‘person-centred’ and family-inclusive care, participants at a WAAMH consultation event in 2018 spoke of the reality of continuing to experience exclusion from decision-making and the overlooking of informal supports as critical partners in Recovery, which often resulted in people not receiving care as early as possible¹⁷. This in turn can lead to their accessing services at the acute, crisis stage and/or involvement with the criminal justice system. Processes for consulting with carers in the design of services and providing carers with more recognition for the work that they do are identified strongly as requiring change to enable and support carers to perform their roles.

We note that one of our member organisations, HelpingMinds, has been proactive in upskilling mental health services in how to better involve carers in their work, which leads to improved outcomes for all parties.

It is also necessary for the *Carers Recognition Act 2004* (the *Act*) to be appropriately implemented and adhered to, with better training for mental health professionals and police in relation to the *Act*. The requirement to deliver on ‘person-centred care’ cannot be met without equipping the workforce with specific knowledge and skills in deep listening and reflective practice, ensuring transparent and accountable decision-making and implementing a robust and effective complaints mechanism which informs a continuous quality improvement process.

“Implementation and adherence to the Carers Recognition Act by health professionals and service providers.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

“View informal carers as unique experts - when it comes to designing support.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Providing education for carers on supporting someone with mental health challenges is also identified by the community as being required to support informal carers in the mental health context. Workshops, education sessions and phone resources are all suggested as mediums for providing education, in addition to the use of tools and checklists. Many mental health carers are unaware of their rights and the services to which they have access.

“Support in knowing strategies on how to care for someone with mental health - this should be free. Hotline for queries and free education sessions - networking for best practise.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Financial supports and funding

While the Inquiry has asked for supports “other than financial supports” that are needed to support informal carers, the need for financial supports must be addressed. In a recent WAAMH consultation³, financial supports were identified by 15.9% of respondents as being required to support informal carers to undertake their roles. Increases in Centrelink payments, allowances for respite, and increased financial supports were all specifically identified. The need for increased funding to support carers, and increased funding for Autism carer support was also identified. In 2015, there were an estimated 240,000 mental health carers in Australia, with their replacement cost to be \$13.2 billion²⁷. Given the huge contribution that informal carers/ family members make to the Australian society, and the estimated financial value of this contribution, the Productivity Commission should seriously investigate the potential for improving financial supports for informal carers/ family members as part of its inquiry.

“Increase in payment provided to these carers, as well as increased respite, and support groups.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

“Allowances for respite for these carers need to be made available.”

- Respondent, WAAMH and CoMHWA Consultation Survey 2019

Recommendations:

18. That the Productivity Commission seriously investigate the potential for improving financial supports for informal carers as part of its inquiry, in addition to non-financial supports.

WA-specific recommendations:

19. All State Government agencies be obligated to comply with the *Carers Recognition Act*.

²⁷ Diminic et al. (2017). The economic value of informal mental health caring in Australia 2017. Retrieved from https://www.mindaustralia.org.au/sites/default/files/publications/The_economic_value_of_informal_mental_health_caring_in_Australia_summary_report.pdf

SUMMARY OF RECOMMENDATIONS

The following section provides a summary of the recommendations in this document. WAAMH requests that the Productivity Commission also takes into account the recommendations from the additional documents provided (see Appendix 1).

1. Increase investment in prevention and early intervention, including suicide prevention with a focus on accessibility and affordability for all; addressing the social determinants of health; and addressing the needs of priority groups.
2. Facilitate coordination between state and federal funding models and service planning, with alignment between state and territory mental health plans and the 5th National Mental Health Plan and Primary Health Network activities.
3. Invest in Aboriginal community-led prevention and early intervention responses that support self-determination and cultural reclamation.

WA-specific recommendation:

4. That the Western Australia government increase investment in mental health prevention and early intervention, with 5% of the State's overall investment in mental health to be in prevention by 2020, as per the targets in the MHAOD Plan.
5. Increase investment in community support services in WA and nationally.
6. Facilitate research of best practice community support models in Australia through funding and coordination at both a state and federal level.
7. Australian Government extend funding of federal mental health programs for two years until 30 June 2021 and make public by 30 June 2020 how it intends to deliver longer-term arrangements for existing program clients not eligible for the NDIS.
8. That the Productivity Commission take a stronger social determinants approach in its Inquiry.
9. That models for increased cross-sector collaboration and a coordinated approach to mental health across government departments be investigated, at both State and Territory and Federal levels. This must include enhanced collaboration with primary care to address the increased physical comorbidities experienced by people with mental ill-health.
10. Invest in Aboriginal community-led, culturally secure mental health services across the spectrum of intervention, from primary and secondary prevention to tertiary care and ongoing community support.
11. Promote and encourage co-design processes in the creation of new mental health services and community services that support people from priority groups or at higher risk of mental health challenges (supported by funding and contract flexibility).

12. Investment in stigma prevention and processes to address discrimination as well as developing system navigation roles, including culturally appropriate peer support workers, to help individuals, families and carers traverse the differing layouts and cultures of physical health, mental health and allied systems, which include Housing, the NDIS, Criminal Justice and Child Protection.

13. Services and support options that are culturally safe and competent for people from diverse backgrounds including Aboriginal, LGBTQI and culturally and linguistically diverse communities must be considered a vital component of best practice, and should be available across the spectrum of intervention, from primary and secondary prevention to tertiary care and ongoing community support.

14. Co-designed, community-led, culturally appropriate services should be designed to be integrated and to provide consistent and linked-up care across the spectrum of need, and active efforts should be made to ensure that these services are easy to identify and access.

15. That services be supported to acquire, improve and maintain their capacity to deliver services for people with co-occurring mental health and AOD issues, and that such services are increased in WA and nationally.

16. We call for the urgent development and funding of practical family-based support services supports for children and families where a parent has a mental illness. This should include further needs analysis, with strong input and engagement from children and families.

WA-specific recommendation:

17. Develop a new Youth Mental Health Stream in WA and facilitate and procure the range of service types sought by young people, including early intervention, peer-based models and community support.

18. That the Productivity Commission seriously investigate the potential for improving financial supports for informal carers as part of its inquiry, in addition to non-financial supports.

WA-specific recommendation:

19. All State Government agencies be obligated to comply with the *Carers Recognition Act*.

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APPENDIX 1. ADDITIONAL RESOURCES

Additional resources, including relevant WAAMH submissions and other useful documents, are listed here. WAAMH requests that the Productivity Commission refer to these in their inquiry process. Links to online versions have been provided where possible.

- **Balance the Basics: WAAMH Pre-budget Submission 2019 (link)**
- **Many Voices, Big Impact: Mental Health Lived Experience Submission on the Sustainable Health Review Interim Report (link)**
- **Mental Health Australia and KPMG. (2018). Investing to Save: The economic benefits for Australia of Investing in Mental Health. (link)**
- **Rosenberg, S & Hickey, I. (2019). The runaway giant: ten years of the Better Access program. The Lancet, Psychiatry, doi: 10.5694/mja2.50068**
- **WAAMH Submission to the Draft Mental Health and Alcohol and Other Drug Accommodation and Support Strategy 2018–2025 Consultation (link)**
- **WAAMH Submission: Accessibility and Quality of Mental Health Services in Rural and Remote Australia Senate Inquiry (link)**
- **Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission. (link)**
- **WAAMH Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 Two Year Plan Update Submission (link)**
- **WAAMH. (2017). Workforce Development in Community Mental Health Project Report. (link)**