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MHCC ACT response to House Inquiry around Mental Health and Suicide Prevention

Mental Health Community Coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

Room 1.06, Level 1, Griffin Centre

20 Genge Street, Canberra City, ACT 2601

t: (02) 6249 7756 **e:** admin@mhccact.org.au

w: www.mhccact.org.au **abn:** 22 510 998 138

About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation which was established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGO) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness.

The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of the ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services.
- To represent our members and provide advice that is valued and respected.
- To showcase the role of community-managed services in supporting people's recovery.
- To ensure MHCC ACT is well-governed, ethical and has good employment practices.

Preamble

MHCC ACT thanks the Commonwealth Government for the opportunity to respond to its recent inquiry into Mental health and suicide prevention. We refer to the previous and recent inquiries and reports around mental health and suicide prevention[1] as reference tools for the Government to develop a comprehensive and well-designed mental health system that will support all Australians' mental health and wellbeing.

In agreement with the Productivity Commission (PC), The National Mental Health Commissioner (NMHC), and many community organisations, MHCC ACT recognises that people's mental health and wellbeing doesn't exist in a vacuum. A multipronged approach is needed from the Government to reduce the number of people suffering from ill mental health, trauma and suicide ideation. Alongside improving mental health services for people, policies need to be developed and implemented that address the socioeconomic determinants for vulnerable people.

Additionally, without a nationwide stigma reduction program, the changes to better service delivery will have little to no impact. If people feel ashamed to access help, they will continue to suffer in silence. We all need to change the discussion around mental health to normalise it, therefore assisting people who struggle are not afraid to ask for help.

MHCC ACT supports a "Do no harm" approach across all government portfolio's, where the impact on people's wellbeing is factored into policy decisions.

MHCC ACT represents non-government mental health service providers in their endeavour to provide person led mental health supports. These providers understand the importance of community integration for the recovery of people with lived experience and the importance of a well-equipped psychosocial support sector to enhance stigma reduction and promote the inclusion of people with lived experience. Community services deliver cost-effective supports to aid with early intervention and reduce the need for costly acute service delivery.

The key messages from MHCC ACT in this submission are:

- An investment in stigma reduction and education to better understand mental health issues in the broader community will help early detection and prevention and support recovery of people with lived experience;
- Reduction in barriers for people seeking help;
- Investment in community-led mental health services to improve recovery-focused practices;
- Make it more acceptable for people to discuss their mental health issues and increase competence in the wider community and workplace on how to work and live alongside people with mental health issues; and
- Embrace the principles of co-design and co-development when progressing new policies and initiatives.

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[1] As listed in the terms of reference of this inquiry.

Terms of Reference

1. Effective system-wide strategies for encouraging emotional resilience building, improving mental health literacy and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services;

The prevailing stigma in the community, both in mainstream and specialised services, is a massive impediment for people with mental illness to engage. The PC report dedicates an entire chapter[2] on the impact of stigma on people with lived experience in all facets of their life. MHCC ACT encourages government to implement the PC report's actions and recommendations around preventing stigma and discrimination.

The key to improving the willingness to engage with mental health services and recognise the need to seek help is intertwined with the way our society perceives mental health. As already outlined earlier in this submission, people will not seek help if they feel it will disadvantage them, or they will be judged negatively. Currently, the risk of being ostracised and stigmatised when you are seen to have a mental illness is very high. The Sane report card of 2020[3] showed a high level of discrimination against people with mental health issues in all areas of life.

Media reports vilifying people with ill mental health do nothing to educate the general population on the effects of mental health issues. Those reports often create an aura of fear and suspicion around people with mental health issues, leading to more stigmatisation and discrimination, increasing the reluctance of people struggling with ill mental health to come forward. MHCC ACT suggests an enforceable code of conduct for all journalists using respectful language when discussing ill mental health. Current mechanisms like Stigma Watch[4] and Mindframe[5] , albeit well-intentioned, are based on self-direction and voluntary. Complaints to the Australian Press Council take a long time to be investigated and often do not have the desired outcome. Another example of how to report well on ill mental health can be found in the Recovery Oriented language guide[6] developed by the Mental Health Coordinating Council (MHCC).

In the ACT, Mental Illness Education ACT (MIEACT)[7] has been offering evidence-informed programs, partnered with lived experience stories that increase mental health literacy, promote early intervention, reduce stigma and emphasise recovery since 1993. MIEACT uses a network of volunteers of people with lived experience who share their stories, mainly occurring in schools. The program shows young people that people with lived experience

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[2] Prodcutivity Commision Inquiry Report on Mental Health, Chapter 8 Social Inclusion and Stigma Reduction, p. 353, 2020
[3] National Stigma Report card, Sane 2020
[4] Stigma Watch for mental health and suicide
[5] Mindframe
[6] MHCC; Recovery Oriented Language guide, 2019
[7] MIEACT, a safe space for mentall health education

can live a successful, fulfilling life and helps them be more accepting and less afraid of mental illness. It also increases their ability to recognise when something is not right in themselves or their friends, enhancing the likelihood of seeking help earlier.

Of course, raising awareness is only one part to access relevant mental health support services; we need a well-funded, transparent, easily accessible and cohesive mental health system. MHCC ACT refers to the PC's report recommendations and the Victorian Royal Commission's report on mental health. Together with the work from the National Commission on Mental Health, these reports provide government with the tools to develop and invest in a mental health system able to respond to the needs of the Australian population.

A common link in the findings from both the PC report and the Victorian Royal Commission's report regarding the mental health system is how vital community-led psychosocial services are for the recovery of people with lived experience.
Non-government community services often provide psychosocial support services and have close links to the local community, which ensures access is paramount. One of the keys to psychosocial services is that they offer a low-cost alternative to expensive acute and institutional mental health care, which has long been the norm but is slowly changing. The other key element is they function as a conduit to reduce stigma and discrimination in the local community and reduce access barriers for struggling people.

2.   building on the work of the Mental Health Workforce Taskforce and forthcoming National Medical Workforce Strategy, the roles, training and standards for all health and allied health professionals who contribute to mental health care, including peer workers, that are required to deliver quality care at different levels of severity and complexity, and across the spectrum of prevention, early intervention, treatment and recovery support;

MHCC ACT would like to refer to Chapter 16, The Mental Health Workforce of the PC report[8], regarding this section. MHCC ACT would include that an essential component of a robust mental health workforce is a highly-skilled workforce for the community sector, especially for mental health and psychosocial service delivery.

As mentioned in Recommendation 17[9] of the PC report, the expansion of psychosocial services requires the government to take action to address the need for additional highly skilled community mental health workers. "*many skilled and experienced workers have left the mental health sector. Workers who have left are unlikely to return until employment opportunities in the sector stabilise, leading to lower skill levels across the psychosocial support workforce and lower quality care for consumers*."[10]

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[8] Ibid PC Report Mental Health, Chapter 16: Mental health Workforce, p. 699-752,
[9] Ibid PC Report Mental Health, Chapter 17: Psychosocial support- Recovery and living in the community, p. 753
[10] Ibid PC Report Mental Health, Chapter 17: Psychosocial support- Recovery and living in the community p. 847

MHCC ACT has made a number of submissions on this subject and will be referring to some here, including one submitted[11] in April 2020 to the NDIS Joint Standing Committee on the NDIS workforce. In that submission, MHCC ACT noted it was impossible to ignore the impact of the NDIS on the Mental health community workforce.

Key messages MHCC ACT continues to raise are:

- People with a psychosocial disability (PSD) deserve and need a specialised and highly skilled workforce.
- The current market settings will not result in the provision of the quality of disability support that the NDIS was established to deliver.
- Service providers are not able, based on the current market settings, to provide the terms and conditions that would attract and retain staff with the experience and qualifications needed to meet participants goals in a recovery focussed framework. To be financially viable under the current market settings, service providers can only offer lower paid positions to direct support workers, often on a limited contract or casual basis. The casualisation of the workforce is compromising the quality of service delivery and limiting the choices of a person with a lived experience.
- There has been a lack of investment in further educational facilities, such as TAFEs and universities, to develop a qualified disability workforce.
- From the perspective of psychosocial disability, one cannot view the NDIS workforce separately from the broader disability and psychosocial supports workforce. Many providers service both NDIS and non-NDIS people with PSD. The issues are either similar or complementary; similarly, staff work with both participants with other disabilities and participants with PSD.
- There is a dire need for national standardised and detailed data collection of the PSD workforce to improve understanding and guide investment in this workforce.

3.   The funding arrangements for all mental health services, including through the MBS and PHNs, and whether they are structured in a way that supports safe, high quality and effective care in line with the qualifications of practitioners and needs of consumers across the whole of the population;

The PC report on Mental Health clearly outlined that a lot of work needs to be done to ensure people receive high quality and effective care. In Chapter 23, Funding and Commissioning[12], the PC addresses the current funding arrangements issues and offers solutions. MHCC ACT supports recommendation 27: *Funding arrangements to support efficient and equitable service provision* and the attached actions.

MHCC ACT agrees that funding needs to go to where it will have the biggest impact on people's wellbeing and mental health- MHCC ACT does not find that this would be clinical services. A large proportion of funding should be invested in early intervention and prevention initiatives to keep people well in their community and avoid huge over-investment

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[11] "Once more into the breach" MHCC ACT submission on the NDIS workforce, April 2020
[12] Ibid PC Report Mental Health p 1133

in acute services. MHCC ACT has not arrived at this conclusion alone; it is in line with the PC report's reform area one, Prevention and Early Intervention[13] and Vision 2030 from NMHC[14].

MHCC ACT supports action 17.1[15] of the PC report to increase funding cycles for psychosocial service contracts to at least five years. The current practice of one to two-year contracts creates a climate of constant uncertainty for providers, significantly inhibiting the provision of effective service delivery and continuity of care for people with mental illness. Moving to five-year funding arrangements will positively affect 'carers' and family' members' wellbeing and economic participation in society.

While MHCC ACT supports the recommendation to increase psychosocial services, we do not agree with the delay in investment in psychosocial services. As recorded in the PC report and recently the Victorian Royal Commission report on mental health, the Connection Project from the NMHC[16], to name just one, identifies the need is already pressing. Service gaps are putting pressure on tertiary services and causing unnecessary harm to people. Conservative estimates from the PC suggest better access to psychosocial services can increase the number of QALY[17] to between 4,910 and 8,900. This equates to an estimated benefit of 79 to 177 million dollars per year[18] .

4.   the use, standards, safety and regulation of telehealth services and the role and regulation of domestic and international digital and online mental health service providers in delivering safe and high-quality care in Australia; and the digital divide

MHCC ACT recognises the benefits of e-health services for people with ill mental health. MHCC ACT commends the Government for the investment into e-health services and platforms. Covid-19 has proven that some mental health services can be provided online, which has filled a gap of remote access and allowed people to continue to receive the support they needed during the lockdown. However, MHCC ACT is cautious about an over-investment in e-health services at the detriment of other mental health services. MHCC ACT believes e-health platforms should function as a gateway for people to find the services they need, as well as provide a suitable mechanism for people in the early stages of becoming unwell to get adequate early support, which can often mean less of a likelihood of escalation. We believe e-health platforms should allow for a seamless transition to face-to-face services if required. We also need to be aware that certain impediments mean there will always be people for whom e-health is not feasible or the appropriate means of seeking help.

MHCC ACT is aware of the digital divide in the community preventing certain demographics from accessing and/ or using e-health services. This divide is more than just having access

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[13] Ibid PC Report Mental Health p. 17
[14] Vision 2030 for Mental Health and Suicide Prevention, NMHC
[15] Ibid PC Report Mental Health, p. 839
[16] Royal Commision inquiry in to the Victorian's mental health system, National Mental Health Commision, Connections project, phase one of Vision 2030
[17] QALY meansquality adjusted life year
[18] Ibid PC Report Mental Health Appendices, Table I.3, P. 184

to the technology, it also includes the ability to use, understand and implement what is available online. Many barriers affect the most vulnerable in our society; understanding these barriers is the first step in addressing the issue.

5.   Any related matters.

People's health and wellbeing doesn't exist in a vacuum, and to make sure people's needs are met and they have an optimal chance for recovery, it is important that other aspects of their lives are being considered. MHCC ACT has included a brief overview of some of the areas which need to be considered when developing and implementing a National Mental Health Strategy

Comorbidity

People with mental ill-health often experience other health-related issues, including physical and substance use comorbidities. The intersectionality of this needs to be considered when looking at ways to improve people's wellbeing.

The PC report refers to the importance of addressing comorbidity when supporting people with lived experience in chapter 14[19]. MHCC ACT supports the PC in its advocacy to provide integrated care for people with comorbidity. This approach is supported in the report, *Exploring the place of alcohol and other drug services in the mental health system,* commissioned by NMHC.[20].' Its findings support three types of integration; system integration and service integration, and treatment integration.

- Systems integration involves combining policy, funding, budget or administration of different services.
- Service integration attempts to integrate between different types of services, such as alcohol and other drugs and mental health. There are some advantages to service integration, including consumers prefer a "one stop shop" which may help to keep comorbidity front of mind.
- Treatment integration is the treatment of multiple problems with a single practitioner or service.

Whatever the approach, the focus must be person-led, ensuring every person's needs are central to any service delivery and recovery plan. MHCC ACT agrees that care coordination, including a care plan focusing on each person with lived experience's needs, will lead to the best outcome. MHCC ACT supports the establishment of multi-disciplinary teams that allow a multifaceted approach to assist people's recovery journey.

Socioeconomic determinants.

The NMHC states on their website:

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[19] Ibid PC Report Mental Health, Chapter 14: the life expectany gap physical and substance abuse comorbidity, p. 621

[20] Exploring the place of alcohol and other drug services in the mental health system, 360 Edge, 2020

> *"Social determinants influence mental health and wellbeing and include factors such as housing, education, employment, income and social justice. Understanding social determinants and their connection to mental health is central to the work of the Commission"* [21].

MHCC ACT strongly agrees with this statement, and we appeal to the Government to consider socioeconomic determinants when looking into improving the wellbeing and mental health of Australians. The negative impacts of low socioeconomic status on someone's mental health and wellbeing have been shown in studies worldwide. Poverty affects mental health through an array of social and biological mechanisms acting at multiple levels, including individuals, families, local communities, and nations. A study on income levels in Australia showed*; "among the poorest one-fifth of Australians, 1 in 4 people have psychological distress at a high/very-high level; this compares to about 1 in 20 people in the richest one-fifth of Australians"*[22].

There is a direct link between income security and stress levels, meaning people with higher incomes tend to have fewer psychiatric symptoms. Financial hardship and unsecured debt are strongly associated with depression, suicide, drug disorder and psychotic disorder[23]. Furthermore, findings suggest that poverty leads to ill mental health and developmental problems that, in turn, prevent individuals and families from leaving poverty, creating a vicious, intergenerational cycle of poverty and poor health[24].

In the PC's report into mental health, they quantify the cost of mental illness and suicide in Australia as $220 billion per annum. In their analysis of the PC report on Mental Health, Mental Health Australia mentions that the PC report shifts the conversation around mental health in three key ways. One of them being "…*recognising that both developmental life stages and the contexts in which people live impact on our mental health and wellbeing, and that mental health responses should take these circumstances into account"*[25].*"*

There is also a direct link between having a place to call home and a person's wellbeing. Being on a low income means access to housing is limited. According to the Rental Affordability Snapshot[26], in the whole of Australia, only nine houses out of 70,000 advertised on 21 March 2020 were affordable for people on a low income. Not having secure and quality housing harms one's mental health[27] - and presents a real barrier to seeking employment. Additionally, people with ill mental health often have a harder time finding and retaining housing.

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[21] NMHC, social determinants

[22] Isaacs A et al, Lower Income Levels in Australia Are Strongly Associated With Elevated Psychological Distress: implications for Healthcare and Other Policy Areas, 2018 Frontiers in Psychiatry

[23] Idib Isaacs et al.

[24] Simon K et all (2018) Addressing poverty and mentall illness, Psychiatric Times, Vol 35, Issue 6, Volume 35, Issue 6

[26] *Anglicare Rental Affordability Snapshot, 2020*

[27] *The interplay between housing and mental health and housing pathways, AHURI, 2020*

MHCC ACT urges the Government to address discrepancies between policy decisions in different portfolios – it leads to bad outcomes from all perspectives. A crucial test of all policies should be to do no harm to people and or worsen their circumstances. MHCC ACT believes the introduction of a national wellbeing index would be a way of addressing the issue.

Covid 19 and after effects

The impact of COVID19 both economically and psychologically on the Australian population and the long-term after-effects of the pandemic on people's wellbeing and mental health. Even though Australia has been very fortunate in controlling COVID 19, the isolation from loved ones, especially internationally, the uncertainty around outbreaks and loss of income are having a negative impact on the wellbeing of the Australian population.   The government needs to develop a long-term plan that makes mental recovery a priority and is supported by adequate funding across the entire sector to prevent people from falling between the cracks.

The overstretched and under-resourced mental health services can't be expected just to pick up the extra demand created by the pandemic. The role of not for profit and community services should not be underestimated, and they should receive adequate funding to meet demand.

Cultural appropriate

Any successful mental health strategy must cater to the diversity of the Australian population. MHCC ACT acknowledges that the Commonwealth Government has some initiatives in place to reach out to vulnerable and hard to reach communities, but more can, and should, be done. In some cultural and linguistically diverse (CALD) communities, mental health is seen as taboo, and people are reluctant to seek help despite the availability of services. Additionally, there are issues in having little to no understanding of how to interreact with the system; sometimes, these are related to language barriers, sometimes to cultural ones. The Embrace Multicultural Mental Health project[28] run by Mental Health Australia tries to address some of these issues. The project aims to

- Increase the participation of consumers and carers from CALD backgrounds in mental health services,
- Improve outcomes for CALD mental health consumers, carers and their families,
- Increase mental health awareness, knowledge and capacity in CALD communities,
- Improve cultural responsiveness and diversity of the mental health workforce.

Aboriginal and Torres Strait Islander groups are among the most disadvantaged in our country; they have high mental illness and trauma levels in their communities. The barriers mentioned above are very much present in their communities with additional intergenerational trauma and distrust in government and institutions. To overcome this, it is of the utmost importance that governments and services work with Aboriginal and Torress

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[28] Embrace Mulitcultrual Mental Health, MHA

Strait Islander communities while ensuring we allow them to take the lead. Covid-19 has shown that when given self-determination, Aboriginal and Torress Strait Islander people are very successful. [29] MHCC ACT believes they should be given the same power and capacity for their mental health care.

Conclusion

MHCC ACT commends the Government in its work around improving the mental health of Australia. We support the work of the NMHC in reducing suicide and improving Australians' mental health and wellbeing. The PC report is a roadmap that should guide Australia to develop a mental health system that will deliver for people seeking help. The extensive work of the NMHC around mental health and suicide prevention has created an additional resource to develop suitable mental health supports for people in need.

MHCC ACT has concerns the dominant discourse around delivering mental health services is still framed around a clinical paradigm. This approach has the danger that the system will still be driven by "doing things to people "rather than allowing people the autonomy to make their own decisions and set their own goals in partnership with mental health professionals.

MHCC ACT advocates for an increase in investment for community-led mental health support services and its workforce. This will reduce the cost of the current acute mental health system and improve the quality of life of many, which will lead to economic and social benefits; this was also mentioned in the PC report.

MHCC ACT appeals to the government to be bold and fully commit to developing a mental health system that is fit for purpose and provides people with mental illness with high-quality services when and where they need it. MHCC ACT supports the government's increased engagement[30] with the expertise of lived experience by actively listening and involving consumers in all facets of the mental health system.

A successful National Mental Health Strategy will create a robust and fit for purpose mental health system that will reduce suicide and improve mental health wellbeing. To create a mental health strategy that will reach the people who need it, governments need to develop a multifaceted information and education campaign that spreads across generations, gender, culture, work, and communities to address stereotypes, stigma, and discrimination around mental health.

Bec Cody,
Chief Executive Officer
MHCC ACT

Inge Saris,
Policy and Advocacy Officer
MHCC ACT

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[29] Crooks et al, First Nations People leading the way in Covid-19 planning, response and management, MedicalJjournal of Australia, 2020
[30] As Illustrated by Vision 2030 and the recently announced Academy of LIVed Epxerience (ALIVE) program