23 January 2020

Mental Health Inquiry

Productivity Commission

Online Submission

Productivity Commission – Mental Health Draft Report – Response

Relationships Australia welcomes the opportunity to provide a response to the Productivity Commission's Draft Report into Mental Health. The content of this response builds upon our initial submission to the Inquiry, received by the Commission on the 4 April 2019, and provides additional comments based on the recommendations raised in your report.

Relationships Australia's work in the Mental Health sector

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. We aim to support all people in Australia to live with positive and respectful relationships.

Relationships Australia provides a range of services, including counselling, dispute resolution, children's contact services, services for victims and perpetrators of family violence, problem gambling support and relationship and professional education. We are nation-wide, with outreach programs that target rural, remote and Aboriginal and Torres Strait Islander communities. We aim to support all people to live with positive and respectful relationships.

Relationships Australia believes there is a bi-directional relationship between healthy relationships and good mental health. A person's mental health is intrinsically linked to the health of their social connections (Draft Report, p.172). Family and relationship services offer community-based preventions and interventions which can support and repair these relationships. As such, we consider our family and relationship services to be an integral part of the mental healthcare landscape of Australia.

Community-based care also reduces pressure on our medical services. Our current medicalised model is in dire need of services which can support more tertiary care and reduce likelihood of relapse. As such, Relationships Australia recognises the foundational role that strong family and social relationships play in the mental health of Australians. We believe it is time to use the power of connection to improve Australia's mental health, creating continuity between community-based care and other mental healthcare in Australia.

Relationships Australia Response to the Productivity Commission's Draft Report into Mental Health

Contents

Summary of recommendations made in this response

- Learn from past hub-models and the challenges they have faced. Ensure that appropriate funding and time is provided to establish school hubs which can deliver on the wide array of promises in the recommendations.

- All schools should have well-being leaders in place. This allows for schools to become true well-being hubs, where they can enact all four parameters of the successful hub model (as seen in *1.3 Responses to Information Request 17.1 – Well-being leaders in schools*).

- Look towards successful courses 'I like, like you: A healthy intimate relationships program for schools' for guidance on the types of mental health resources and pedagogy that well-being leaders should have access to.

- Universities should be understood as a potential hub, becoming centres of well-being which could address the current service fragmentation and isolation university students experience.

- Headspace should be understood as co-location of local services with community input. It has a wide reach to a variety of at-risk youth. This reach could be strengthened with more funding to address the upper and lower ends of the mental health spectrum.

- Any online treatment needs to be accompanied by the option of face-to-face care. Online treatment is inappropriate for many clients and feared or stigmatised by others. Before investing widely in this care, these fears need to be understood and addressed.

- Funding issues continue to limit the effect of hub-models. However, hubs and other community-based care models offer the necessary support for the online services which have been proposed, as they can be tailored to community needs.

Summary of draft recommendations addressed in this response

- Draft Recommendation 5.3
- Draft Recommendation 5.7
- Draft Recommendation 6.2
- Draft Recommendation 7.2
- Draft Recommendation 10.4

- Draft Recommendation 12.1
- Draft Recommendation 14.2
- Draft Recommendation 17.3 through to 18.3
- Draft Recommendation 19.1 through to 19.5
- Draft Recommendation 24.2

Priority 1: Establishing Mental Health Hubs

1.1 School hubs should be understood as a client-centric approach, as well as being applauded as an efficient money-saving mechanism

Relationships Australia has strongly advocated for a hub-based approach to address the fragmentation of mental health services in Australia (Relationships Australia sub. 103). Relationships Australia strongly supports the Productivity Commission's recommendations to create integrated service hubs, especially in schools and early childhood education centres (Draft Report, p.649). School hubs provide an excellent opportunity for community-based, family-engaged and non-medicalised mental health care. Further, Relationships Australia acknowledges that community-based treatments are especially effective at targeting rural, remote, CALD and disadvantaged groups. These communities are of particular concern as they face greater mental health challenges. As such, Relationships Australia considers the proposal of a universal and preventative care model delivered through the schooling system an exciting and innovative approach.

Moving forward with this initiative, Relationships Australia encourages the Productivity Commission to celebrate the efficiency of school hubs, as they co-locate and strengthen our current mental health system. However, while hubs are efficient in the long-term, they should not be understood (nor designed) as a money-saving mechanism. Hubs are a complex initiative. As such, we encourage the Productivity Commission to ensure school hubs receive the appropriate resources to ensure they reach their full potential.

By conceptualising school hubs (and all community-based treatments) through this lens, hubs become more than a money-saving mechanism. Instead, they should be understood as a solution for many of the problems associated with mental healthcare in Australia. With this in mind, Relationships Australia will use this response to further advocate for hub-models. We will outline how hubs can address issues relating to universal and equal access, regional autonomy, competitive funding, siloed care, a continued lack of low-intensity solutions, use of therapy coaches, co-morbidities and the decision to renovate or rebuild the current mental healthcare system. Relationships Australia envisions the Productivity Commission's inquiry into mental health as a unique opportunity to reform and reimagine Australia's future mental health. We consider the hub model a progressive and dynamic approach to overcome the complex demands of this task.

1.2 Overcoming past issues concerning the hub model

While the Productivity Commission has not referred to the proposed interventions in schools as hubs per se, Relationships Australia believes that conceptualising them in this manner will assist with their success. By doing so, the Productivity Commission can refer back to past issues which have affected the success of co-located care and learn from these examples. With this in mind, Relationships Australia thinks it is important to reconsider the analysis of the Floresco Mental Health Centre in Queensland.

Submission 498 from the Tasmanian Government described the centre as "an example of an innovative approach to improve integration between multiple providers of clinical and non-clinical mental health and related services" (p.7). This centre co-located a range of services such as

clinical support, housing and employment centres, using a single client information system and an agreed set of outcomes and measures.

The Productivity Commission's draft report mentions the evaluations of this service and the apparent need for clients' to re-tell stories, the infeasibility of the service, inconsistency of available practitioners and a lack of knowledge by support workers of the myriad of services available (Draft Report, p.362). While these criticisms are important to consider, Relationships Australia views these as kinks to iron out rather than flaws in the system. As the Productivity Commission has rightly noted, co-location itself does not lead to effective co-ordination (Draft Report, p.362). For hubs to operate effectively, they need well-trained staff who are aware of the array of services, universal screening and filing to reduce clients' need to re-tell stories and funding cycles which can appropriately support the services. This funding should account for the time it takes to set-up a hub, ensuring there are provisions for the inevitable issues which accompany change. Relationships Australia believes that with the correct funding (quantum and model) many of the issues associated with hubs could be addressed.

While the Productivity Commission has acknowledged the benefit of hubs as a way to provide co-located care, the Commission still characterises the expense of setting up hubs as a significant barrier. As School hubs will use pre-existing infrastructure, start-up costs will be significantly reduced. As such, funding can be directed towards other key aspects of the hub model. The Productivity Commission has outlined some pragmatic qualities of successful hubs. These include "commitment from leadership, staff buy-in and willingness to embrace change, regular monitoring and evaluation of service effectiveness, learning from previous co-location initiatives and agreements to clarify roles and responsibilities" (Draft Report, p.363). As such, Relationships Australia thinks the important next step in designing the school hubs will be to follow this advice. This would include establishing clear leadership pathways for wellbeing leaders, strong and consistent monitoring and evaluation practices and ensuring experiences are shared with other schools to allow challenges to be overcome. We would also encourage the Productivity Commission to consider how hubs can be implemented in spaces outside youth mental health care, as they target a spectrum of cases and would be effective in many institutions.

1.3 Responses to Information Request 17.1 – Well-being leaders in schools

With the hub model in mind, Relationships Australia suggests that all schools, regardless of the number of enrolled students, or funding type, should have wellbeing leaders in place. The hub concept is flexible and deliberately non-prescriptive - hubs must take a range of forms to meet the needs, circumstances and exigencies of the communities which they serve. While roles and responsibilities may differ across schools, each school must be considered 'worthy' of this mental health service. Two of the key benefits of the hub model are its malleability and scalability. Thus even if a school has a small number of students, the hub model allows the necessity and intensity of the services to be tailored to their needs. This may mean that some schools advertise wellbeing officers as a shared task within another position, while others receive funding for a full-time position, based on the requirements for the particular school.

Further to this, and as outlined in our response paper, universal accessibility is considered a key principle of hubs.

The essential parameters of the 'hub' are:

1. No wrong door
2. Easy and universal access
3. Universal screening
4. Easy and continuous navigation assistance

In line with these standards, Relationships Australia believes that providing funding for a well-being leader in every school is essential to ensure universal access. Furthermore, well-being leaders are essential to other key parameters, in that they can ensure students are treated with a 'no wrong door approach', assist with referrals and enable easy navigation of the mental health services available. Lastly, Relationships Australia also considers the school hub model a prime opportunity to enact universal screening of students for mental health needs. Universal screening would allow the mental health care worker to provide effective holistic services, especially for at-risk students. Further, the age of students may affect their ability to self-refer. Universal screening has the capacity to overcome student's inability or unwillingness to seek help. Finally, universal screening would also provide important statistics on youth mental health. To complete these screenings, each school would require a trained staff member, provisions for these services and therefore a well-being leader to conduct the project.

1.4 *Response to Information Request 18.2* – **The success of Relationships Australia Victoria's 'I like, like you' program, especially as a tool for educators**

Relationships Australia Victoria's (RAV) 'I like, like you: A healthy intimate relationships program for schools' is a preventative initiative developed by RAV that promotes the connection between healthy intimate relationships and emotional health and wellbeing. This program specifically addresses the impacts of mental health issues on individuals and families. It allows students to understand and recognise the connection between healthy relationships and mental wellbeing. It also encourages students to consider the kinds of relationships they want to experience; provides practical skills to maintain good mental health; and promotes attitudes and behaviours which lead to equitable and respectful relationships.[1]

Topics covered include:

- What is intimacy
- What a safe and healthy relationship looks like
- How to identify when a relationship is not safe for you
- Attitudes that support and harm relationships
- Practical ways to maintain good mental health
- How to manage the negatives and repair after conflict
- Technology safety and relationships
- How to help yourself after a breakup
- How to help a friend who is in an unsafe relationship

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[1] Taken from RAV's promotional booklet for 'I like, like you', found here:
https://www.relationshipsvictoria.com.au/assets/PDFs/Booklets/RAV-ILLY-Promotions-Booklet-16096-Small.pdf

Since 2014, 6272 students from 55 schools have participated in the program. RAV found that following the delivery of the program, 92% of teachers felt more confident in identifying students who may be at risk in a relationship.

While the consistency and intensity of delivery may be different for well-being leaders in schools, Relationships Australia believes that the key topics, pedagogy and outcomes of 'I like, like you' provides a promising example of the benefits of discussing mental health with students through the relationship model. Relationships Australia recognises that there is a bi-directional relationship between poor family relationships and mental ill-health, especially among youth. Schools can play an important role in prevention and early intervention work, teaching students to recognise mental ill-health, as well as strategies for communicating their struggles and ways to manage distress. Relationships Australia believes that well-being leaders in schools should be trained in the relational care models upon which this program is based. Relational models are especially effective in the prevention and early intervention and support the more responsive, individual system we currently have in place.

1.5 *Response to Information Request 18.1* – Exploring Universities as a possible mental health hub

Relationships Australia notes that transition points, like the move to university education from high school, are known to place additional stress on a person's mental health (Orygen 2017; ReachOut 2019). While the Productivity Commission has recognised the lost earning potential and educational outcomes young people face due to poor mental health, Relationships Australia would like to also note the concurrent shift in family and friend relationships that occurs during this transition. By emulating the school hub model, tertiary institutions have the potential to play active roles as mental health hubs for young adults and others. Figure 2.5 in the Productivity Commission's Draft Report (pg.146) illustrates that those studying are more likely than those not studying to experience ill mental health. Further, suicide is the leading cause of death for young people aged between 15-24 (ABS 2019a). Tertiary institutions can share information with large numbers of otherwise disconnected youth.

During university, students can be living away from home for the first time and conducting more independent lives. This places them at risk of becoming disconnected from friends and family who are often the first responders to a mental health crisis. Even for those still living at home, parents can underestimate or miss signs and symptoms of mental illness — for example, the parent-reported rate of major depressive disorders can be underestimated by up to half of the adolescent reported rate (Lawrence et al. 2015 *in* Productivity Commission Draft Report). The increased independence of university-aged students has the potential to increase this discrepancy.

As such, harnessing institutional connections and services is an important way to connect with at-risk youth. Universities should also be understood as a potential hub. Relationships Australia believes that efforts should be made to extend, increase and improve the mental health services provided by universities. Relationships Australia supports the *draft recommendation 18.1,* which proposes more training for educators to effectively manage student mental health. Similarly, Relationships Australia supports *draft recommendation 18.2's* suggestion to ensure "on-site counselling services, where available, provide appropriate links into the broader health system" (Draft Report, p.89). However, we also suggest that if unavailable, special provisions should be

made to ensure services are available to students, especially international students and students of CALD and Aboriginal and Torres Strait Islander background, due to their increased risk of ill mental health.

Further, we feel that the potential 'hub' of the university is somewhat underutilised by the current draft report. As such, the report focuses on the upskilling of staff with less consideration for how consumers of the system can further benefit, beyond staff qualifications. In keeping with the essential parameters of the 'hub', Relationships Australia feels that there is great potential for designing better systems to assist students in navigating the university mental health services. This would enable universal access. Additionally, the introduction of universal screening processes would allow more accurate statistics on university student mental health.

Summary of Priority One

- Learn from past hub-models and the challenges they have faced. All hubs should meet the minimum parameters of a hub which includes: no wrong-door, universal access and safety and risk screenings and navigation assistance. Many problems that have been raised with current hub models could be addressed by implementing these standards.

- All schools should have well-being leaders in place who can oversee and monitor the standards of the school hub.

- Well-being leaders should focus on the connection that exists between good mental health and healthy relationships with family, friends and partners.

- Universities should be understood as potential hubs which could address the increased prevalence of mental health issues in students aged 18-24.

Priority 2: Protecting the Valuable Work Headspace Centres Do

2.1 Regional autonomy and the role of Headspace across Australia

Relationships Australia commends the Productivity Commission for raising the public profile of Headspace and the excellent work they do in supporting youth mental health. Headspace has played a key role in raising awareness of the importance of youth mental health across Australia. Further, throughout the draft report, the Productivity Commission has rightfully recognised the necessity of early intervention.

Relationships Australia is concerned about the proposed "regional autonomy" created through service provider funding and the effect this could have on youth mental health as outlined in *draft recommendation 24.2*. As outlined by the Productivity Commission, "75% of those who develop mental illness, first experience mental ill-health before the age of 25 years, raising the importance of identifying risk factors and treating illness early" (Draft Report, p.2). The potential loss of funding to Headspace centres through this recommendation can damage long-term productivity rather than improve it. Solutions to this will be discussed in section 3.7.

Relationships Australia supports the move for government to support locally run and managed organisations. However, it should be acknowledged that the hub model, which Headspace operates through, supports many other local organisations to deliver youth services. As such, it

should be understood as an operation which enables co-location and easier navigation for youth rather than an Australia-wide, decontextualized and non-specific approach.

2.2 Headspace has a wide reach which could be strengthened by following the parameters of hub-models

Relationships Australia is also concerned about *draft recommendation 5.3* which proposes a change of funding based on the stepped care model. While we agree that there is a need for greater low-intensity services, a true 'hub' would be funded to provide a spectrum of responses. This enables service providers to respond to all presenting clients, rather than turning away those who do not meet the requirements. We think this is especially important given the criticism that Headspace has faced for turning away clients unless they have "enough problems to warrant the service".[2] This undermines one of the previously outlined parameters of the 'hub' model, the no wrong door approach. Sufficient funding could easily assuage these concerns.

Further, the Productivity Commission's understanding of Headspace as a youth psychology service is erroneous. Throughout the draft report, the Commission has described Headspace centres as predominantly providing MBS-rebated individual psychological therapy which does not effectively meet the needs of lower intensity clients (for example, p.20). While this may be correct from a funding perspective, this does not accurately reflect the 'hub' model, nor the range of services a hub like Headspace has the potential to provide.

2.3 Headspace Example: Wagga Wagga

Headspace Wagga Wagga, managed by Relationships Australia Canberra and Region, demonstrates the wide range of low-intensity services Headspace offers, which are youth endorsed through the *Youth National Reference Group*. Further, this Headspace services especially vulnerable youth cohorts. This includes youth with Aboriginal and Torres Strait Islander (15%), CALD (3%) and LGBTI+ (18%) backgrounds, which the Productivity Commission has listed as especially vulnerable. If *draft recommendation 5.3* were accepted, this could draw money away from a hub-based, youth-led project, which targets vulnerable groups. While it is important youth are receiving the appropriate care, it will be difficult for funding bodies to predict the amount of low-intensity cases that will come through the door. Controlling funding by placing arbitrary limits on the types of cases presented to Headspaces is problematic.

Headspaces are already established and reaching target populations. As such, Relationships Australia suggests that rather than ensuring Headspace centres are matching consumers with the right level of care through conditional funding, Headspace centres should be recognised as a hub and funded appropriately for the work they do. It would be more effective to reward Headspace hubs which are implementing effective low-intensity care, than to punish others. By limiting their funding, the Productivity Commission risks further isolating these at-risk populations.

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[2] Taken from ABC article 2019: https://www.abc.net.au/news/2019-04-28/headspace-failing-australias-youth-experts-say/11039776

Information Request 5.1

Relationships Australia views Headspace and its 'hub' model as a pertinent example of where therapy coaches could be used as a lower-intensity alternative to psychologists. BeyondBlue's NewAccess coaching is an applicable demonstration of the successful use of therapy coaches. The shorter training time and lower-intensity style of care could be well suited to a Headspace centre which sees a variety of different clients. "New Access, Beyond Blue's early intervention CBT coaching service, is delivering an average of seventy percent recovery rates from just six sessions at 22 service sites across Australia. New Access employs and trains local people to be coaches" (Headspace Submission 275, p.16). As such, therapy coaches can provide a local alternative and ensure that Headspace continues to enact early intervention. This meets the requirements of draft recommendations throughout the report which aim to localise care and avoid more problematic issues later in life through early, low-intensity approaches.

Most importantly, if *draft recommendation 5.3* were to be accepted, Relationships Australia believes there must be solid plans to ensure that the vulnerable groups Headspace is servicing are not precluded by funding provisions. Therapy coaches could be a possible solution for low-intensity care. Similarly, we support the Productivity Commission's suggestion that Better Access program could be more advantageously utilised, especially the proposal to increase sessions for high-intensity clients (Chapter 5). However, more work is needed to educate GP's and medical professionals on the Headspace model as a viable community-based alternative to individual psychology sessions. This will assist healthcare professionals in understanding the wide-range of support services available in hub-models more generally.

Summary of Priority Two

- Headspace should be understood as co-location of local services with community input. While it is nationally implemented, there are significant differences between Headspaces and services provided. This should be applauded not avoided.

- Headspace has a wide reach to a variety of at-risk youth. Outreach could be strengthened with more funding to address the upper and lower ends of the mental health spectrum. This would allow them to meet the potential of a hub model.

- The use of therapy coaches could be one potential solution to this issue. This would allow Headspace to reach clients with lower-intensity care requirements.

Priority 3: Ensuring Robust In-Person Care as well as Online services

3.1 Urban and non-urban thoughts on online mental health care

Relationships Australia supports the efforts of the Productivity Commission to address the 'missing middle' of mental health care in Australia. However, there still appear to be gaps in the stepped care approach, which disproportionately affects non-urban, vulnerable and CALD and Aboriginal and Torres Strait Islander peoples.

Most notably, the effects of the plan to shift a large portion of clients from MBS-rebated psychological treatment into low-intensity care through online services should be considered more thoroughly (as seen in *Chapter 5)*. The draft report contains little acknowledgement of the barriers people face in accessing online healthcare. While the Productivity Commission has referenced Relationships Australia's online 2018 survey (Draft Report, p.271), we would like to use this opportunity to share with the Productivity Commission further analysis we have recently conducted on this data. As many of the respondents also supplied their postcodes, the following figures illustrate the thoughts urban and non-urban residents have towards online mental health care.
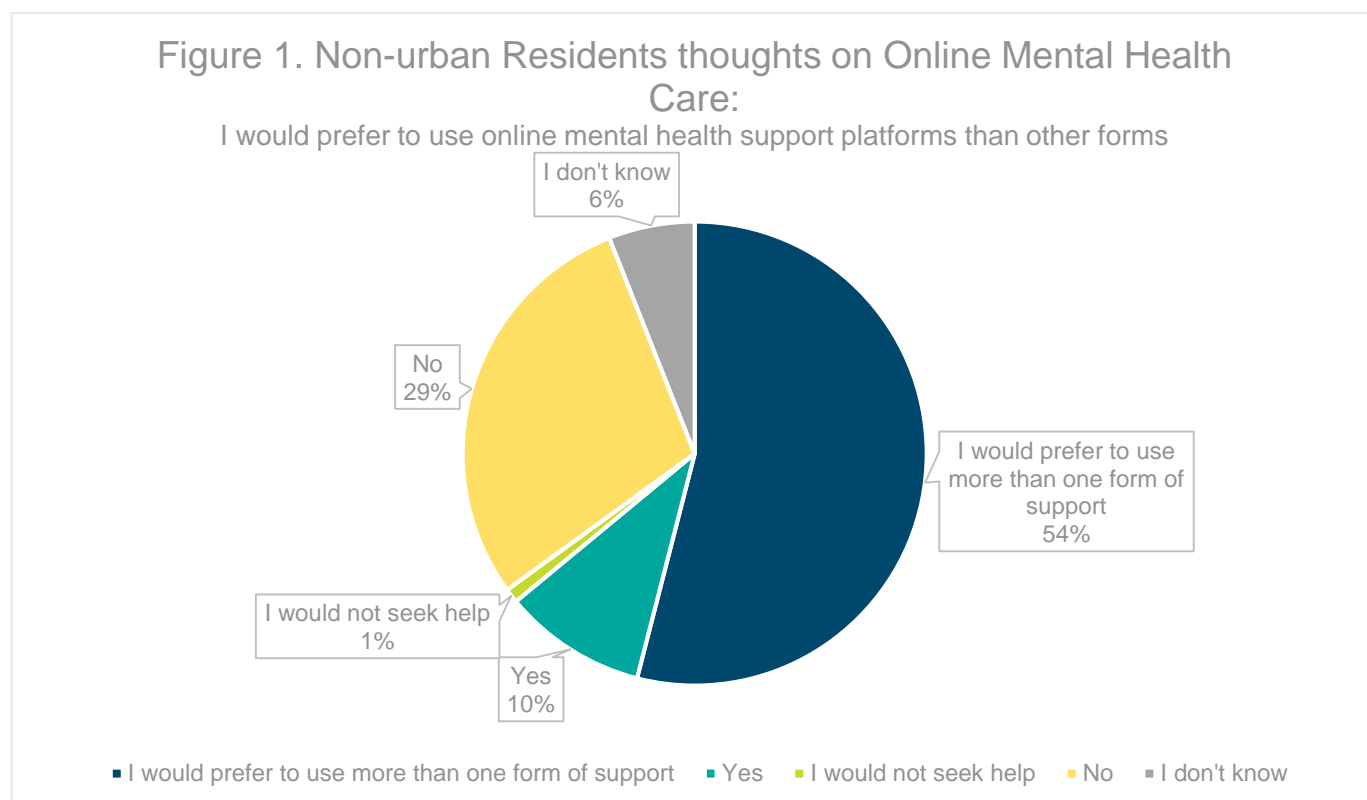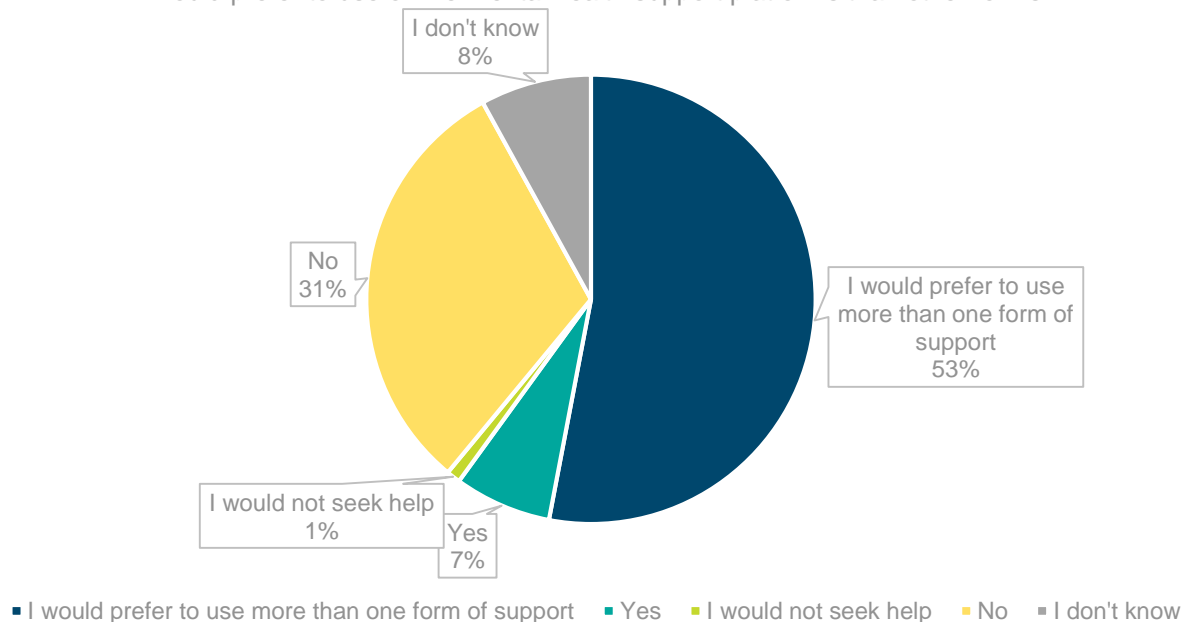

Figure 1. Non-urban Residents thoughts on Online Mental Health Care:
I would prefer to use online mental health support platforms than other forms

Figure 1 illustrates non-urban residents' thoughts on accessing mental health care online [urban and non-urban postcodes defined with reference to the Australian Taxation Office's list]. Strikingly, figure 1 illustrates that twenty-nine percent of non-urban residents **did not** want to use online care. A further fifty-four percent would prefer to use more than one form of support. Relationships Australia urges the Productivity Commission to consider these findings and the effect they may have on the *draft recommendation 5.7.* Figure 2 illustrates the urban responses to the same question, which had very similar results. Most notably, the majority of this group (53%) also preferred to use more than one form of support.

Figure 2. Urban Residents thoughts on Online Mental Health Care:
I would prefer to use online mental health support platforms than other forms

- I would prefer to use more than one form of support 53%
- I don't know 8%
- No 31%
- I would not seek help 1%
- Yes 7%

Legend: ■ I would prefer to use more than one form of support ■ Yes ■ I would not seek help ■ No ■ I don't know

Any recommendations to move people from face-to-face to online would first require a greater understanding of these numbers. Recommendations to move to online treatment may work for some (*Draft Recommendation 5.7*). However, our findings suggest that such services risk being rejected by a large proportion of the population. Furthermore, for rural, remote and regional populations who are already isolated from other forms of care, this places them in greater isolation. Similarly, *draft recommendation 6.2,* aimed at using an information campaign to promote supported online treatment would first require an understanding of the fears and stigma the Productivity Commission seeks to address. Lastly, these numbers mean that even the recommendations to redirect low-intensity clients from psychology sessions into online care risk being rejected, even by urban populations. This could lead to untreated low-intensity issues which can manifest in greater intensity later.

3.2 The Socioeconomic Realities which make Online Treatment Inappropriate – Rates of literacy and lack of privacy

Relationships Australia supports the Productivity Commission's willingness to expand mental health care online as one aspect of a complex solution (as seen in *Draft Recommendations 5.7* and *7.2*). However, online treatment should not be a replacement for face-to-face care. There are several socioeconomic issues which affect people's access to technology. Assumptions that technology can fill gaps in service delivery do not accommodate issues of literacy. The rates of functional illiteracy in Australia limit people's capacity to receive online care. According to the most recent ABS and OECD data, lack of functional literacy is a common barrier to economic and

social participation, including engagement with online media.[3] These barriers are particularly high for Indigenous and CALD populations, but by no means confined to these cohorts. The Productivity Commission's *draft recommendation 14.2* accurately reflects these issues, acknowledging the importance that "participants with inadequate digital literacy and/or mental illness maintain access to face-to-face services" (Draft Report, p.73). While this recommendation is specifically aimed at targeting online employment services, Relationships Australia recommends extending this for all people receiving mental health care who face literacy challenges which impede their digital access.

Further, Relationships Australia appreciates that the Productivity Commission recognises that the lack of coverage and slow internet in some communities may inhibit the uptake of online services in rural areas (Draft Report, p.271). However, another key consideration should be the lack of private and safe spaces to use these services. Seeking out a safe and private space to discuss personal, sensitive and potentially dangerous topics with a mental health care worker is not always possible. Especially in the family and relationships sector, these issues are incumbent with any care. As such, finding private space away from family and other community members can be quite a challenge and may make accessing online care unsafe. Relationships Australia urges the Productivity Commission to consider these issues as they often affect more vulnerable groups and could undermine the effectiveness of funding online care for isolated and vulnerable communities.

3.3 The Cultural Realities which make Online Treatment Inappropriate

Before introducing online care, the Productivity Commission should also take into account the cultural differences which affect mental health treatment. The Aboriginal Medical Services Alliance from the Northern Territories submission mentioned studies which found Aboriginal people feel stereotyped, judged, patronised and are often regarded with suspicion by non-Aboriginal people (AMSANT, submission 434). Further, they also reported a lack of empathy for their life circumstances and were perceived to be irresponsible, morally corrupt, neglectful of their children and engaging in unhealthy behaviours (Habibis et al. 2016 and Holmes and McRae Williams 2008 in Submission 434). As such, Aboriginal and Torres Strait Islander people may be suspicious about dealing with practitioners online. While face-to-face care may not completely assuage these concerns, engaging with a local practitioner who understands the social complexities of the region may result in greater recognition of the conception underpinnings of social and emotion wellbeing for Aboriginal and Torres Strait Islanders (more on this in section 3.4). Further, engaging with local practitioners provides greater scope for increasing the numbers of Aboriginal and Torres Strait Islander mental health workers and expanding the role of Aboriginal and Torres Strait Islander controlled mental health services. This is integral to realising the regionally-planned care AMSANT advocates for (Draft Report, p.193).

Concurrently, the Productivity Commission has illustrated the higher levels of psychological distress in Aboriginal and Torres Strait Islander people, sitting above 30% compared with 10%

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[3] See the ABS fact sheet on the *Programme for the International Assessment of Adult Competencies*, Australia, 2011-2012, at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4228.0Main+Features202011-12.

for the non-indigenous population (Draft Report, p.5). Similarly, although the Productivity Commission illustrates lower levels of psychological distress in CALD communities (gathered through ABS statistics), the Commission also acknowledges the complete lack of information about CALD experiences which has led to a lack of reliable statistics (Draft Report, p.169). It is unlikely that communities which have experienced racism and mistreatment will be more willing to access mental health care online than the average population, which our statistics show sits at 7-10% (figure 1 and 2). Relationships Australia is concerned that by not addressing these communities with culturally-appropriate and face-to-face options, we risk further isolating CALD peoples and preventing the collection of reliable data on their experiences.

3.4 Culturally-Appropriate Solutions for Communities

One solution to these issues can be found in community engagement programs operated by Relationships Australia Northern Territory. *Caring for Country, Caring for Each Other*, a Healing Group of Larrakia people, works towards healing and recovery from intergenerational trauma for families and community. This program, funded by the Northern Territory PHN, recognises that health is a holistic map of social, physical, mental, spiritual and emotional harmony. By acknowledging the inseparable role Larrakia people's cultural self plays in their mental health, they work towards creating connections to community, family, kin, country, culture, body/mind and spirit. This includes practical holistic models of healing as seen in the table below:[4]

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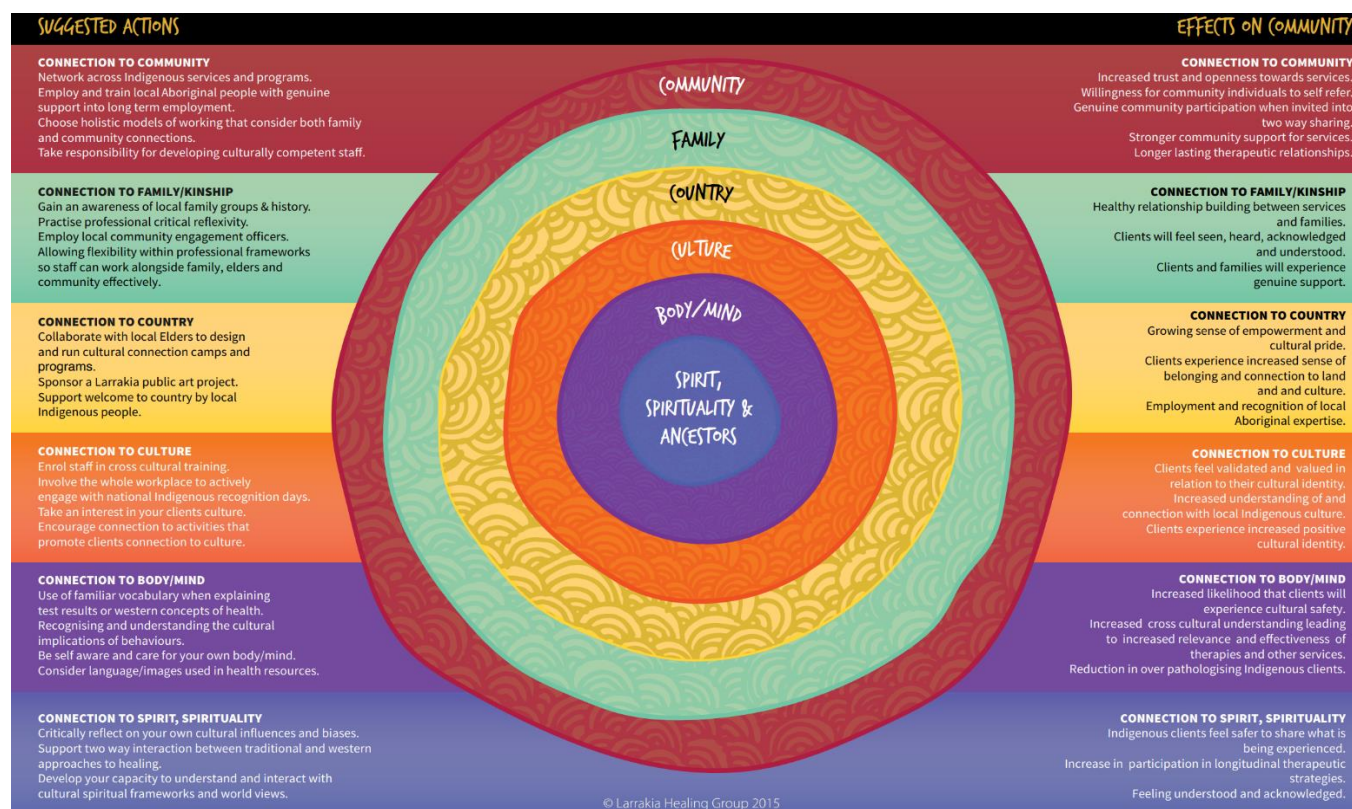
[4] Taken from the Larrakia Healing Group Resources available at:
https://www.ntphn.org.au/files/Healing_Group_Resources_2016_EMAIL.PDF

While online care would provide a more Western-centric approach, this program recognises cultural people as experts in the field and acknowledges the historical impacts of trauma on the mental health of community. By doing so, they upskill the community to care for themselves and each other and work towards recovery and autonomy. It is difficult to envisage how an online service offering could replicate the success of this program.

3.5 The Complexity of Healthcare in Rural and Remote Locations

The Productivity Commission has acknowledged the relationship between isolation and poor mental health, as well as the effects of poverty, unemployment, social isolation, housing instability and complex family situations on community health (Draft Report, p.25). It is well recognised that these complex health and social needs disproportionately affect Aboriginal and Torres Strait Islander, CALD and rural communities. While the cultural considerations are different for each community, Relationships Australia sees a burgeoning potential in the space of community-led upskilling projects. These could target a myriad of health issues in Aboriginal and Torres Strait Islander, CALD and rural communities, beyond but interrelated with mental health.

We commend the thoughtful considerations made for unemployed people as outlined in *draft recommendation 14.2*. Moving forward, Relationships Australia would like to see the Productivity Commission make the same provisions for Aboriginal and Torres Strait Islander peoples, CALD communities, rural communities and other particularly vulnerable groups who face similar socioeconomic challenges and are currently only offered online care.

Acknowledging the connection between small-community life and mental health is necessary for any intervention in these locations. Programs such as *Caring for Country, Caring for Each Other* offer inspiration for capacity building, community co-designed and low-intensity care alternatives. The effectiveness of community-based care models is acknowledged throughout various submissions. For example, Headspace noted that in Canada, one organisation established for discharged patients resulted in a forty percent lower readmission rate (Headspace Submission 275, p.30). Similarly, Mental Health Australia cited Italy's Community mental health care model which illustrated a 13.4% drop in suicide rates between 2000 and 2011, against a 7% drop in the OECD average across the same timeframe (Mental Health Australia Submission 538, p.18). Community-based initiatives have the capacity to reduce readmission rates and in some cases, could prevent people from entering the medical system in the first place.

3.6 Funding Limitations and the Goal of Community Empowerment

Relationships Australia supports Headspace in their suggestion to "build the community's knowledge and understanding of early intervention services through mental health literacy initiatives and the provision of easily accessible service information" (Headspace Submission 275, p.15). The Productivity Commission's draft report has already included some valuable draft recommendations which work towards this goal. For example, upskilling workplaces, school hubs, workforce training, career structures and accreditation of mental health workforces are all valuable contributions to upskilling the community.

Yet the desire to 'move around' funding as outlined in a number of the draft recommendations has worrying implications, especially as much of the low-intensity service system remains to be built (*Draft Recommendation 10.4, Draft Recommendation 17.4 and Draft Recommendation*

17.5). Although the Productivity Commission has acknowledged the enormous role ahead in creating and designing this service network, there appears to be a less robust monetary commitment to support the plan.

This is most evident in the continued commitment to competitive tendering used in the social sector. Relationships Australia appreciates that the Productivity Commission has acknowledged our concerns with competitive funding in the draft report (Draft Report, p.425). Further, the proposed improvements to funding cycles, as outlined in *draft recommendation 12.1,* are a commendable effort towards addressing these issues. However, the continued preference for competitive tendering by the Productivity Commission discourages co-operation and leads to further fragmentation that the Productivity Commission hopes to address (as seen in *Draft Recommendation 17.3* through to *Draft Recommendation 18.3*). Moreover, money-saving mechanisms promoted by competitive tendering can lead to inequality in wages for frontline staff, undermining the efforts outlined in Chapter 19, looking to reduce workplace mental ill-health (Draft Report, p.737). While Relationships Australia acknowledges there is a limit to funding, we urge the Productivity Commission to make recommendations beyond the limitations of competitive thinking.

Similarly, the impending end to the Equal Remuneration Order and Supplementation occurring in July 2021 is placing greater stress on the social service community. If the base grant for programs currently receiving ERO supplementation does not rise to incorporate the ERO payments, it will result in significant funding cuts for community sector organisations delivering federally funded programs. This will mean cuts to the services that people in communities across Australia rely on. It also means that the gains in gender equity achieved as a result of the Equal Remuneration Order will be lost completely by job cuts in the community sector's predominantly female workforce (ACOSS 2019). Based on a conservative estimated reduction of 9%, Relationships Australia predicts one state could see up to 2,000 clients turned away a year, plus the loss of 18 full-time equivalent jobs. Some member organisations are expecting a reduction of up to 25%. This will lead to longer waitlist and the potential for clients to be denied timely access to crucial mental health services. Furthermore, regional, remote and rural location will be disproportionately affected, as the cuts diminish the viability of outreach programs to these communities. This will damage the mental health of Relationships Australia's clients as well as the staff who deliver these services. The loss of these services will be felt by many and the mental health effects widespread.

3.7 Hub-models provide an Alternative to Competitive Funding

Capitalising on hub-models poses one possible solution to the competitive funding predicament. Funding centres based on collective impact with bundled funding, rather than fee-for-service, are shown to be more cost-effective, especially in complex cases (Draft Report, Box 7.2, p.280). A true hub model would establish funding that sincerely encourages integration, rather than a competitive funding cycle followed by a call to co-operate with similar service providers. Relationships Australia believes that the Productivity Commission misunderstands Australia-wide initiatives like Headspace. Throughout the draft report, the Commission has positioned Headspace as a youth psychology service, administered in a blanket fashion, rather than a community-based initiative.

Headspace should be considered an example of a collective impact project. Many of the complaints or criticisms of Headspace relate not to the service, but the lack of services which stem from funding limitations. Rather than withholding funding from Headspace to address the lack of low-intensity care, the Productivity Commission should be nurturing integration among services and taking advantage of the widespread awareness Headspace already enjoys (*Draft Recommendation 24.2*). This could occur in several ways. Funding for low-intensity services, like therapy coaches, could be directed towards Headspaces, as well as further funding for the wide array of low-intensity options they already offer. Alternatively, Headspace could be funded as a referral body to other low-intensity services, to ensure that at-risk youth are not turned away for not meeting the intensity required for treatment. The public profile that Headspace has created should not be overlooked or undervalued. The hardest part is getting in the door.

Finally, Relationships Australia urges the Productivity Commission to value the hub model beyond what it can do for youth and consider implementing hub-style organisations to target all populations. Using schools, and other pre-existing institutions with wide reaches, is an effective way to create collective impact without the need for new infrastructure, recruitment or advertising. This low-intensity referral framework could also be extended to universities, hospitals, workplaces, shopping centres and other potential hubs, to ensure that the no-wrong-door approach is enacted. This way, rather than turning away vulnerable clients who have taken the first step, regardless of their condition, people feel confident they will find the appropriate treatment. This reflects the client-centric approach the Productivity Commission espouses throughout the report.

Summary of Priority Three

- Shifting MBS-rebated clients to online care and attempting to address the lack of mental health care in remote, regional and rural Australia with online services is not a complete solution. Relationships Australia has found that a majority of Australian's remain unwilling to try healthcare online without face-to-face support.

- More research needs to be done to understand why people dislike or are opposed to online treatment to understand how these barriers can be overcome.

- Some people's situations make online treatment inappropriate, this can include their literacy skills, lack of private space to receive treatment and cultural needs. Luckily, there are community-based solutions that are effectively combatting a variety of issues which intersect with mental health.

- Continued funding limitations exacerbated by competitive funding and the imminent cessation of the Equal Remuneration Order and Supplementation occurring in July 2021. Competitive funding stymies creativity and leads to greater inequality in staff wages. Both have damaging effects on the mental health of clients as well as the staff who deliver these services.

- Hub models provide an innovative solution to these funding issues, especially when they are funded in ways which encourage referrals and collaboration.

- Using pre-existing institutions for new hub locations reduces the necessity for advertising, heavy recruitment and infrastructure costs. Since schools, hospitals and universities are

already understood as hubs for educational and health purposes, incorporating a spectrum of mental health care and preventative measures is less arduous.

Priority 4: Renovate or rebuild?

Relationships Australia has wholeheartedly supported the value of hub-models and digital interventions supported by face-to-face care throughout this submission. However, we recognise that the current system is struggling to meet complex demands. Relationships Australia's priority is that the new system can do all that is promised by the draft report. This includes a system that can provide community-centred and multi-faceted care, which goes well beyond the current medicalised framework. Relationships Australia also supports a system that puts consumers at its core and sees this inquiry as an enormous and rare opportunity to fix mental health policy and its incumbent fragmentation for the future.

We note that the Productivity Commission has envisioned a greater possibility for innovative funding schemes in the rebuild model (Draft Report, p.983). Ultimately, Relationships Australia would like to see people receive services that they need, when they require them. Whichever option the Productivity Commission chooses should be able to fulfil these needs. Whatever the appropriate course forward, we support a move which can effectively realise these much-needed and exciting recommendations.

Final Comments: What is still missing?

- A variety of submissions supported the notion of universal screening in mental health care, including, but not limited to: Blue Knot submission 47, WeParent submission 554, Victorian Council of Social Service submission 478, Stroke Foundation submission 281, Karitane submission 324, Cabrini submission 464). Relationships Australia supports incorporating universal screening into more community-based care, especially in school hubs.
- Relationships Australia would like to acknowledge the strong interrelationship between our physical and mental health. We'd like to draw attention to the enormous economic benefit improved mental health will have on our other health systems more broadly.
- Relationships Australia would like to see more funding and planning for the recovery from mental ill-health. The care plans for people who have made suicide attempts are a solid foundation. However, plans for recovering from lower-intensity ill-health are also necessary to reduce relapse. Relationships Australia believes some of the community-based solutions we have mentioned in this response could fill these gaps by creating and supporting strong, healthy relationships.
- In alignment with the Aged Care Inquiry taking place, Relationships Australia would like to see greater consideration of the mental health of Aged Care residents, and elders more generally. This is a growing area of unmet need which, again, could be supported by the community-based solutions outlined in this response.
- Relationships Australia understands that mental health care workers at all levels are likely to face suicidal disclosures and should be supported appropriately. There is still no mention
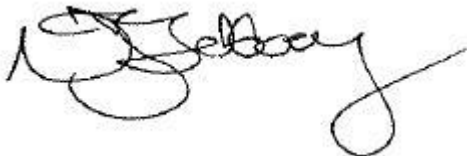
of how to handle suicidal disclosures within the report. We would like to see more planning for this, as well as referral pathways, especially in community-based care frameworks.

- Despite being mentioned across a myriad of submissions, the effects of the climate crisis, increasing natural disasters and suffering mental health are not mentioned throughout the report (Australian Rural Health Education submission 444, ACT Government submission 210, Gateway Health submission 42, Mental Health at Work submission 171, Aboriginal Medical Services Alliance NT submission 434). Relationships Australia believes this is an urgent issue which will have widespread effects. We encourage the Productivity Commission to consider the increased pressure this will place on our new mental health system.

Concluding remarks

Thank you again for the opportunity to examine the draft report and make comment. We look forward to seeing the outcome of this inquiry in the final report. Should you require any clarification of any aspect of this submission, or would like more information on the services that Relationships Australia provides, please contact me (ntebbey@relationships.org.au) or Claire Fisher (cfisher@relationships.org.au).

Yours sincerely,

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