



28 September 2020

# National preventative health strategy

Submission to the Department of Health

**Mental Health Community Coalition ACT**

Peak Body in the ACT for the Community Mental Health Sector

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## About MHCC ACT

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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 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 peoples' recovery
- To ensure MHCC ACT is well-governed, ethical and has good employment practices.

## Executive summary

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MHCC ACT welcomes the opportunity to make a submission on the development of the National Preventative Health Strategy which forms part of the third pillar for mental health and preventative health as outlined in Australia's Long Term Health Plan.

The key points MHCC ACT makes in this submission can be summarised as following:

1. We strongly endorse the need for a national preventative health strategy with attached funding to achieve the changes needed. This will improve outcomes for Australian's quality of life and government budget bottom lines.
2. To optimise outcomes the strategy needs to be grounded in a broad social and economic determinants of health and wellbeing framework – to confine it to health systems will limit its success. In this regard, and in relation to point 4 below, MHCC ACT recommends the development of a national wellbeing index.
3. The importance of mental health is missing from the current strategy: (1) in terms of its prevalence and burden of disease in Australia; (2) in recognition of the relationship between mental and physical health; (3) as a key early focal area for strategy actions; (4) in light of the dramatically increasing prevalence of mental distress following the events of 2020; and (5) in representation on the Expert Steering Committee.
4. We recommend a goal be added to the strategy to make it a whole of government responsibility: *"All government policies and decision making will account for the impact on peoples' health and wellbeing"*. This will capture the impacts on health and wellbeing from all policies, including social welfare, housing and climate.
5. We recommend an additional enabler: *"Systems enable equitable access"*
6. We ask for deeper engagement and broader consultation in the development of this strategy, including once it starts to be implemented.

## Introduction

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Pillar three of Australia's Long Term National Health Plan<sup>1</sup> (henceforth 'Long Term Plan') refers to '*development of a 10-year national preventative health strategy to better balance treatment and prevention*'. Although mental health and preventative health form the two parts of this pillar, MHCC ACT believes that mental health is as yet not adequately incorporated into the preventative strategy.

MHCC ACT strongly supports the development of a national strategy for prevention. We regularly argue the merits of investing in (mental) health promotion and prevention as more cost effective than waiting for people to get sick and the need the more costly health services. Letting people get sick also has costs associated with loss of earnings, tax collected and consumer spending.

MHCC ACT advocates strongly for funding to be attached to this strategy so that it can achieve the sort of change which makes good economic and quality of life sense. A 'do no harm' approach is needed to avoid funds being taken away from other vital proven services.

As a peak body for mental health services, MHCC ACT's submission will focus on the role that the national preventative health strategy must play in maintaining the mental health and wellbeing of all Australians.

## The process

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MHCC ACT requests the following improvements be made to the processes involved in the development of this strategy:

- More prominence be given to the processes – please use health related peak body channels to achieve wider awareness and engagement. We strongly recommend engaging with both Community Mental Health Australia (CMHA – [www.cmha.org.au](http://www.cmha.org.au)) and Mental Health Australia ([www.mhaustralia.org](http://www.mhaustralia.org)) due to their broad reach into the range of mental health sector organisations and interests across Australia.
- A more representative program of public consultations be undertaken – as listed they seem quite random with no obvious explanation as to their focus and location. We also note that the initial consultation period was relatively short; over the 2019 summer holiday period when many people are away; and when the east coast of Australia was impacted by significant bushfires.

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<sup>1</sup> August 2019, Australia's Long Term National Health Plan, Australian Government Department of Health

- The Expert Steering Committee needs to include at least one person with expertise in mental health and wellbeing. The omission of such expertise is concerning given that mental illness and substance abuse disorders made up 11.8% of the total burden of disease by proportion of population in 2015, placing it third highest (after cancer and cardiovascular).<sup>2</sup> Its prevalence has continued to grow, and the events of 2020 are expected to increase the rate of growth<sup>3</sup>.

## Components of the strategy

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### *Vision, Aims and Goals (p.12)*

While the pyramid articulates some of what is needed to ensure increased investment in preventative health leads to a better quality of life and reduced costs associated with the need for medical intervention (eg. doctors, specialists, hospitals, psychiatry, etc), generally it is too narrow to fully achieve this. The current model fails to fully encompass and recognise the important role of factors outside the traditional definition of ‘health’ (ie the absence of illness) and fully capture the vital links between health and wellbeing.

The WHO definition links health explicitly with wellbeing, and conceptualises health as a human right requiring physical and social resources to achieve and maintain. ‘Wellbeing’ refers to a positive rather than neutral state, framing health as a positive aspiration.<sup>4</sup> This linkage is especially important when considering mental health; as well as the causal linkages, in both directions, between mental health and physical health.

### Vision

- The Vision could be improved by using the word ‘*wellbeing*’ next to health in its first instance as well as final instance.

### Aims

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<sup>2</sup> <https://www.aihw.gov.au/reports/burden-of-disease/burden-disease-study-illness-death-2015/data> - Table S2.3, sited 28 September 2020

<sup>3</sup> <https://www.sydney.edu.au/news-opinion/news/2020/09/02/the-impact-of-covid19-on-the-mental-wealth-of-australia.html> sited 28 September 2020.

<sup>4</sup> <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section2/activity3> , sited 28 September 2020

- *'Australians with more needs have greater gains.'* In the context, this is rather a counter intuitive aim (if indeed it is an aim – it reads more like an outcome or KPI). In order to be defined as having greater need often means prevention is too late; it means the system has not engaged in prevention in a timely manner, thus leading to greater need. Alternative wording could be along the lines of:

*'Australians' needs are recognised early and addressed before they become a health issue.'*

## Goals

- *'Prevention will be embedded in the health system'*. While an important goal, to optimise results, MHCC ACT suggests an additional goal:

*'All government policies and decision making will account for the impact on peoples' health and wellbeing'*.

MHCC ACT recognises that this is an ambitious goal. It would mean that all policies and decisions including, but not limited to, social security policies (eg. Newstart, the Disability Support Pension, etc), housing, Climate Change mitigation, and Development Applications approval processes, would need to also be assessed from the perspective of the impact on Australian's health and wellbeing. However, it is only when this is done that we really start to invest deeply in preventative health and to reap the full outcomes.

This relates strongly to the social and economic determinants of health and wellbeing, for which the evidence is strong, including in Australian government literature: *"Many of the key drivers of health reside in our everyday living and working conditions—the circumstances in which we grow, live, work and age. These social determinants include factors such as income, education, employment and social support."*<sup>5</sup>

- *'Environments will..'* – the use of the word 'environments' here is ambiguous. If it is indeed referring to peoples overall living environment then MHCC ACT suggests amendment to: *'All aspects of people's lives support positive wellbeing and healthy living'*
- *'Individuals will...'* should have 'and wellbeing' added to the end.
- *'Prevention efforts...'* Rather than 'new science' we suggest 'science and evidence' be used. This allows the best of both science and evidence based knowledge, as well as both old and new. This is consistent with the aim of growing investment in prevention.

<sup>5</sup> <https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/chapter-4-determinants-of-health> sited 28 September 2020

### *Mobilising a prevention plan (p.16)*

Following on from MHCC ACT's feedback above, we make the following points:

- There is a need for more focus on mental health and wellbeing during this section – the focus just on 'health' leaves the strategy open to misunderstanding and a narrow interpretation.
- *Health system action* in isolation is not enough. This section must include all systems related to the social and economic determinants of health and wellbeing.  
If non health portfolio policies and decisions do not account for their impact on population health and wellbeing the gains from this strategy can not be fully realised. As stated already, well documented and evidence based examples include the impact of social security, housing and climate policies, just to name a few. This must be a whole of government strategy.
- We recommend an additional important enabler for this strategy:  
*'Systems enable equitable access'*  
None of the other enablers cover this important point which particularly impacts people who are socially isolated or vulnerable; of lower socio-economic background; and/or are from regional, rural and remote areas. What measures are needed to improve access to services and supports so that it makes a real difference to outcomes?
- Preparedness is indeed crucial, and should also explicitly refer to bushfires, floods and the rapidly emerging health and wellbeing impacts of climate change.
- A properly qualified, trained and experienced workforce is needed to deliver early intervention and prevention services. To be able to fill positions – many of which require specialist qualifications – and then retain and develop staff, competitive and appropriate remuneration needs to be available.
- More of the data gathered by governments should be deidentified and made publicly available so that it can be used to improve government and NGO decision making, and inform and improve program design and other interventions.
- MHCC ACT recommends consideration be given to including the *development of a national wellbeing index* as an additional cog in 'mobilising a prevention plan'. The ACT and New Zealand can be looked at as examples where this is happening. Such a wellbeing index would be used as a key part of government policy and decision making across all parts and levels of government.

### **Boosting action in focus areas (p. 19)**

Consistent with the rest of our comments, MHCC ACT believes that it is vital to include the additional focal area in the first years of Australia's preventative health strategy:

*'Reducing the incidence of mental illness and improving the availability of a wide range of early intervention services for people at risk of mental illness'.*

To include it as a key focal area is consistent with government policy. It is not enough on its own to point to other work being done on mental health. It needs to clearly be a key part of Australia's preventative health strategy. Mental health also has strong links with four of the other listed priority areas.

The benefits of early intervention/prevention on mental health are well documented, including by the Australian Government:

*'Ensuring that Australians enjoy good mental health over their lifetime depends on investing early in the right kinds of evidence based interventions. By prioritising funding in prevention, and timely interventions when people are at risk, we can pave the way for better outcomes from childhood through to older age. ... Work completed by KPMG and Mental Health Australia in 2018 estimated \$90 million in savings would be available in the short term if targeted investment in prevention and early intervention was increased, highlighting the significant economic gains that could be made.'*<sup>6</sup>

The imminent release of the Productivity Commission's report on mental health and the Government's response<sup>7</sup> would be a key source to inform the approach to this. Equally important would be consultation and partnership with a wide range of representatives from the sector. At the very least, the fact that mental health is a priority for prevention and is being addressed through various initiatives should be explicitly stated in this section of the strategy to give it the priority and prominence it needs.

### **Continuing strong foundations (p.20)**

Again, MHCC ACT stresses the importance of:

- taking a broader social and economic determinants of health approach in this section

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<sup>6</sup> <https://www.mentalhealthcommission.gov.au/getmedia/ffbf9cc5-f815-4034-b931-dfc0c1ecb849/The-economic-case-for-investing-in-mental-health-prevention> p.1, sited 28 September 2020

<sup>7</sup> <https://www.pc.gov.au/inquiries/completed/mental-health#report>, sited 28 September 2020



- similarly, keep focus also on wellbeing
- ensuring that non clinical models and approaches are equally considered as actions under this strategy
- working towards incorporating the impacts of health and wellbeing in all government policies and decision making
- ongoing and broad consultation and feedback within realistic timeframes.

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