

Response to the
**Productivity Commission
of Inquiry Issues Paper**

The Social and Economic
Benefits of Improving
Mental Health

April 2019



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Introduction

Better Place Australia provides a range of services targeted directly at supporting clients experiencing mental health issues. We also provide services to clients in states of heightened conflict associated with family law matters and/or great stress due to substantial debt issues.

Better Place Australia welcomes the Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health. On the basis of our experience of delivering individual adult and child counselling, relationship therapy, family therapy, group therapy, family law mediation, financial counselling, family mental health support services, elder advocacy and empowerment services, we are submitting our contribution to the Productivity Commission regarding its January 2019 Issues Paper.

Better Place Australia provides services to clients who are approaching or are in a crisis state due to their mental health, personal relationship or financial circumstances. We find a very strong correlation between these. Underlying the individual or family circumstances may be mental health issues. This reflects the episodic nature of mental health conditions where the client can have experienced heightened levels of acuity and also non-symptomatic periods. For our clients the current or impending crises may be:

- elevation of current mental health condition into a severe mental health issue
- family dispute where family violence is present, and safety is an issue
- elevation of family conflict into the Family Court
- family fracturing where mental health of a family member is present
- child behavioural issues and family dysfunction
- financial issues potentially leading to bankruptcy
- care decisions for an aging parent or severe distress caused by an adult child's abuse
- lack of local support services leading to crisis situations
- clients falling through the cracks in their journey through the family courts, financial and/or mental health systems.

Mental health promotion, prevention and early intervention

Early Intervention Opportunities in Non-Healthcare Settings

In considering the client's journey into a mental health crisis state it is evident to us that early interventions in response to their situations would reduce the magnitude and frequency of a mental health crisis. The nature of Better Place Australia's services is that we see clients who are at a stage of flux in their lives. The impact of this life stage flux is an increased risk of mental health issues. We believe that recognition and support of the vulnerability of the client at these flux points can reduce the likelihood of an episode of mental health crises.

There are a number of embedded and supported systematic interventions across the family law, aged care, financial hardship and school systems which we consider to be a vital consideration in an understanding of how best to support people with mental health issues, mental illnesses and those at risk of suicide.

We suggest that the focus on healthcare as the gateway to mental health service support is too narrow. Familial context and life events present opportunities to intervene and respond to mental health conditions when people are supported through services that address the difficult changes that are happening in their lives. These opportunities for interventions are similar to a public health intervention model. We urge the productivity commission to look beyond health pathways and consider how the journey of a consumer at risk of experiencing a mental health issue could be better responded to by facilitating connections and pathway between systems in a more formal and integrated way.

Primary school age students and prevention opportunities

Better Place Australia has significant experience in supporting families with mental health issues through its funded service supporting families in the Frankston and Mornington Peninsula areas. Frequently the carer in the family may have a mental health issue. In this service we recognise that the identities of children prior to adolescence are in large part defined by their attachment to their carers. Mental illness in a carer can impact attachment to the child and therefore child mental illness. We encourage the Productivity Commission to review the supports available to primary school aged children. There are of course concerns for the unwell parents. This should not stop at the parents but also extend to the children. In Victoria there are extensive support services for adolescents and young adults experiencing mental health issues, for which we are very appreciative. The supports available to younger children, who also experience mental health issues, albeit as a result of different triggers, are significantly more modest. This warrants consideration.

In considering the mental health support needs of primary school aged children, we encourage the Productivity Commission to consider the specific needs of children at that developmental stage. The primacy of attachment to stable, supportive adults means that the roles of family, carer, schools and social groups are critical in providing an environment in which young children

are more likely to experience positive mental health. In the Werribee and Melton area we took the initiative two years ago of placing a Better Place Australia child psychologist in three primary schools in the region for one to two days per week. This is part funded through Medicare. The results of this initiative have been most encouraging although over subscription is an issue. If we review the funding versus the cost of placement, we are in a significant loss position. We would urge the Commission to consider models for fully funded psychological support in primary school environments.

The thread of Mental Health issues in clients within different systems

(i) Financial Hardship System

We observe a connection between an external stressor and mental health in our Financial Counselling and Capability service clients. The presence of financial hardship can trigger significant psychological stress. Financial hardship can also perpetuate and escalate mental health issues as the lack of financial resource can prevent a client accessing physical locations in which support is offered. The lack of financial resources can also prevent clients from accessing their personal supports, without which professional supports are often in greater demand. We observe a strong correlation between financial hardship and 'mental hardship'. We urge the Commission to consider the timeliness of mental health support to those who are experiencing debilitating stress from their financial situation. In the redesign of a mental health support system we envisage an appropriate tie in between two systems - i.e. Mental Hardship & Financial Hardship. This tie in would enable direct 'warm' referrals into a psychological service through financial counselling agencies. As at April this year, Better Place Australia will be running a debt help line that receives calls from financially stressed people – this will be around 2,000 Victorians per year. A more supportive mental health system should be working alongside such an agency.

(ii) Family Law System

Better Place Australia also draws the Commission's attention to another system that would benefit from better alignment of a change in a person's situation and the elevation of their need for mental health support. This is the family law system. We consider that a better designed system would ensure the awareness of both the potential and availability of support would greatly benefit those who are vulnerable and at risk of developing a mental health condition, chronic or otherwise. Current mental health services are more aligned with health networks, yet we can see evident benefit in an alignment with family law processes and financial hardship processes.

(iii) Primary Health Network – Stepped Care model

Better Place Australia has been providing a stepped care model of accessible psychological interventions across three regions in Melbourne. This model of care responds to those with low to moderate mental health issues

- We provide Accessible Psychological Interventions in the regions of Eastern Melbourne, Kingston & Cardinia). This funded by 2 PHNs and is intended as possible long-term alternative to Medicare;

- It is a free service, offering 10-20 sessions for people with low-moderate (anxiety, depression, grief, loss) mental health issues.

Our learnings from proving Accessible Psychological Interventions are:

- Typically – due to the episodic nature of mental health conditions – our clinicians see people with more severe mental health conditions, such as various personality disorders, psychoses and other lower prevalence conditions;
- Stepped care model of the service allows for more severe conditions to be stepped up to services who offer more targeted care for acute mental health conditions;
- For future service provision we would suggest better training for intake and assessment services at referring bodies (PHNs, GPs) to facilitate more appropriate referrals;
- We would also suggest further professional development for service providers attending to lower prevalence disorders is factored into federal funding, as there is a high likelihood – based on experience – that clinicians will encounter people with full spectrum disorders.

(iv) Mental Health Promotion

We note the great work that Beyond Blue does regarding de-stigmatising and providing information and access to mental health services. We still find however that clients of our service come to us because they require a net to catch them and support them in their perceived decline in mental health. We would hope that our service should be presenting more as a ‘Welcome’ doorway not a mental health safety net.

From this we consider that the Commission should consider recommending a health promotion approach to normalise help seeking behaviour for mental health issues. Frequency and reach would be the key attributes of a successful approach. This would also be in line with a public health approach as it would introduce a more prevention-focused lens.

Health workforce and informal carers

Regional access and Regional Workforce availability

In all our services we are aware of a strong relationship between the geographic location of our clients' homes and the availability of mental health services for those clients. Those in outer suburban, regional and rural areas clients are either unable to access services or our mental health service providers are inundated with referrals, many of them beyond the scope of our intended service delivery. The inconsistent distribution of services means that we see clients later in their experience of mental illness, often at a higher severity when compared to the clientele of our inner suburban offices. We encourage the Productivity Commission to consider the governance and funding of mental health programs to address the unequal distribution of service.

We have a strong regional presence in the Latrobe Valley where we operate a family relationship centre in Traralgon and outreach locations in Bairnsdale, Leongatha and Warragul. The Latrobe Valley is an area of evident economic disadvantage. We note that mental health services are spread thinly in the Latrobe Valley and that this poses access issues for our clients who we think would benefit from a psychological intervention. The interrelationship between financial and family relationship health and mental health is strong. We consider that the Commission should review both the regional deficiency and the opportunity to better support residents through other referral pathways than just community health.

Regarding our workforce we find that when we are recruiting for mental health staff the closer to Melbourne CBD the easier it is to recruit staff. Availability seems to be in inverse proportion to the distance to the CBD. We strongly believe that incentives should be available to encourage mental health professionals to live and work in regional areas. Mechanisms such as above award wages, regional supplements or settlement incentives are required to improve availability of staff. Community workers were provided with a supplement payment (SACS) at the Federal level over the last five years – we think such a supplement should be considered for regional mental health workers.

Housing, income support and social services

As described earlier we consider that families should be offered a doorway to support when they are going through relationship and separation difficulties. Proving a place-based service at the 65 Family Relationship Centres across Australia we consider would be of great value in supporting families with mental health issues. The current health pathway is too narrow with its availability.

Facilitating social participation and inclusion

Ageing

In several of our services we observe clients placed in stressful situations where the reaction often results in the development of a mental illness. As we highlighted in our Elder Abuse Discussion Paper (2018), the elderly parents of adult children who experience mental health issues can themselves become psychiatrically unwell in reaction to the stress of caring for an adult child from a state of increasing frailty. Many of the clients of our Respecting Elders program present for support regarding elder abuse, a form of family violence which is increasingly apparent with our ageing population. We would encourage the Productivity Commission to consider the specific vulnerability of elders who are vulnerable to abuse as a result of their dependence on family members for management of legal, financial and welfare issues. While children, who are dependent on legal guardians enjoy some measure of specific state protection from those guardians, no such specific protection exists for elders. Within our Respecting Elders Program, we observe clients regularly who may live in the same physical residence as carer family members and yet are socially isolated. We encourage the Productivity Commission to consider social and psychological isolation as occurring separate to geographic isolation.

Encouragingly in January 2019 the South Eastern Primary Health Network has commissioned a pilot program with Better Place Australia to provide assisted psychological services to residents of aged care facilities in the Mornington Peninsula area. The timeliness of mental health support at a life stage change point we think is vital to reduce the potential for the development of a longer-term mental health condition. We recognise that entry into an aged care facility is a critical change in an older person's life and one at which they are particularly vulnerable to feelings of anxiety, isolation and depression. We would recommend that the Commission considers a life stage approach to inform the availability of appropriate proactive mental health support.

A vexed issue

We have responded to over 300 cases of Elder Abuse in the Victorian Community. Our workers report that in around 25% of our cases that the older person is being significantly isolated by the actions of an adult abusing child living under the same roof. In this situation we are observing that the adult child will frequently have a mental health issue. The elder parent wants to support their child however they are suffering from the actions of their child. The parent will not want police involvement as they are ashamed of their situation and they are rendered unable to disclose.

We recommend that the commission examines this situation. Based on our estimated prevalence of 25% we think it is a community issue that must be better responded to. This phenomenon of social isolation and the intersection with mental health issues will increase in magnitude due to emergent aging population demographics and financial pressures forcing adult children with mental health issues to move back to the 'family home'.

Associated with the mental health issues will be functional challenges such as maintaining Centrelink payments and the consequent pressure by the adult child to extract money from their elder parent. The situation is vexed because no action can be taken, there is no program to support the adult child to transit to alternative housing, there are consent issues and there is a fear of an elevation in the abuse if the victim talks to an agency about their situation.

Mentally Healthy Workplaces

Better Place Australia has been providing a financial hardship training to an energy utility call centre. From this, the service has extended to training staff on responding to vulnerable clients. We note that if vulnerable clients reveal more about their situation then the call centre workforce becomes more exposed to vicarious trauma. A component of the training was responding through resilience building, self-care and client support pathways to external services. For a mentally healthy workplace the workers need to be resilient. We think that call centre staff in general need greater attention to their mental health as they experience high frequency customer contact and the impact of customer disclosures upon the staff mental health can be significant.

Framework to enhance mental health and improve participation and workforce contribution

Towards coordinated care and a fully integrated system: Separating Families and the risk of social isolation, depression and trauma and the need for a timely place-based response

In our relationship counselling, family dispute resolution and child counselling services we work with separating couples. Many clients report social isolation due to a breakdown in social connections associated with the romantic separation. Clients more adept at help seeking often fare better under these circumstances. We have observed clients for whom help seeking is unusual (typically men from most cultural backgrounds) have a tendency to experience the stress of separation without adequate personal or professional support and so are more prone to develop difficulties with their mental health. Many triggers for many severe stressors are easily identified. We encourage the Productivity Commission to consider the placement and integration of mental health services within the locations in which clients are likely to experience very high levels of stress, for example family court determinations. This is consistent in taking a place-based approach to services when those in need are responding to a life stage event and are attending a family service location that can support them in a broader, more timely way.

In many cases of child counselling associated with the separation of parents we observe one or both carers developing mental health issues, often developing into mental illness, either triggered or exacerbated by the stress of the separation. As an agency offering services connected to family dispute resolution as well as counselling services, we are acutely aware of the impact of family court proceedings on children and their parents. The process of attending family court is stressful in a variety of ways, the impact of unstable access to a parent or the withdrawal of access to a parent is also very stressful. As previously mentioned, the impact of degrading parental attachments on a pre-adolescent child is to shake that child's identity and psychological stability. We also note that some governmental and judicial processes can lead perpetrators of family violence to be very present in the lives of some of our child and adult clients. We understand the role of the judiciary in balancing the rights of an accused and an accuser, however, would note that the presence of ongoing stress and violence in the life of a child serves in every sense as a formative experience, creating vulnerability to various mental health conditions and future offending. We encourage the Productivity Commission to consider the role of governmental and judicial processes in triggering some of the stressors which can lead to these conditions. This is a systematic inclusion issue, again it illustrates how a many doors approach is required and not just a health pathways approach.

In reflecting upon the impact of separation upon the mental health of both separating couples and their children, we consider that there is an inevitable elevation of risk. We respond to over 3,000 separating clients' needs per year and note that over 45% of clients report the presence of family violence. In particular we would draw the Commission's attention to situations where we are negotiating care arrangements in high conflict families. This is done using a mediation process that is far less adversarial than a family court adversarial situation. The mediation

approach, when framed with risk assessment reporting and planning, is able to reduce the potential for adverse mental health impacts. We recommend that the Productivity Commission considers the timeliness of support to couples going through separation and consider more flexible ways to integrate and fund mental health support services in the context of family separation.

About Better Place Australia

Better Place Australia is a not-for-profit agency in Australia that has been providing family dispute resolution support, relationship support, psychological services and financial counselling for over thirty years.

During this time, we have evolved into one of the most successful providers of relationship services in Victoria. From 28 locations, Better Place Australia supports over 8500 Victorians every year, many of whom are experiencing family, relationship, financial issues and other related challenges.

Better Place Australia enjoys a strong relationship with organisations in the community, in the not-for-profit sector and maintains excellent State and Federal Government ties. We have developed a reputation as a high performing and trusted partner providing family support services. Creative and innovative thinking is instilled in our culture; with a core focus on quality, performance and consumer-centric service delivery.

Our doors are open to a wide range of people from all walks of life. Our family and relationship services range from alternate dispute resolution, financial counselling and counselling services to support and conflict resolution services for older people. This includes a suite of school and parent group programs offering in-school programs from professional development for staff to individual psychological services for students.

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