
Productivity Commission Inquiry into Mental Health

This document includes comments received after the Inquiry draft report was released, up until 27 March 2020, for which the submitter gave their approval for use of their comment by the Commission. Comment numbers follow on from those comments received prior to the draft report, which are available separately on the Inquiry website.

Some comments have been edited to remove information which the Commission considered could enable identification of the submitter or a non-public third party individual.

Comments from other interested persons

40.	<p>[early childhood teacher]</p> <p>I have only just heard about this on the ABC news this morning. I work with young children aged from 2 to 5 years. I have an Early Childhood teacher university degree level and have been working with children of this age since 1996. I ask that you seriously consider involving the Early childhood sector in your research as we see the signs of mental health issues long before the parents and primary school teachers do however it is often a very difficult process to get parents to listen and accept our concerns and then follow up. Even with families who are ready to accept their child needs intervention they are then faced with long waiting periods for various public services and often can not afford to pay privately. As an Early Childhood professional I am in the position to pinpoint which children are going to experience moderate to severe difficulties with school transition because it shows up in their behaviour, language, and social skills in the early years. Yet our governments continue to underfund our sector and other Early intervention services which families with very young children can access. We are not just caring for the children whilst mum and dad are at work we are caring and educating whole families.</p>
41.	<p>[advocating for son who committed suicide]</p> <p>My son was 16 in the juvenile court system. My request to judge was denied to have my son to seek counselling. My son took his own life the day after speaking to his probation officer for 2 hours. My son told probation officer he would kill himself. I was out of town during this time. I'm not only seeking justice for neglect by the court system but I'm wanting education to be required to the court system.</p>
42.	<p>[Citizen]</p>

	<p>Government; if you want to save money on fixing mental health problems in the community, here's a radical suggestion; DON'T CAUSE THEM IN THE FIRST PLACE. Here's a brief, adhoc foray into some possible areas with room for improvement: We live in a social climate verging on fascism now. We're spending millions on heavily protected/armed police with menacing bearing who cause silent fear among even the law-abiding in public transport. It would probably be cheaper to reemploy station staff and reopen all the conveniences, and greatly reduce that sure sign of a police state, overbearing police presence. Make housing accessible/affordable for renters. I meet ordinary women in their 50s and 60s who have been reduced to homelessness. It's a national disgrace. You've maintained measures Howard instituted to strip workers' rights and recourse: rights that were won with actual physical blood in the earlier days of this country's history. People are feeling compelled to work too many hours yet still are working poor. The better-to-do are time-poor, and community and culture are suffering. Community is all we have, daily. If social supports, belonging and connection are not there, people get sick. This increasingly draconian inequitable, profit-driven (rather than community driven) society is destroying community by putting people under too much pressure to engage with, participate in and contribute to, their local communities. People are soul-sick, for want of a better term. That's because social inequity is rising and nothing is being done. We're seeing monopolies kill local traders, corruption take over government. We're seeing millions of fish suffer to death in our rivers depleted by greed and corruption. We're horrified and in grief. And the services that are needed to cope with the fallout aren't there; years- long waiting lists for housing, for mental health services, while ignorant politicians consider subjecting the unemployed to humiliation and intimidation. History will look back in horror at the way, in every domain, we failed to keep conditions from being pushed to and past bearability. A radical suggestion, government; try thinking about what you need -beyond money and status and power- to flourish. That's what people generally need in order to flourish. How can you make your job about those requirements for well-being? Now, name the values that government needs to establish as FUNDAMENTAL to its every function. It is hoped you emerge with adjectives like compassion, kindness, warmth, equity, fairness, transparency, civility and will commence to remove from our culture greed, intimidation. Yes, we CAN embody warmth in government. Yes, this is civic education 101. Clearly, you need a refresher course, and another every year and every time there's slippage. These values have to underpin its operation. If not, then the many failures of government, because of the deficiencies in its culture, are in fact the problem.</p>
43.	<p>[other unspecified]</p> <p>Actually, education. Unless we teach each other decency, we'll get the government the ignorant and short-sighted elect, and they will fail to address the issues that put everybody under too much pressure and the vulnerable off the deep end.</p>

44.	<p>[Mental health sufferer]</p> <p>What's wrong with this country? Wafflewords rather than plain English</p>
45.	<p>[Other unspecified]</p> <p>Sick and tired of all services. They're abusive and dangerous to people and in the shadows-no scrutiny-invisible voiceless and unaccountable staff. All services and the staff are abusive or blind to it and are dangerous! Patients already usually all have TRAUMA compounded by being locked away out of sight and hearing by abusive people in unaccountable services, especially those who are socially isolated!!</p>
46.	<p>[member of community]</p> <p>Hello, can you please provide the statistics / breakdown for the suicide rates between men and women. Men and Women face different issues and understanding what the spit is a good way to identify to what preventative steps can be taken.</p>
47.	<p>[retired]</p> <p>I commend the commission for its work and recommendations into Mental Health Care. The ACMHN submission to the Productivity Commission into Mental Health called for a more comprehensive and insightful response to workforce issues in Mental Health. I acknowledge the work done by the Productivity Commission and now call on Governments (both State and Federal) recognise the merits of the recommendations below and implement the same. I quote recommendation 11.3 from the draft report; DRAFT RECOMMENDATION 11.3 – MORE SPECIALIST MENTAL HEALTH NURSES In the short term (in the next 2 years) • Accreditation standards should be developed for a three-year direct-entry (undergraduate) degree in mental health nursing, similar to the option already available to midwives. The new standards should be developed by the Australian Nursing and Midwifery Accreditation Council in consultation with stakeholders, including the Australian College of Mental Health Nurses and the Nursing and Midwifery Board of Australia. Nurses who complete the three-year direct-entry degree would be registered as having an undergraduate qualification in mental health and (if the above recommendation results in a specialist registration system for nurses with advanced training in mental health) be distinguished from registered nurses with a post graduate degree in mental health. In the medium term (over 2 – 5 years) • The merits of introducing a specialist registration system for nurses with advanced qualifications in mental health should be assessed. The assessment should be independent and be commissioned by the Australian, State and Territory Governments through the COAG Health Council. If specialist registration is found to have merit, the COAG Health Council should direct the Nursing and Midwifery Board of Australia to provide it with a formal proposal to amend the registration arrangements for nursing to recognise nurses who have</p>

	<p>specialist qualifications in mental health. These recommendations alone address more than a decade of neglect of the issues that have faced the Mental Health workforce.</p>
48.	<p>[Sole parent]</p> <p>I didn't read your report about the mental health costs, but I like to remind you of the 'not my debt' site. It speaks for itself and the children having to suffer their parents anguish. May be future research can expose the stake holders deliberating self-interest in unethical processes for their financial gain. Regards</p>
49.	<p>[other unspecified]</p> <p>Is this report a prank ? This same government grants ridiculous sums of money to crackpot organisations in order that they can teach our young children how to protest and how they should be in fear of their very existence because of unsubstantiated paranoia over climate emergencies. We also have childcare centres actively manipulating the children in its care, to protest for the ideology of the staff to advocate for aboriginal flags to be flown and this tax wasting commission considers another billion dollars could save the children !! Fix the bloody system from the adults at the top first you idiot bureaucrats...</p>
50.	<p>[author]</p> <p>Please include focus on emerging priority population of adults raised as family scapegoat children, or Identified Patient or the symptom bearer in a covertly toxic passive aggressive parenting/family system? This emerging population is requiring specific solutions.</p>
51.	<p>[other unspecified]</p> <p>The restriction from a workplace using injury shoved into mental health stealing annual leave sick leave from psychosocial treacherous behaviours towards the worker with political collusions delivering mental health towards the acknowledgement from criminal syndicate collusion in a hospital directing harm without fundamental human rights without duty of care.</p>
52.	<p>[everyday person]</p> <p>For the majority of people their first call-out for help is their GP. However the majority of GP's do not have the training or knowledge to recognise or react to such issues. They are only looking for 10 minutes consultations that they can write a script for.</p>
53.	<p>[a concerned citizen]</p> <p>The rising suicide rate is caused by prescribed psychotropic drugs. The black box warnings say so very clearly.</p>

54.	<p>[Investor]</p> <p>I am born in 1952 . I went to school in an average middle class area of melbourne. When I was growing up there was no such thing as mental illness and everyone was doing ok and not "suffering" . There is no proof that psychiatric drugs help and looking at the statistics of increasing mental sickness it would appear that maybe these drugs are not producing the desired results. I currently live near a housing estate and have done so for 35 years. I am all for helping people when they need help, it is a Human Right, but to give ongoing help for no or little exchange is not really helping but works to the detriment of people. To help someone pick themselves up and be able to produce again is the greatest gift one can do to help someone.</p>
55.	<p>[Employer or manager]</p> <p>I am an employer who is in a situation whereby I have to allow staff who maybe on Psychiatric drugs to work but I send staff home who are intoxicated. Psychiatric drugs are more dangerous than any other drugs out there. We are Automotive Repairer in the Western Suburbs Melbourne, and it is of up most importance that our staff are ALERT and AWARE of what they are doing and what is going on around them at all times in order to eliminate any accidents occurring. After my own investigation into Psychiatric I have SEEN BLACK BOX WARNING on Psychiatric Drugs that they cause Suicides and Deaths. If someone murdered another they go to prison but the Psychiatrist can prescribe these deadly drugs , cause death and are pardoned for their part in killing a person. This is a GROSS INJUSTICE of the care that the medical profession is displaying - their job is to save lives not take lives! I am yet to find any evidence to verify how these "ILLNESSES" are diagnosed. Is it a blood test, CT scan, Xray MRI. What is it that PHYSICALLY SHOWS that one has a "Mental Illness" chemical imbalance and which chemical is not in balance? To me as an employer, mother, wife, daughter and community worker/volunteer who has surrounded herself with diverse people and experiences, all I see is HEARTACHE, TEARS, EXTREME SORROW AND LOSS OF LOVE ONES INCLUDING INNOCENT CHILDREN and LIES at the cost of hard working taxpayers. What right does this industry have to scan new born - the innocent ones who are not big enough to speak nor even eat for them selves. Attacking the vulnerable. We call these people COWARDS!! Whoever is advising the Commissioners has a very BIG VESTED INTERESTED INTO \$\$\$\$\$ and they SHOULD AND MUST BE INVESTIGATED AND PROSECUTED. ALL DRUGS ARE A POISON and to some degree cause a side affect. A FULL MEDICAL EXAMINATION will determine any true body malfunctions first as oppose to a first visit prescription of Psychiatric Drugs - out you go and who is next by the Doctor. I think it is coming from the Drug companies for ultimately they are the ones to benefit. Money talks .A Royal Commission is to help the people NOT to destroy the future generation. This is a violation of our Human Rights far greater than the law of our land.</p>

56.	<p>[Author]</p> <p>I have known a child psychiatrist since 1972. She was also the founder of a Hindu guru cult called Divine Light Mission. Her father was a Professor, labor party sympathizer who was very much against what she did. I have studied her activity right through to 2018. Psychiatry "works" like "magic spells" in Harry Potter as published by Bloomsbury Press; this firm was created to reference Bloomsbury Street Hyde Park to further the "typical British ideology" where it focuses on Royalty. However, it is plagiarized, and based upon my research into local links to the 1963 Kennedy killing. The British are one of the most highly psychiatrically dependent race on the planet. For many years a British man named Byron Rigby has lived in Victoria as a psychiatrist; whereas he was famous as a Member of the World Government of the Age of Enlightenment based in Switzerland. Created by Hindu Maharishi Mahesh Yogi. Dr Rigby was the Minister for Immortality. His rise comes about due to local school book publisher from 50s/60s named Rigby worth \$600 million then. As with all psychiatrists, Dr Rigby simply took over everything "real" I knew about linked to the 1963 Kennedy killing, and replaced it with deification of himself. Why he never tells anyone about The World Government position he held is obvious. Most folks would think he is insane, a meglomaniac! My paper that mentioned Rigby school book publisher was completed when Dr Rigby made his presence known here in Australia. I showed how Oswald Street "became" Lee Oswald supposedly the soldier who killed The President. It is also what Beatles song Elinor Rigby was about, as school friend named Elinor's father was researching LSD in California and upon his return was thrown off a cliff to his death. ie murdered. Beatles song Elinor Rigby refers. But the question then is: Why? why would they allow such a low down despicable thing to happen? Answer? They are British and you know that generally speaking the British are the scum of the earth. Plus their Royal family has been shown to be without morality. Personally I believe in Professor Marx's theories regards how society should be set up to function. And in Australia we are about as far from such an ideal as is humanly possible, mainly because of being a British Imperial possession.</p>
57.	<p>[Retired psychologist]</p> <p>Observing clients over many years and age ranges practise rational exercise and diet supplemented by a natural antioxidant indicates enhanced energy levels, reduced depression in the absence of suicidal or homicidal behaviour. Reduced arthritic symptoms were also reported</p>
58.	<p>[Retired child protection caseworker]</p> <p>I currently volunteer at two primary schools. I see several children with significant behavioural problems, that interfere with their learning and development and that of their classmates. I believe most behavioural issues erupt because of 1. Parents inability to parent appropriately, 2. Parents inability to acknowledge problem</p>

	<p>behaviours in their children and dont take the advice of teachers, to seek professional help. Also I see children in stage 3 primary school who are too immature. 3. I believe that children beginning school too early struggle to cope because they arent developmentally ready, given that kindergarten is currently too academic with little or no focus on basic skills, ie social, music and play. I dont believe that the majority of children should begin their schooling until they're at least 5 years of age. I also believe that the current curriculum is overcrowded and laced with academic language that is unnecessary and difficult and often impossible for young children to understand. This leads to frustration and is a barrier to learning, adding to the list of behavioural problems. Alter the school starting age and revamp the curriculum so that children and teachers have more time to spend on learning basics Place more pressure on parents to acknowledge their child's behavioural and learning difficulties and seek professional advice and treatment. This may include parenting courses.</p>
59.	<p>[employer or manager]</p> <p>I was disappointed that the research into rates of suicide in young people did not reference the disproportionately high rate of the LGBTQI community, which is double the rate of the Indigenous community but receives relatively very low levels of funding, awareness raising, or investment in early intervention or prevention programs impacting on a more significant population. It is time to well and truly bring the issue out of the closet, and the Productivity Commission Report would be a credible, high profile platform to do this.</p>
60.	<p>[other unspecified]</p> <p>There is a gap in the system where service providers make things worse for people suffering with Mental Health issues, as a result of this many people do not wish to engage after appalling experiences from general service providers and support workers. There is a huge lack of knowledge in Trauma which is the foundation of majority of mental health issues and this is bypassed. It is not uncommon for vulnerable people with Mental health issues to be discriminated against and worse to be reported against with lack of understanding ruining lives and some commit suicide as result of triggering trauma. It takes courage to ask for help, it often the last resort. There is lack of insight, education and structure including communication between service providers. It is inadequate. It is frustrating and debilitating dealing with people who are not trained and there is not enough recourses. Everyone seems to be handballing off to NDSI. The constant let downs and at times accusations that service providers make is discriminatory and not helpful. People with mental health issues are often dismissed and handballed off to other providers who then does the same and no-one really knows what they do. Excuses are often made that there is no funding and it is an exhausting process which impacts mental health. Dealing with service providers is anxiety evoking and not uncommon for outbursts of frustration. The service providers can make malicious reports with accusations. For example, reporting to Child Protection</p>

	<p>questioning your mental capacity in looking after your children. How is this helpful to a person who suffers with anxiety and depression from years of abuse and let downs?? Anyone who deals with the system will be incapacitated and feeling suicidal with how they are treated. Then there is Child Protection.... Comments like this one...."Although we can't be responsible for how others react to us. We can always choose how we respond", this is dismissive, yet this person has the authority over you and destroy your mental health further and your family and your life. Being trauma-informed does not mean that all existing and long standing theories of human behaviour is correct. Fight, flight and freeze behaviours are unconsciously reflexive. We need to stop perpetuating the myth that we are always in conscious control of our actions. It hurts and shames children and adults. This is what the system is doing to us, they are making making things worse and have contributed to many suicides and got away with it by scapegoating. More education is required and accountability from service providers</p>
61.	<p>[retired mental health worker]</p> <p>I did not see anything in this report regarding the role of poor physical health as a cause of mental health issues and therefore nothing on the role of such things as orthomolecular medicine, improving the gut microbiome and removal of toxic heavy metals in the cure. Many mental health issues are caused by heavy metal toxicity and mineral deficiencies as well as poor gut health. I would like to see more research into this. Research has been done and books written and I wonder why this information does not filter down into the conventional system? It is well documented that there is a higher incidence of schizophrenia in people with Coeliac disease and gluten sensitivity so why don't all people with schizophrenia get tested for instance?</p>
62.	<p>[just a newly retired builder]</p> <p>I have read your draft and I believe our Government cannot afford to implement your recommendations without major budget reworking. This Government does not give enough priority to mental health to do this, so it seems a waste of time . Sorry about my opinion .</p>
63.	<p>[father, grandfather, employer]</p> <p>From what I have experienced in life to date the majority of issues for all people who experience some form of mental disturbance, have been mentally, physically or sexually abused at some point, usually by someone close to them family or neighbours or some one who they have formed some trust in. Of every suicide or senseless taking of lives that I have looked at in the majority of cases the perpetrators of either the crime or the taking of their own lives, they have been taking prescription drugs, and yet this is never looked at as a fact or questioned because the public is educated that these drugs are ok. Whilst travelling across the USA a few years back we were alarmed at the billboards every where promoting the very same drugs being taken by the people who have committed murders all</p>

	<p>across America, and this has happened in Australia and can only become more prevalent, whilst we have companies and people who are driven by money and sales and it now seems a push for new customers. Are we serious in believing that children should be scanned in an effort to prevent future mental health? This only happens because of abuse and the dispensing of drugs!!! What scientific evidence has been produced to show that ADHD actually exists? Nil that I am aware of. Why would children of this age even be considered at risk in mental health? Why would/have medical and government agencies even considered this type of approach? Could it be that the major pharma are seeking to enlist a new customer base and they are starting with your children before they have even experienced or gathered their real personalities in life. We would not consider looking to profile a person usually until they have learned from family , friends, teachers, mentors and peers and have had time to develop real traits as people. This would seem to be a nonsense and a total waste of taxpayers funds to keep some in jobs and to build data bases for the suppliers of dangerous prescription drugs. Another question would also be WHY is Perth for example the largest dispensing city of ADHD drugs in the world? Do we have more mental health issues than elsewhere? I do not think so! Why also is this being pushed through legislation when the country is burning and many will not be aware of what has happened?</p>
64.	<p>[concerned person]</p> <p>It seems to me that before legislation gives mental health carers, which now exclusively includes only psychologists and psychiatrists, power and authority over individuals, it should be determined that these so called mental health professionals actually know what they are doing by demanding that they produce evidence of actual cures not "treatments" that only serve to line the pockets of practitioners at the expense of the sanity of their patients.</p>
65.	<p>[ex mental health service provider]</p> <p>I'm in my 60s & was forced to stop working due to MH Issues & an injury leading to Chronic Pain. I made a claim for income support via my Super account, which was denied on the grounds I was casual. Despite my being told I was insured. Despite having worked regular, substantial hours. They quickly refunded the insurance they'd taken. Next I spent months completing a DSP application. One of the problems I was left with after the trauma of Workcover is having almost a mental block with official forms. Denied. Told to go onto Newstart, which I could not cope with. Instead I have been left to use any resources I had to survive, the money that would've given me a little cushion in old age. Why haven't I reapplied? Trauma. I barely leave the house. I've been through assessments by 'paid for view' psychiatrists in the WorkCover system. I was even forced to be assessed by a psychiatrist I had previously worked with. He had made it known he disliked me intensely for questioning his overmedication of an elderly patient. Fair, unbiased assessment? No. It was traumatic & an insult. I can't go through it again. I also know I can't cope with Newstart requirements. If I could cope with Mutual</p>

	<p>Obligation, I could work. As well, I live in Rural SA, with one bus to Adelaide per week, \$100 return fare & no bus to any regional Centrelink Office. I don't know how fully-able rural people find all the jobs they have to apply for to continue Newstart Payments, let alone attend interviews with employers in an area with no vacancies & no Public Transport. Not to mention repeated, unnecessary face to face interviews with Job Service Providers. While govt policy centres around denying benefits, they've also failed to encourage increased diversity in jobs, ways we can work & contribute. For instance, I could work from home, while accomodating my MH & physical issues. No such opportunity exists. Instead, I'm left on the scrapheap, not caring if I wake up dead & worse, often wishing it. What would help me to participate & contribute? An Income. Having my DSP Application, including a Specialist Report accepted. Systems put in place to assist ppl who aren't able to leave the house without being set back by panic & anxiety, to access Centrelink Benefits. Encourage more diverse work options, for those who aren't suited to the conventional workplace or just can't get there. Adequate, affordable Public Transport in Rural Areas. Give people like me purpose, hope & a chance to participate within our capabilities. Thank-you.</p>
66.	<p>[concerned citizen]</p> <p>I am concerned that the amount of funding and resources poured into mental health has only resulted in an increase in suicides and mental health issues. It is no surprise that mental health funding is at its highest level ever and suicides & mental health problems are also at their highest level ever. Addressing mental health needs to move away from psychiatry and psychology into a more holistic approach. It is clear psychotropic drugs don't solve peoples problems - while they might numb the person so they have no emotions or can't feel anything (and so their depression is 'fixed' this is not the solution to depression and other mental health issues. My concern with this inquiry is that it will justify further funding being given to mental health 'experts' who can't even give a cure rate for patients treated. No other area of health gets away with this. Unless funding is moved away from the claimed 'experts' who, based on conclusive evidence, cannot reduce the mental health and suicide rate despite billions of dollars then things will only get worse in this field. This inquiry plays into the hands of psychiatrists, psychologist and the pharmaceutical companies.</p>
67.	<p>[retired teacher]</p> <p>I hope people are looking @research on the role of diet+gut health in mental well being as well as the role of feelings of belonging/community</p>
68.	<p>[employer or manager]</p> <p>Firstly I would like to commend the authors of these two volumes for the significant depth of review and considerations made in relation to contemporary Australian mental health now and into the future. I would like to express my support for a direct entry undergraduate nursing degree in Mental Health as a</p>

	<p>response to improving the community focus for care for mental health illness and recovery away from hospital based care (unless absolutely required). However, I believe this would be a strategy of last resort and more preferable would be a formal post grad certificate to provide expertise for nurses beyond their generic undergrad degree. As noted by you, appropriately educated and contemporary clinicians for MH consumers is the cornerstone of timely, patient focused care. Currently there is a significant shortage of expert MH nurses across Queensland and we are having to import educated/experienced MH nurses from other jurisdictions. I support alternative entry points (vs Emergency Dept presentations) since ED is where physical health conditions dominate as the greatest volume of presentations and in my experience this can translate into less understanding and attention (in my view) by ED clinicians for these individual Mental Health consumers. I believe ED triage would benefit from dual educated general/MH nurses to stream medical clearance for MH consumers more rapidly. I would also like to lend my support to the suggested recommendation for rebuild of the system for MH with transfer of funds by the Australian Government to RCA's. Philosophically I have a problem with IHPA and activity based funding models but block funding for MH is not working thus a shift in any direction would surely enhance the current situation for MH consumers and their recovery</p>
69.	<p>[mother of 3 children and citizen]</p> <p>I have serious concerns for the well-being and welfare of young children and young adults. It appears a lot of taxpayers money gets directed to mental health, with little or no improvements. Mental illness is not getting diagnosed as in medical tests like for high blood pressure. It's done with a manual of mental illnesses or disorders which gets bigger every year. There are no existing tests to diagnose and too often anti depressants are being described with serious side effects like rage, attempts to commit suicide, worsening depression etc. We need to step away from looking at psychotropic drugs as the solver of mental illness, we need real solutions. The checking of young children for development and emotional issues would only make sense if we had real solutions. Unfortunately our mental health system hasn't been able to bring real results or cures. Our society seems to get worse and we need to stop drugging our children as a priority.</p>
70.	<p>[retired teacher]</p> <p>As a retired teacher of over twenty years experience with children of all ages, I'm very concerned about the idea of diagnosing young children and labelling them with some form of Mental Health Problem. I was shown something which said that babies may be labelled as having future mental health issues because they cry or throw tantrums or become fearful when separated from their parents. This is Normal Behaviour and shows good emotional response to something a young child is often doing to establish his own very existence and not being able to speak and use words to express what emotion he is feeling his normal Healthy Reaction to something he feels is Disturbing to his SENSE OF SECURITY then the child will</p>

	<p>express this in the only way he knows how.... babies cannot form emotionally mature sentences..... even many adults cannot, so why expect babies and toddlers and even young teens to be able to? Added to this of course is the very firm fact that If young babies or children of any age are Labelled { as some form of "mental illness"} this label they take on as their very personality and their own identity which is extremely cruel and false. its false because when someone {child or otherwise} is upset because of fear or because of the lack of respect given to them by others or because of the lack of understanding of them or even lack of just plain patience and kindness for them, then of course without any ability to understand themselves surrounded by those who themselves , their emotional well being is going to be the problem. I have always seen and observed this over the many years of my educating youth and others. Finally may I say that trying to "solve" human emotions by "labelling" people and children and then make them think that they need medication to survive and be worthy to share our space is cruel and not helping their insecurities . Then the added burden of a young child of having to take a medication drug as a sentence is cruel and I have seen the effects it has on the young mind. Please, I ask that you do not start to diagnose young babies or children. All that is needed for them to grow into responsible confident bright adults who can contribute to society and think for themselves is to provide in their youth the following: emotional security, regular hours, warmth, physical sense of security, good food, and good education, these things need to be provided widely to Every Human being. Please don't start labelling babies and toddlers for something they have no say about. Medication will only impede their development . Basically Mental Health has in my understanding NO association with Emotions</p>
71.	<p>[pharmacist]</p> <p>I am a pharmacist with 20 plus years of experience in retail pharmacy. i have known over the years a multitude of customers / patients as most pharmacists have, with depressive states. I have has in depth conversations with many. Not as many as I would like. In that time, one thing that keeps coming back to me is, have these people been given access to adequate counselling with professionals in this field, and if so for how long. Having had personal experience with my wife being diagnosed with post natal depression 9 years ago. My wife had to pursue counselling opportunities, that I could see were of great benefit to a person in this state. I feel from asking many of my customers over the years that adequate access to counselling is not readily available. I know that there is limited access to counselling via medicare. I feel however that the need for regular access to this service is not available for the time that is needed. The benefits of which may delay the need for pharmaceutical intervention or even render it unnecessary in some circumstances. I under stand that counselling alone is not going to meet the needs of all persons in a depressed state. I feel however that antidepressants are too readily prescribed or initiated when a non pharmacological course of treatment may be of benefit first. I do also understand that thee will be patients who just want a tablet to make things better. Increasing understanding in these patients of the</p>

	<p>possible outcomes of using anti-depressants and that it is not a sure fix, is of great importance. Talking about issues with a professional , to gain coping mechanisms, confidence etc if possible should always be the first priority in my opinion.</p>
72.	<p>[interested person]</p> <p>Re: The Social & Economic Benefits of Improving Mental Health – Productivity Commiccion Issues Paper Dear Committee Members, I would like to make a comment to the above-named paper & enquiry of January 2019. Some quick comments which have led me to my views here: Adults were children once. Children: thrive on love. (At birth, a baby will do better with their mother than being isolated.) (Hugs not drugs!) have goals: Two of these are to a) grow & do well & b) Return love to those who have loved & helped them. tend to do better when they have true mentors. really begin to thrive when they are excited about doing something & are able to do it.(Winning in life by their own estimation.) Good mentors help this along. When a child cannot do something or achieve something, they become dejected.(Losing.) When a child makes a wrong choice they can become upset. If they are helped properly they can learn a valuable lesson.(Turning a loss into a win.)....& a good mentor will help to accomplish this outcome. At this point this same child will now be happily looking toward the future....maybe trying out their new found winning choice-making.(Loss to Win.) There are lots of variables in life which sometimes don't work as expected ,& which can yield outcomes which disappoint. (This can be experienced as a loss, a learning experience or by applying something learned earlier or newly imagined/learnt the outcome can be turned into a win.) As with any skill, If the fundamentals are well taught & learned well-especially at an early age- the skills of life can become imbued into the culture as a very acceptable norm , thus reducing stress, confusion & therefore ostracism & social isolation . Note : this skillset if taught well will produce a Win. We can extrapolate from this that any potentially isolating or distressing situation or problem in life can therefore be deconstructed into its individual parts & skillsets developed to be lessen stress & uncertainty = CONFIDENCE ABOUT LIFE & ITS PROBLEMS. (Win) ----- ----- ANYTHING CAN BE TURNED INTO A WIN IF SOMEONE IS SHOWN HOW TO & THEY ARE NOT TOO FIXED IN THEIR WAYS. Winning people want to contribute! I suggest we incorporate a program into the educational system which achieves the above. In Australia we actually have programs that fit with the above (including satisfying the terms of reference of this enquiry in a very positive way...). One group which represents the qualities herein described is SCOUTING AUSTRALIA! What a brilliant group. It could potentially help create a whole new future for Australia. If this group & other groups which had The Winning Child as part of their demonstrated long term goals were made close allies of our education system it would go a long long way toward improving the future of our nation.</p>
73.	<p>[Employer or manager]</p>

	<p>I would like to see children being assessed for social and emotional issues at a young age so that we can deal with these issue and give children the best start to their learning. Helping parents and educators to talk about these problems and work together for the benefit of the children. Offering this service within the childcare centre.</p>
74.	<p>[advocate]</p> <p>Two referrals made by a Dr that calls me sweetheart every sentence instead of my name (she obviously didn't get the memo on dignity and respect) BOTH referrals needed to be bulk billing services BUT reality both private billing (cost and efficiency issues for vulnerable persons) Then the trauma of the systems begins as I try to get the services I am deemed entitled to. Rang other service providers and even Qld Mental Health Commission to find a directory or list of bulk billing mental health specialists Commission Staff practice dysfunctional practices abusive and hang up twice Finally when they listen they show concern because they now believe I have a valid systems issue that they personally have tried to block me from having the commission answer OOPS they only care when they think their job or reputation is under threat</p>
75.	<p>[citizen]</p> <p>Briefly my parents came from Lithuania during WW2. During 1958 to 1963 my mother was in Parramatta Psychiatric hospital. I was born in 1953. My weekend excursion was visiting my mother on a Sunday where she was allowed out of a locked ward for I hour visiting. Her complexion was very red and she had stubble on her face and was constantly gibbering and crying which wasn't her manner before. My sister was epileptic in school years. My father was aggressive to both my mother sister and myself. The belting he dished out wre of upsetting and stressful. On occasions when my sister would go into a epileptic fit my would get stuck into strapping my sister using a power cord or leather strap. My sister died in a coma in. 1989. In Rydalmere Psychiatric Hospital being on psychiatric drugs from high school and dying at the age of 39 never even being part of the work force There is a lot I have not said here. I do not think that anyone can determine someone's mental state without being involved in that persons every day activities and even the they shouldn't interfere beyond giving helpful advice. So drug's and labelling definitely hinder a person's well-being and pursuit of life and happiness. It appears it is allowed to be taken away by some stranger at the whim of some unsubstantiated opinion</p>
76.	<p>[concerned person]</p> <p>I applaud your desire to help people who are experiencing difficulties with their mental health. However I find it somewhat odd that no statistics on the efficacy of "mental health experts" are being presented or considered. This concerns me greatly. I note that the more the government has its attention focused on mental health, predominantly by those who would benefit financially from doing so, the</p>

	<p>seemingly worse the situation appears to get. For example, has anyone other than myself noted that every time someone in the United States goes on a shooting spree it is later revealed that they were a psychiatric patient? So, if they were a patient then they were receiving treatment, either spoken and/or drug. If so, why was the "treatment" ineffective? If it was due to the patient having insufficient treatment why was their inclination to cause harm to others not recognized by the expert? Are the tools or training of the expert insufficient, ineffectual or improperly applied? Was the diagnosis correct or just a "best guess"? In all of my personal research into mental health therapies I find that in the majority of cases involving a psychiatrist or psychologist the "best guess" approach is employed since when I question anyone from either of these two groups of "experts" they are unable to give a definitive diagnosis based upon testing for a measurable phenomenon or physical condition in the patient. This particularly concerns me when I find that this Inquiry is considering the screening of children. Though undoubtedly there are children who have difficulties socializing or dealing with the problems of life, it has yet to be determined that those producing, administering and assessing the proposed tests actually, provably, know what they are doing. Please, do not subject children in particular, and the people of Australia in general, to social engineering and enforced treatments on the say so of those who themselves have repeatedly, effectively, stated that they do not know what they are doing. For to make decisions based upon data without assessing the credentials of the source and veracity and efficacy of the treatments would be little more than gambling with the lives and mental health of those who would be effected.</p>
77.	<p>[employer or manager]</p> <p>I am a father with a young family. I am an active member of the community and I am employed full-time while being a volunteer in a number of betterment groups. I am aware of the Mental Health review "Draft Report" and I have concerns relating to recommendations made within it. There is substantial lack of evidence that early detection of mental illness is accurate nor are that the tests scientific. There is too greater a window of arbitrary evaluation. The risk of misdiagnosis is far greater than no diagnosis at all.</p>

Comments from Academics and Researchers

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| 6. | <p>The Productivity Commission’s call for wellbeing leaders in schools in its draft report into Mental Health, is already underway in many South Australian schools. South Australian primary schools have been adopting a classroom based wellbeing approach since its development in 2012 to support children. The Wellbeing Classroom is not a program as such, but rather a model or framework to assist in developing long term pedagogical change within the classroom environment. It seeks to support parents, teachers, other staff, professionals and the wider community to rebalance their roles, so as to provide children with the best possible environment to ensure holistic and meaningful development. https://www.thewellbeingclassroom.com.au/ Developed in partnership between Salisbury Communities for Children, Schools Ministry Group and researchers from University of South Australia School of Education, the approach uses a range of resources to support children’s social and emotional learning while developing educator skills in trauma informed pedagogy and building a culture of belonging, mutual care and support. Families are also involved in wellbeing activities with their children to become familiar with the language, strategies and processes of the approach used at school. Research led by University of South Australia’s Associate Professor Elspeth McInnes AM identified that the Wellbeing Classroom approach is effective in reducing bullying events and non-attendance, whilst boosting children’s peer friendship networks and academic performance. ‘The Wellbeing Classroom approach has the benefit of being a relatively low cost universal method of creating a wellbeing culture in the school. Children who are struggling due to trauma or chronic stress still receive the individualised help they need, but the classroom culture changes to increase empathy and friendship to sustain wellbeing,’ she said. Associate Professor McInnes said the approach had been implemented in sites including pre-school family centres, individual classrooms and entire school settings in metropolitan and regional South Australia. ‘It is adaptable to different types of education services, cultures and age groups, evolving to meet local needs.’ ‘We know that many children are exposed to stress and trauma when we reflect on the rates of child protection notifications, domestic and family violence, parental mental illness and addictions and employment and housing insecurity. Children bring their stress with them into care and education services and we need the professional workforce with the knowledge, skills and resources to enable children to feel safe and supported so they can focus on learning. The Wellbeing Classroom approach has a track record of success.’ Associate Professor McInnes said that developing children’s self-confidence, friendships, trust and play required a positive, supportive community of peers, professionals and families. ‘We cannot promote wellbeing by trying to diagnose an</p> |
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7.	<p>I write to alert you to breakthrough research into curing combat induced PTSD. I recently visited Israel and the hyperbaric medicine unit in Tel Aviv http://www.assafh.org/sites/en/clinic/Hifrbaric/Pages/default.aspx and saw a presentation demonstrating that intensive hyperbaric oxygen therapy can significantly improve brain function (measured through brain imaging) for sufferers of combat induced PTSD. The unit director, Dr Efrati (contact in the link above), would be able to provide further details and brain imaging evidence. Hyperbaric units are already in hospitals in Australia. They just need to be used in the sequences which have achieved demonstrated persistent positive brain function changes in veterans with PTSD (both recent and historical). This treatment uses atmospheric gases and pressure. It is extremely low risk and low cost compared to drug therapies and the changes persist without further therapy needed. Please take urgent steps to facilitate access to this therapy for veterans in Australia.</p>
8.	<p>Privatization has squeezed us. Section 45D-E of the Trades Practices Act demolished the Trade Union Movement who neglected to educate the work force about the party system; i.e., failed to supply to members contact details of local sub branch Presidents and basic literature detailing the importance of Annual General Meetings. Members of the Labor Party got into parliament via Iphones. Very few people are aware of generalised systemic corruption at all universities. We now have a retired Labor generation that own more than one house using negative gearing. No government department will acknowledge this and no government will publish a Domsday book. The persecution of Anglo Saxon student activists by Anglo Saxon police, with the help of university administrators, university councils, university unions, and the Attorney General, i.e., the Liquor Licensing Commission and the Student Association of each respective university caused a fracture of our social fabric and closed down public think tanks and all opposition to the two major parties that supported privatization. This cultural manipulation saw the wrong people go up and the right people go down. This is all on the public record.</p>
9.	<p>The purported goal of the review is prevention and wellness promotion, yet the draft paper proposes an hierarchical medical model primarily delivered by new workforce of 3 year trained psychiatric nurses and led by psychiatrists. The proposed model specifically sidelines counsellors - the profession best placed to deliver wellness interventions as this is at the core of training in this profession. Counsellors have even been excluded from the teaching role, which in many states is a teacher with an additional counselling qualification but in the proposed model it is specifically stated that the wellness teacher need not have any counselling or mental health qualifications. The finding that there being a larger proportion of psychologists per capita in Australia than in similar countries has been misinterpreted. The other countries to which the report compares include counsellors as an integral part of their mental health workforce - reducing the need for psychologists. It would appear that this review has been hijacked by powerful</p>

	unions (medical, nursing & teaching) to develop a model that benefits their members but will NOT promote wellness - it will entrench an expensive illness-focused medical model. This is very disappointing.
10.	In preparation for submission of the final report, you may wish to consider this new evidence involving mental health risk among International and overseas student prospects and incorporate into your background / introduction section. as these data and insights are most relevant to your productivity review. The report is titled: 2019 MENTAL WELLBEING SURVEY OF PROSPECTIVE INTERNATIONAL AND OVERSEAS STUDENTS And here is a link to the Bupa media release and the report can be downloaded at the bottom. https://media.bupa.com.au/new-research-sheds-light-on-international-students-mental-health/
11.	Stop funding organisations that promote "happy clappy" style wellbeing (look on the bright side). It doesn't work! Seligman's premises are false
12.	The purpose of these comments is to clarify my previous submission. Early intervention is the primary focus, however during 30 years of researching, writing personal development curriculum with delivery and refinement, I have found healing of mental health issues and prevention work together in the delivery of the courses that I am discussing. These consist of person centered education combined with holistic counselling. This is a new field of training, counselling that teaches and teaching that counsels (please refer to the material sent in my previous submission). The topics 1 - 5 in the overview all relate to the possibilities that have been found with this training. My suggestion can easily be overlooked because of its simplicity. This work originated with 10 years of successful offender training. The recommendations and findings from 1 - 5 can also be connected to these courses. Although different groups do have different needs, all persons need to learn about basic human development, how to deal with emotions, and understand the principles of successful relationships, which need to meet everyone's needs equally. Ethical standards are foundations for this and these standards need to be understood and explored, this enables self worth, based on integrity to be formed. Creating a people orientated system means (please refer to pgs.2, 3, 8, & 10). Pgs.2 & 3 discuss positive and preventative education, pg.8 discusses elements of competency and performance criteria, pg.10 discusses abilities and knowledge, and of particular importance the rang statements. For short term, intermediate and long term impacts refer to the RCPD program aim sent in the original submission. In summary, RCPD2 'Internalize principles of successful relationships and use emotional intelligence and communication skills' is a unit of competency for all. RCPD3 trains the trainer. The advanced and graduate diplomas of person centred educational counselling equips graduates to deal with a variety of issues implementing educational counselling. All units contain therapeutic group work. Counsellors can reduce costs, are more easily available, and can strengthen the

	<p>mental health system. If you wish to add the pages that I have identified from the previous submission, this would be okay</p>
13.	<p>As a researcher I've been studying the effects of psychiatric treatment modalities, diagnostic criteria and tests. The current tests, for supposed mental illnesses are all subjective. The criteria are based on the DSM which fails to provide any legitimate causes for any mental illness and theorizes only. There's no pathological tests for any mental illness. The mainline treatments are mostly medications which are mostly listed as Schedule 8 (highly addictive) drugs alongside cocaine and heroine. The very drugs which are being slammed as harmful to the elderly by the recent Royal Commission into aged care, are the very same type of drugs (i.e. antidepressants and antipsychotics) which are a standard part of modern mental health treatments. Doctors who profit from this are the main proponents of these modalities. Vested interests are written in the senior strata of the industry. Patrick McGorry has direct financial ties to drug companies, same with Ian Hickie and nearly all other main players. Thus we have harmful addictive drugs (per MIMS and the TGA) being given to little children for illnesses that can't be physically tested for and are invented by those who profit from drug sales. Those who profit from this have zero scientific or medical tests to validate mental illness as a proven medical/physical disorder. So we have an entire industry which is dealing narcotic-like drugs, claiming that their methods of diagnosis, their criteria for mental illness and their treatments are workable and legitimate when they don't get any results and can't be backed up with any proof. All of this is supported by massive funding from the pharmaceutical industry who profits from this entire structure. The drugs and treatments are decimating our society. One key example is the rise in suicide rates. Given that the mainline treatments actually cause or exacerbate suicide (this fact is covered extensively by FDA black box warnings on the medications packaging and by TGA warnings) particularly in children under 18. Early screening will lead to an increase in the use of such drugs in children. This has shown to INCREASE the suicide rate! Countries with high suicide rates have high psychiatric drug use.</p>
14.	<p>We do not understand that mental and physical health require sufficient of the elements of life that denuded soils, global warming interfering with the uptake of minerals (see trees all over the world with dieback) and processed foods create. WHO is very concerned about hidden hunger</p> <p>In Australia we are at the forefront of mental and physical health deterioration. Health preparation is rarely considered for childbirth. Our overworked, ancient soils, processed foods and global warming interfering with uptake of minerals by plants have created hidden hunger (,see WHO). The first thing that happens when children are provided with minerals in the biochemical format their symptoms show are needed, is that their mental and emotional wellbeing improve, often dramatically. Our bodies are largely made from 12 minerals working in pairs (cation/anion relationship) and ecological stoichiometry has found that there are</p>

	less than 3 dozen elements required for all of life. Please see my recently published memoir 1970 to today of how minerals regenerate our bodies. Our young are deprived of essential elements. On Amazon "Nature Fights Back. The Mineral Activators. My Memoir".
15.	I congratulate the Commission on an impressively comprehensive and ambitious draft report. I recommend, however, that the Commission reconsider its decision not to address the adequacy of income support payments, which the Draft Report justifies on the grounds that the issue "relates to all recipients, not just people with mental illness..." (p. 529). The rationale provided is immediately undermined in subsequent pages of the Draft Report, where aspects of the Disability Support Pension are discussed, despite these also relating to "all recipients, not just to people with mental illness". A case can be made that ensuring such payments are more commensurate with the cost of staying housed and fed while seeking employment would reduce vulnerable populations being pushed further into mental distress and illness.* I therefore suggest the Commission at least acknowledge this in its final report, even if it still judges the matter to be "beyond the scope of an inquiry focused on mental health". * See for example: Kiely, Kim M. & Butterworth, Peter. 2013. The contribution of financial hardship, socioeconomic position and physical health to mental health problems among welfare recipients. Australian and New Zealand Journal of Public Health, 37:6, 589-590
16.	I am reluctant to make a Submission. In 2012, when Professor Allan Fels was appointed to lead a similar Enquiry (NMHC), I tried to draw his attention to some historic misconceptions impinging on "mental illness". These have impeded finding real solutions to this problem in the past, and continue to do so. I was ghosted then and envisage the same thing happening on this occasion. The "misconceptions" I am referring to are deeply entrenched. Consequently, they obstruct finding effective remedies to mental issues, issues which have been very well defined in the Productivity Commission's current Draft Report. This problem is largely due to the unawareness across society, that there is another 'Element' in Human Nature besides the Mind. That Element plays as vital a role in mental efficacy, general wellbeing and personal productivity, as does the mind. My research into the Dynamics of Human Nature, and experience gained in the course of validating these findings over the past 22 years, has yielded some notable revelations. One of these relates to attempts at overcoming intractable predicaments: "Problems which develop under the reign of traditional attitudes, resist solving until these attitudes are updated in the light of new knowledge. I am quite willing to expand on these points if it is thought that it could make a difference in the search of real answers to today's "mental health" issues. Good luck with your endeavours.
17.	My comment relates to the nature of the workforce that can provide services in the near to medium term future in the mental health treatment arena. It is concerned

	<p>with the impact of technology on the mental health workforce, specially with respect to productivity gains. At no point in the Draft Report of the Commission does there appear to be any reference to the emergence of artificial intelligence (AI) as a socially transformational mechanism which will impact upon both (a) the delivery of mental health services to the client, essentially augmenting the psychologist in current therapeutic methods and effectively acting to enable a reduction in the number of employed psychologists, and (b) the actual replacement by AI moderated and mediated methods of large sections of the psychological workforce, with effective, efficient and reliable methods of all components of the psychological methodology, namely, assessment, diagnosis, intervention and evaluation of treatment of mental illness. There is much research which can be quoted to demonstrate the effectiveness of AI in all of these domains. Specific and timely reference can be made to Walsh, T. et al., (2019). The effective and ethical development of artificial intelligence: An opportunity to improve our wellbeing. Report of the Australian Council of Learned Academies. Section 3.2 of the Report details in particular reference to the possible replacement of psychologists. The Draft Report of the Commission specifically deals with the provision of therapeutic interventions at a distance for rural and remote cases. These especially can be replaced by AI mechanisms, but at every level and distance, AI can be designed to provide effective and targeted therapy and assessment. While much commentary on the impact of AI has minimised the likely effect on psychology (e.g. C. B Frey (2019). The technology and trap. Princeton: University of Princeton Press among many others.), there is a growing awareness that the impact will be significant (see R. Susskind & D. Susskind (2015). The future of the professions: How technology will transform the work of human experts.). The emergence of machine behavior (Rahwan et al. (2019) ,Nature, 568, 477-486) has transformed our understanding of how expert systems can learn and replace expert human systems. The belief that the so-called "soft skills" of humans, supposedly prominent in psychological service delivery, render the threat of machines irrelevant can be shown in many aspects of delivery of such services to be irrelevant. Machines can be cognitively empathic and therefore effective. In the future machines are likely to play an extensive and significant role in human service delivery. An extended list of appropriate references demonstrating the growth of awareness of the problem within the profession of psychology can be provided should the Commission wish to look at this matter more closely.</p>
18.	<p>Callan Park is a place which provided therapy and care for psychiatric patients for over a hundred years. Its original buildings, and others constructed through the twentieth century – even as late as 1990 – are sitting empty at Callan Park and could be adaptively reused and fill gaps – the missing middle. It is recognised that as part of mental health recovery the opportunity to spend time in a step-facility before returning to the usual patterns of life is imperative – benefitting the individual and reducing the economic cost to the community. These two organisations (both UK based) provide respite for people who have attempted suicide (Maytree) and Maggie’s Centres helps anyone with cancer; the centres are</p>

	<p>in the community and staffed by medical specialists, nutritionists, therapists and psychologists. Maggie’s offers free practical, emotional and social support to people with cancer – any type of cancer. Will the Productivity Commission consider the adaptive reuse of the dozens of buildings at Callan Park for a mix of services in the “missing middle”, looking at the examples of Maytree and Maggie’s Centres in the UK? https://maytree.org.uk/ https://www.maggiescentres.org/</p>
19.	<p>Following discussions with colleagues I am aware of disquiet in particular about information presented to the Commission on treatment outcomes for Attention Deficit Hyperactivity Disorder. There are many international criticisms of this as a clinical diagnosis. A fundamental issue is whether it should be regarded as a personality trait or a clinical problem. Even in the extreme, when traits disrupt normal functioning, it is controversial whether a ‘mental disorder’ label should be applied, particularly to children, as they have no say in it and these labels can carry into and beyond adult life. I have seen court documents citing ‘I think a cousin had ADHD’ as a ‘family history of mental illness’, tendered later as pre-existing ‘history of mental illness’ to quash an insurance claim. Inattention problems were described in the 30s and there had been research showing how stimulants such as amphetamines could alter it. The Axis and Allies both used versions of these drugs for combatants. Truck drivers and students use them and they were marketed to the public in the 50s. By the 60s such texts as Handbook Of Abnormal Psychology had entire chapters on the differential effects of stimulants and personality on performance and applications to school age misbehaviour. It wasn’t until the 70s that some influential papers nominated it as a ‘disorder’ or ‘illness’ warranting ‘treatment’. There followed an explosion in diagnosis along these lines, eventually extending into ever younger age groups and adult and geriatric variants. Self-report and rating scales with less than 10 items can be found to supposedly diagnose this. There are claims that the condition is ‘underdiagnosed’ and the first line treatment is drugs. Lip service is sometimes paid to talk therapy such as CBT but it is optimistic to expect that changing one’s thinking or self-talk about having trouble paying attention in quiet settings such as classrooms and meetings would have much impact, compared to a powerful drug. There is concern that the Committee is being selectively presented with positive information about long-term outcomes in the assumed treatment for this as a medical condition. The scale of the prescriptions being written for this and the potential for false-positive harmful labelling of mental illness for this diagnostic category makes it imperative that the Committee call for more information on this from all quarters. The onus should not be put on those asking questions.</p>
20.	<p>The PHRN supports Recommendation 25.1. The PHRN has supported the operation of collaborative, nationwide data linkage infrastructure capable of securely and safely linking data collections from a wide range of sources including within and between jurisdictions and across sectors for the last 10 years. It is well placed to make a significant contribution to developing a strategy to improve data linkage in mental health. Whilst some data gaps remain and the PHRN continues</p>

	<p>to work towards improving access to linked data, mental health research is one of the most common topics for research using linked data in Australia (see Young A and Flack F. Recent Trends in the Use of Linked Data in Australia. 2018. https://www.publish.csiro.au/ah/pdf/AH18014). The draft report could include some acknowledgement of the mental health research using linked data that has been conducted in Australia over many years.</p>
21.	<p>I have worked with children aged 6 months through to the end of Primary School for the last 40 years. I have also been the Principal of a small Independent School. In all this time I have seen a gradual decline in the standards of education coupled with the increasing incidence of ‘mental health issues and labels’. The greater the interference of school psychologists and psychiatry and psychology in general, the worse things have become. The more money is ‘thrown’; at it the worse it becomes. A few years ago it was ‘1 in 5 would suffer a mental illness’ now it is 1 in 2!! These statistics should speak volumes! I believe it is time to take a long hard look at the actual statistics. What are the recovery statistics for those people diagnosed with a mental illness and consequently ‘treated’; by a psychologist/psychiatrist? Does it work or make things worse? I do not believe that a family's rights should be usurped. I do not believe that mothers and children should be ‘screened for mental illness’. This is ‘inspection before the fact’. It is the parents role to bring up their children, to give them a moral code to live by, so that they have the best chance of survival. It is not the States role to step in and usurp the family's rights. I do not see what is contained in the Mental Health Report as a solution to the situations we are facing today, but a catalyst for further interference by an unworkable -ology - psychology in our daily lives, wasting tax payers money</p>
22.	<p>The clinical indicators of child mental health problems identified here are also closely aligned with trauma symptoms. Given the prevalence of domestic violence in the community more attention should be given to determining exposure to domestic violence and supporting traumatised mothers and their children in their recovery. This extends further than parenting programs, child interventions and attachment programs and needs to incorporate a holistic assessment of the mother and her needs and particularly pertinent the ongoing contact with the perpetrator. Addressing child development and wellbeing requires a coordinated approach wherein mothers are given the resources and support to address the needs of their families.</p>
23.	<p>There are so many possible roads a child can travel that presupposing mental illness exists prior to experience and guidance is extremely unlikely to be accurate and will be a waste of money. Labels, as have shown, are damaging to mental health. It would serve better to put the money into parenting education and other services.</p>

Comments from Peak body or advocacy group

6.	<p>[Vice chair of NFP raising awareness on Mental Health (ex nurse)]</p> <p>Before we moved to Ellenbrook 7 years ago I can't remember discussing Mental Health with my friends and neighbours but since the move I can not believe the difference in the community persona. Unlike where we moved from this community does not have resources, infrastructure (no pools or indoor sports centres and poor transport links) despite having a young fast growing community of over 45,000 people. I am amazed. People had been asking for a pool for over 20 years, a train was promised and then dropped, everything is or was coming. The Mental health of this community is poor and our local, state and federal government do not recognise their role in the poor health of this community. Planning of new communities need to change, if we have suburbs that have no access to beaches part of the first things we do is give them meeting spaces, community pools, indoor sports centres and large enough meeting and sports centres to cater for growing communities. People are resourceful but if we do not give them spaces to hold sport, or meet as a community we isolate them and make them feel powerless. Keeping communities waiting while they watch other suburbs develop impacts on their mental health. Making promises that are not kept, impacts on mental health. Many people have told me when they bought their house they were told swimming pools, trains, cinemas etc were coming and 25 years later they aren't here. The building and planning of our suburbs is one of the biggest creators of poor community mental health and unfortunately this is not recognised. When parents are angry, frustrated and feeling powerless, how do you think their children feel? For every vulnerable adult in our area there is 3-4 vulnerable, anxious, and stressed children. We all play a role in the Mental Health of our communities. We keep saying children are our greatest resource. What cheap words. When will we actually invest in all children. When will we create communities with resources to keep kids active, so they can develop confidence and resilience. Look at our community planning. Let's invest in socially driven infrastructure and make sure every child has an opportunity to develop to their capacity regardless of what suburb they live in or how financial their parents are.</p>
7.	<p>CDA [Career Development Association of Australia] response to the commission draft report – #4, Increasing the participation of people with mental illness in education and work. There would be benefit to individuals, society and the economy from people with mental health challenges being supported to engage with a wider range of helping professionals, including qualified, professional career counsellors. • Quality career advice is a key determinant of well-being at work and in the success of return-to-work programs. • Provision of any career advice should be provided by qualified & experienced practitioners. • Qualified career practitioners should form part of a person's mental health treatment plan when education and employment are considered as goals of the Plan and they</p>

	<p>should be funded by Medicare. • Qualified career practitioners should also form part of the person-centred pathway of coordinated care when education, training and employment are goals of the plan. • Qualified career practitioners should be engaged in return-to-work plans for mental health related worker compensation claims as part of the first 6 month ‘no liability’ agreement. About Career Development Career Development is a specific discipline underpinned by accredited qualifications, proven theory and recognised practice. Career development practitioners provide services that help people make occupational and study decisions, find career information, plan and manage their careers, and plan career transition. In Australia, recognised practitioners conform to a Professional Standards Framework and Code of Practice. Membership criteria for the CDAA or other CICA organisation members require compliance with the agreed standards and code. Job seekers participating in qualified career development interventions are 2.67 times more likely to obtain employment Whiston, S. C., Li, Y., Goodrich Mitts, N., & Wright, L. (2017). Effectiveness of career choice interventions: A meta-analytic replication and extension. Journal of Vocational Behaviour, 100, 175–184. Recent Meta-analysis of the effectiveness of career development interventions demonstrate that: • The odds of obtaining employment are 2.67 times higher for job seekers participating in qualified career development interventions compared to jobseekers in a control group • The most valuable ingredient is one on one counsellor support • The least valuable ingredient (on its own) is computer guided or passive online support • These outcomes only occurred when motivation enhancement and skills development were both included • The outcomes are consistent for: o Young jobseekers o Older jobseekers o Jobseekers with special needs and conditions, and o Jobseekers unemployed for less than six months</p>
8.	<p>I feel not enough is done to establish the exact cause of mental illness, before drugs and treatments are given. It should be standard to investigate diet, home environment, imbalance of nutrients FIRST and before any other treatment is considered. Let children be children without putting the stress of gender issues on their plate. Education on drugs, ethics and exchange in life will help them gain a balanced existence and some respect towards others.</p>
9.	<p>ADHD Australia supports the initiative of the Productivity Commission’s Draft Report into Mental Health to incorporate ‘Wellness Leaders’ within the school system. This initiative we hope will also target the more than 5% of Australian students who have Attention Deficit Hyperactivity Disorder (ADHD) across metro, rural and regional schools.</p>

Comments from people in a Government or a Government agency

6.	<p>My comment would be unnecessary if the content of the recent WA Auditor General report on "Access to Mental Health Services in WA" has been received and included. If not my key points are: Performance management should be moved from activities delivered (care events) and focused on individual care paths and their more effective delivery (4.8 million care activities delivered for 212,000 recipients). Many patients suffered delays, multiple treating groups, and administrative overload whilst in the MH system. Step up and step down provision in the community is in need of more resources and inclusion in the overall "flow" of services provided to individual MH patients. Community costs around \$200/day Vs Inpatient as high as \$1500/day. The absence of an implementation and funding plan was a serious deficiency and needs to be developed and followed.</p>
7.	<p>The Australian Securities and Investments Commission (ASIC) leads the National Financial Capability Strategy and delivers a number of initiatives including Moneysmart, an Indigenous Outreach Program and the Moneysmart Teaching program. ASIC made an initial comment drawing the link between money and mental health and noting mental health initiatives may have greater impact if consideration for financial wellbeing was embedded in the design and delivery of workplace programs. Understanding financial wellbeing should be an important consideration in the design and delivery of mental health programs. We draw the Commission's attention to research highlighting the link between financial health and mental health for young people. In the United States, research with college students has demonstrated that "credit card debt is negatively correlated with academic achievement and health and positively correlated with decreased financial well-being. Financial circumstances such as mismanagement of credit cards and/or accumulated credit card debt may also have a negative effect on students' psychological well-being, interpersonal and family relationships, and chances of being successful in adulthood." (Sabri 2011) In Australia, mental health and financial difficulty are significant issues facing many young people. A survey of young Australians, aged 15 to 19 years, conducted by Mission Australia found that almost one in five respondents were highly concerned for their financial security. "Nationally, the top three barriers young people considered to be impacting their goals after finishing school were academic ability, mental health and financial difficulty (20.2%, 16.6% and 12.4% respectively." (Mission Australia 2019) For university students, their financial circumstances can impact on the decisions they make and add to the stress they experience. A Universities of Australia Survey found that "financial circumstances featured prominently in decisions about whether to study full-time or part-time." Further, 58.2 per cent of domestic undergraduate students reported being worried about their finances.</p>

	<p>Indigenous students were the most likely undergraduates to experience financial distress, with over one quarter indicating that they regularly went without food or necessities because they could not afford them. (Universities Australia 2017) Encouraging providers of mental health and wellbeing support services for young people and students to consider financial wellbeing in the design and delivery phases of their programs may improve outcomes for this group. References Carlisle E., Fildes, J., Hall, S., Perrens, B., Perdriau, A., and Plummer, J. 2019, Youth Survey Report 2019: Mission Australia. Jackson C., Gardner M., and Lloyd D., 2017, Universities Australia Student Finances Survey: Universities Australia. Sabri, M., 2011. Pathways to financial success: Determinants of financial literacy and financial well-being among young adults, Iowa State Uni USA</p>
8.	<p>We'd be interested in sharing our findings from a RTC into the effectiveness of IPS for different groups of individuals accessing IPS via primary care services in a large complex geographical area in the UK. There is potentially some shared learning that we can help to drive the IPS model. https://www.wmca.org.uk/news/84m-funding-to-launch-thrive-into-work-in-the-west-midlands/</p>