

Submission to the Australian Productivity Commission on the potential impact of disruptive digital technology: Considerations for people with mental health issues

- There are a number of e-products that have been developed, are under development, that are evidence based and provide positive outcomes for people experiencing mental health issues
- These products have undergone a rigorous research and development process
- We believe these products provide a useful adjunct for people experiencing severe mental illness and associated disability, and for some people at later stages of recovery can replace more traditional person delivered treatment and support

However

- Mental illness is a fluctuating and episodic disorder and the need for support and treatment will vary
- There is a risk that replacing person delivered services with e-services will not be responsive to the changing needs of participants
- For people with mental health issues, it is through face to face interaction that escalating symptoms become apparent and necessary support activated. This is also when workers visit people at home and observe increasing messiness, and disorganization that are hallmarks of increasing acuity.
- Well-developed e-supports often have skilled and trained moderators to mitigate this risk
- It is also the case that many people experiencing mental health issues experience illness and stigma related barriers– the delivery of e-support seem to address this issue – but as these people also experience loneliness and state friendship as one of their most important unmet needs – we also suggest that e-support should never be exclusively used to address these issues
- In fact, e-social skills training packages fail to address the widespread community stigma and misinformation that presents a major barrier to community participation and belonging. Rather they run the risk of further stigmatising the individual as they place the individual's skills deficit as the major barrier to achieving social inclusion.
- It is also important to consider people who are at the early stages of their recovery journey and do not readily accept they have a mental health diagnosis. This group of people can effectively engage in recovery support when an effective therapeutic relationship is used as the primary method of engagement. It is highly unlikely this group would ever engage in e- support.
- In addition, evidence is clear that a therapeutic relationship underpins effective recovery support. In particular, peer support has been identified as particularly potent. Peer processes can be embedded in e-support (this is already the case in some products that have been developed) but equally face to face, and group based interventions must also be available.
- We have also observed the development of some products (that might be called Disruptive Technology) that enable participants to choose their worker, based on an

electronic profile. While we applaud this level of choice and personalisation it does come with some risks.

- In mental health it is the case that workers may need to activate treatment for a person without consent (in fact workers have a duty of care to do so), and in these cases participants may feel aggrieved and disempowered. These processes can and should involve participation of the participant and their family, and utilize tools such as Advance Directives. However we do know that in some situations urgent treatment is sought without the consent of the participant. There is a risk that workers will be unfairly characterized in products that enable consumers to “leave reviews”.
- Equally we are concerned if products such as these do not pay adequate attention to the skills, training and supervision of workers. Disability support in the case of working with somebody with mental health issues is relationship based and workers do need skills in negotiating effective service delivery, their scope of practice and boundaries of the support relationship. They additionally require skills in noticing mental health status, managing risks and activating treatment, when required. Participants may well choose a worker based on somebody’s likeability (which may be very important) but is not enough, alone, to deliver effective services.

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