Submission in response to the Draft Report of the Productivity Commission Inquiry into Mental Health

JANUARY 2020

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Introduction

UnitingSA was established in 1919 and provides community services, housing and aged care to support people across South Australia. More than 1,000 employees and volunteers deliver support to almost 15,000 people from diverse backgrounds each year to realise our vision for a 'compassionate, respectful and just community in which all people participate and flourish'.

UnitingSA is a leading provider of community mental health services in metropolitan and regional South Australia and a member of the Mental Health Coalition of SA. We welcome the opportunity to respond to the Productivity Commission's Inquiry into Mental Health and to help shape future necessary mental health reforms.

We are particularly encouraged the Inquiry recognises and seeks to address the deficits of the National Disability Insurance Scheme (NDIS) in relation to mental health support. This aligns with the South Australian Parliament's Social Development Committee Inquiry into Mental Health Services and the NDIS in late 2018, to which we also provided a submission outlining our key concerns and recommendations to ensure people with psychosocial disability receive the supports they need.

We support the Productivity Commission's research showing the conservative cost to the Australian economy of suicide and mental-ill health is between $43 and $51 billion per year, in addition to the estimated $130 billion cost "associated with diminished health and reduced life expectancy for those living with mental ill-health". Given the significant expense of clinical interventions, we believe our recommendations around community mental health will go some of the way to addressing these costs.

In addition to providing dedicated community mental health services, and supporting people through the NDIS, UnitingSA workers also provide significant mental health support to people accessing our diverse range of community services including employment, aged care, family and homelessness services.

It is through this holistic lens of mental health being intrinsically linked with other life factors and experiences that programs and services must be designed and developed if we are to ever have a system that truly enables people's recovery.

We are firmly of the belief that people with a lived experience are integral to effective and compassionate service delivery. At UnitingSA, peer workers are embedded across our mental health services and we strongly recommend all mental health reforms are led by, not simply in consultation with, people with lived and living experience of mental illness, their families and carers.

Scope of this Submission

This submission responds directly to the Productivity Commission's recommendations in three of the five key areas outlined – Reorienting health services to consumers, Reorienting surrounding services to people, and Pulling together the reforms. Under each section we have responded to areas pertinent to our work at UnitingSA and provided recommendations to improve systems and bridge critical gaps.

In line with our experience, some of the overarching themes of our recommendations are:

- The need for greater recognition of psychosocial support, including peer support, as an essential service in the recovery of people living with severe mental illness. This should be alongside, and not secondary to, clinical care.
- The need for greater investment in, and ease of access to, psychosocial support.
- The value of lived experience in all stages of mental health support and across all service environments, including community and tertiary settings.
- The inability of the National Disability Insurance Scheme (NDIS) in its current form to adequately support quality services for people with psychosocial disability.

Underpinning all of this, a human rights framework must be central to the reform agenda.

Our Response & Recommendations

Reorienting health services to consumers

Healthcare Access

All people deserve to be able to access timely, appropriate support to improve their health, wellbeing and inclusion. While UnitingSA is broadly supportive of the Productivity Commission's recommendations around improving healthcare access for consumers, they place an over reliance on clinical services and fall short in several key areas.

Changes are needed to bridge the increasing gap in access to psychosocial support that has been created through the defunding of the Commonwealth programs Personal Helpers and Mentors Service (PHaMS), Day to Day Living and Partners in Recovery (PIR). These programs were critical for people with moderate to severe mental illness to access psychosocial support through self and primary care referrals, rather than referrals via state-based mental health services. The National Psychosocial Support Measure, which has replaced these programs, is underfunded leading to an unacceptable 12-month wait for services in South Australia.

UnitingSA continues to run a unique program providing psychosocial supports to people living with a mental illness who see a GP for their clinical management. The GP Access program is designed to respond to the demand from people with moderate to severe mental illness who are not involved in the state mental health system. Research shows there is demand on GPs to assist people with mental health issues in their clinical symptom management. An Australian Institute of Health and Welfare report found 11.7 per cent of all GP encounters were for a mental health-related problem.[1] GP Access enables people in this cohort to access responsive psychosocial supports without having to access tertiary clinical services, and offers GPs a resource to complement their clinical treatment. The program demonstrates excellent results with regards to supporting people's recovery and keeping them from entering state mental health services. As such, it is a highly cost effective intervention.

Recommendation 1: Reinstate funding for self-referral options to access psychosocial support in line with Personal Helpers and Mentors Service (PHaMS), Day to Day Living, and Partners in Recovery (PIR).

Recommendation 2: Consider the GP Access program as a service model to roll out nationally.

While supportive of the Productivity Commission's recommendation to trial an increase in MBS-rebated psychological therapy from 10 sessions to 20 sessions, there is a need to recognise barriers still exist in relation to the cost of these services and availability in regional areas. Without action to increase the availability of bulk-billing services, the most disadvantaged people in our community will not benefit.

Recommendation 3: Increase the availability of bulk-billing psychological therapy services.

[1] Australian Institute of Health and Welfare (2012). '*Mental health services—in brief. Cat. no. HSE 125.'* Canberra: AIHW

Improvements for people receiving care in hospitals

UnitingSA is fully supportive of the recommendations for increased and improved alternatives to hospital emergency departments for people with acute mental illness, especially the inclusion of peer-led after-hours and mobile crisis services. There are overseas examples such as RI International's crisis programs which are peer governed, providing a combination of psychosocial and clinical support. Such a model should be explored for application in Australia. We would like to see this approach go one step further, however, to provide access to peer workers for support and advocacy throughout a person's stay in hospital.

We also recommend consideration be given to the fact that presentations to emergency departments for a mental health crisis can often be related to a situational crisis in a person's life. As such, psychosocial interventions at this time are equally important to therapeutic.

Recommendation 4: Establish peer-led emergency response services based on successful international models providing both therapeutic and psychosocial support.

Recommendation 5: Invest in ensuring peer workers are available for support and advocacy for all people accessing hospital for mental illness from emergency department presentation through to discharge.

In addition, in order to deliver a system that is fully responsive to the needs of our community, improved alternatives need to be developed beyond crisis response and hospital settings. There is a need to vastly improve people's experiences across all clinical care. Recognition of the trauma suffered from abuse, restrictive practice and coercion across the gamut of clinical settings needs to be reflected in the Productivity Commission's findings and subsequent recommendations.

Recommendation 6: Introduce peer-led initiatives as an alternative and/or complement to all mental health services, including clinical.

Healthcare workforce

Peer workers are embedded across UnitingSA's Mental Health Services and are integral to the success of Australia's future mental health system. We strongly support the recommendation to move towards the establishment of a professional body to represent peer workers, along with calls to educate health professionals about the role and value of peer workers in improving outcomes. The Productivity Commission's recommendations around peer workers, however, should focus not only on strengthening but also on increasing the peer workforce. They must also reflect the need to increase the availability and access to peer workers in all settings, including primary, community and tertiary mental health services.

UnitingSA has partnered with the University of South Australia to advance the sector's understanding of the role and impact of lived experience in mental health service delivery. The PhD project, commencing in 2020, will strongly align with the South Australian Government's Mental Health Services Plan 2020-25, which emphasises the importance of putting a lived experience workforce at the centre of service delivery. Greater investment to support more research in this area is required to provide the evidence-base needed to enhance person-centred service delivery models across the sector.

Recommendation 7: Increase investment in applied research into the value of peer work to better understand the role of lived experience in supporting people's recovery and shape future reform.

Recommendation 8: Improve access to peer workers in all mental health settings including primary, community and tertiary.

Reorienting surrounding services to people

Care integration and coordination

For the mental health system to successfully function and help people achieve positive life outcomes it is crucial it takes into account that mental illness does not exist in a silo. A person's whole of life situation must be considered when designing, developing and funding programs and services. In order for someone to benefit from health care they require their essential needs to be met, such as housing, income support, social and community connection. UnitingSA is a provider of the SA Health-funded Individual Psychosocial Rehabilitation and Support Service (IPRSS), which provides one-on-one support in a person's home and community to help them address barriers to having these needs met, and build the skills and confidence required to live independently. An independent evaluation of IPRSS[2] has demonstrated a 39 per cent reduction in mental health-related hospital admissions and a 16 per cent reduction in the average length of hospital stay for people accessing the service. Given the very high cost of tertiary care, investing in psychosocial programs delivered by not-for-profit organisations has obvious cost benefit implications.

UnitingSA is highly supportive of the Productivity Commission's recommendation for longer funding contracts for psychosocial support providers. This is a necessary step to ensure providers are able to maintain and invest in the development of a skilled workforce. We would also urge the Productivity Commission's report to better reflect the need for greater investment in, and access to, psychosocial support services.

Recommendation 9: Increase investment in psychosocial support services delivered by community organisations.

Recommendation 10: Fund community organisations to provide coordination of services for people with severe mental illness to address their whole-of-life needs including housing, income, employment and community connection. Peer workers should be key practitioners in the delivery of care coordination.

We support recommendations to strengthen referral processes between assistance phone lines to minimise the need for consumers to repeat information. In addition, there needs to be a greater emphasis on ensuring peer workers are a key component of phone assistance services to ensure those accessing information are able to obtain advice and support from people with a lived experience of mental illness.

Recommendation 11: Increase investment in peer-led mental health advice lines such as the Lived Experience Telephone Service in South Australia.

Recommendation 12: Include minimum ratios for peer workers within existing assistance phone line services.

[2] Health Outcomes International (2011). *'SA Health Evaluation of the Individual Psychosocial Rehabilitation and Support Service (IPRSS) Program.'* Kent Town, South Australia.

The National Disability Insurance Scheme (NDIS) is in need of significant reform to address its inability to meet the needs of many people with a psychosocial disability. Without rapid change, many people will continue to receive NDIS plans that fail to address their needs, and be required to engage with a service system that fails to provide recovery-oriented support.

UnitingSA is running a 12-month pilot project to support people living with a psychosocial disability with high and complex needs who have transitioned to the NDIS. The pilot aims to provide recovery-oriented psychosocial support within the NDIS environment, via a 100 per cent lived experience team. It was created in response to a gap that was increasingly evident when two former Disability SA-funded programs run by UnitingSA for people with Exceptional Needs ceased. While participants were granted automatic access to the NDIS, they began experiencing adversity as they struggled to find services within the NDIS to meet their needs. A number of people were requesting to remain with UnitingSA and in response, we developed the NDIS Peer Support Program pilot, providing the level and quality of support that had proven to be effective for this cohort.

An evaluation of the pilot project by University of South Australia's Australian Alliance for Social Enterprise[3] in late 2019 showed that while it was able to provide quality recovery-oriented support in line with best practice, it was only possible with UnitingSA providing in-kind funds to meet the shortfall created by NDIS pricing. The evaluation found the current NDIS environment is restricted in its ability to properly support people with psychosocial disability because, in part, of its limitations and inflexibility around pricing, eligible activities for funding and the inability to respond to episodic and crisis support. Unless significant changes are made the NDIS will continue to result in detrimental outcomes for people with psychosocial disability including a likely increase in emergency department admissions as well as interactions with the criminal justice system and higher mortality rates.

The evaluation also found extensive value in the pilot program's approach to funding support workers to conduct 'space between' activities, including debriefing, supervision and professional development. Without funding to cover these non-billable activities, there are risks associated with burn out, vicarious trauma, compassion fatigue, workforce retention and consequently, quality of care. A study by the University of South Australia highlights the criticality of providing 'space between' activities for the community services workforce in order to prevent vicarious trauma[4].

In supporting the Productivity Commission's recommendations regarding necessary reform, we would propose the following additions:

Recommendation 13: Recognise the importance of 'space between' activities and the risks associated with reducing capacity for these for workers and people receiving supports and the need to price services accordingly.

[3] Tanya Mackay, Dr. Mark Loughhead & Professor Ian Goodwin-Smith (2019). *'Preserving Recovery Principles of Psychosocial Services in a National Disability Insurance Scheme Funding Environment: The UnitingSA NDIS Peer Support Program.'* The Australian Alliance for Social Enterprise, University of South Australia, Adelaide.

[4] Louth, J., Mackay, T., Karpetis, G. & Goodwin-Smith, I. (2019)."*Understanding vicarious trauma: Exploring cumulative stress, fatigue and trauma in a frontline community services setting"*. The Australian Alliance for Social Enterprise, University of South Australia, Adelaide.

Recommendation 14: People experiencing psychosocial disability be allocated NDIS packages that include a guaranteed minimum funding amount over several years, to increase stability for the market and individuals in relation to their support needs.

Recommendation 15: Increase the hourly rate for support provided under the NDIS to people experiencing complex psychosocial disability to enhance continuity of care and reflect the resourcing and skills required to maintain quality support.

Recommendation 16: Include transport to community engagement or self-care activities as a billable item and choice for people receiving NDIS support.

Recommendation 17: Improve processing times for psychosocial funding reviews, especially in relation to increased needs in times of crisis.

Recommendation 18: Require registration as a specialist psychosocial provider to support people with a psychosocial disability through the NDIS, to ensure services have demonstrated capacity to work with people living with severe mental illness.

Housing supply

UnitingSA is a provider of Homelessness Services in Adelaide's western suburbs and in the past year, 42 per cent of clients accessing our homelessness support experienced mental health issues. We welcome the Productivity Commission's recognition of the strong link between mental illness and homelessness and support the need to ensure appropriate mental health training for social housing workers along with strategies to reduce the risk of eviction. Recommendations calling for a national commitment to 'no exits' from institutional care into homelessness for people with mental illness are fully supported by our organisation. Too often we see people exited from hospital, including mental health wards, into unstable housing and homelessness. As noted by the Commission, there is a significant social housing supply issue in Australia and strong targets are necessary if the cycle between mental illness and homelessness is ever to be broken.

Recommendation 19: Significant investment should be made to facilitate the doubling of social housing stock across Australia.

We also strongly support recommendations for more supported housing Australia-wide. UnitingSA collaborates with Southern Mental Health Services, Housing SA and Unity Housing to support people with a mental illness who are homeless or at risk of homelessness through the Avalon program. The program provides accommodation and psychosocial supports with the aim of assisting people to build the skills necessary to secure and maintain long-term housing. Such a model could be replicated on a larger scale to create lasting impact for this cohort across Australia.

Recommendation 20: A supported housing model similar to Avalon in South Australia be adopted more broadly for people with a mental illness who are homeless or at risk of homelessness.

Justice System

In support of a client-centred approach, it is important any recommendations surrounding mental health and the justice system are based on increasing support for people in mental distress or crisis, as opposed to a punitive approach. A recent case study involving a UnitingSA client demonstrates the positive impact a peer workforce can have on client outcomes in avoiding a justice intervention.

Case Study

Shane*, age 49, has been supported by UnitingSA for the past seven years after being referred from the State Government's Exceptional Needs Unit. He entered under a former State Government grant-funded program and has since transitioned to the National Disability Insurance Scheme. Shane has been receiving support through our pilot NDIS Peer Support Program for the past six months. Through the program Shane is supported by a lived experience team made up of a coordinator and five support workers. Shane lives with a psychosocial disability and serious health issues. He describes his experience in the program as positive, saying it has "given me the same control over my life as everyone else".

Over Christmas, a situation arose in which Shane was without medication for two days, as his NDIS support (by another provider) was not delivered. This led him to be in an extreme state of distress and facing potential health complications. A support worker and coordinator attended to work together to monitor and support Shane, helping him to calm down and eventually agree to travel to hospital by ambulance for assessment. Owing to past trauma in hospitals, Shane was extremely distressed and agitated but with intensive support from his peer workers he agreed to be transported to hospital via ambulance where he was assessed by emergency department staff. He was kept for observation and then supported by a peer worker to settle back in at home and work through the distress.

Having had a close relationship with Shane over many years and understanding what helps him to manage his distress and feel safe, we can confidently say if emergency services workers had been left to handle the situation there would have been a very different outcome. Shane would have been at significant risk of being detained and having police or security guard involvement. This would have traumatized Shane and in addition to this personal cost, would have likely resulted in increased cost to the state emergency and hospital services.

**Name changed*

This is just one example to demonstrate why peer workers, who can truly support people from a place of understanding, are fundamental to any future strategies around crisis responses for people in mental distress.

In addition, it is worth noting that in Shane's situation UnitingSA provided support throughout the experience at a significant financial loss ($929) as the time spent was well above what is allocated and can be billed under his NDIS plan. His positive outcome was only achievable due to our pilot NDIS Peer Support Program and UnitingSA's willingness to fund the extra

support required. This goodwill is not a sustainable solution to instances of crisis for people receiving support under the NDIS.

To this end, we propose the following:

Recommendation 21: Allocate extra hours to the NDIS plans of people experiencing complex psychosocial disability as a safety net in the event additional services need to provide episodic and crisis support.

Recommendation 22: A team of lived experience responders be developed to work in place of, or alongside, police to respond to situations involving mental distress or crisis.

Advocacy

Everyone should be able to access advocacy services that provide them a voice that truly reflects their needs and human rights. UnitingSA welcomes the Productivity Commission's recognition of current gaps in legal and advocacy services for people experiencing issues related to mental health legislation. This includes people going before mental health tribunals and is especially apparent for those subjected to involuntary treatment. We support recommendations regarding legal aid and highlight the need for this to be supported by specialised training for workers in this field.

Recommendation 23: Provide mental health training for legal aid workers.

Recommendation 24: Make advocacy available and accessible for all people receiving public mental health clinical services.

Recommendation 25: Review the Mental Health Acts across Australia to provide for greater protection for people regarding coercion and involuntary treatment.

Recommendation 26: Legislate for advocacy services to be mandatorily offered to people going before the mental health tribunal and who are subjected to involuntary treatment.

Pulling together the reforms

Governance, responsibilities and consumer participation

The current mental health system is fragmented and requires significant reform to ensure a cohesive future in which no person is left without timely and appropriate supports. UnitingSA supports the Productivity Commission's recommendations to establish a National Mental Health and Suicide Agreement, a new national Mental Health Strategy, and Regional Commissioning Authorities. It is important when these authorities are developed, they are based upon a framework that values psychosocial services as an essential component of a regional mental health system.

In addition, we welcome the proposed governance oversight by the National Mental Health Commission for monitoring and reporting on outcomes. It is also promising to see the recommendations around engaging consumers and carers at the heart of reforms. However, to deliver a truly person-centred system we believe the commitment around engagement should be strengthened to include effective co-design with people with a lived experience of mental illness.

Recommendation 27: Mental health system reforms must have a stronger focus on co-design, rather than just collaboration, to ensure consumers and carers lead the planning, design, monitoring and evaluation.

Recommendation 28: Regional Commissioning Authorities should have an equal focus on, and resourcing of, psychosocial and peer services as they do primary care.

Funding

As one of South Australia's largest providers of community mental health services, we are particularly buoyed by the recommendation for State and Territory Governments to take on sole responsibility for commissioning psychosocial and mental health carer support services outside of the NDIS. We welcome the call for the Australian Government to provide funding to support the new and expanded roles and would advocate for the re-establishment of critical psychosocial support programs such as Personal Helpers and Mentors Service (PHaMS), Day to Day Living and Partners in Recovery (PIR), under a state-funded model.

Recommendation 29: Funding be made available at state level to reinstate previously funded Commonwealth psychosocial support programs such as Personal Helpers and Mentors Service (PHaMS), Day to Day Living and Partners in Recovery (PIR).

Conclusion

The Productivity Commission Inquiry into Mental Health is an opportunity for change; not token steps but a chance for the sweeping reforms necessary to guide the future of mental health services across Australia. The draft report goes part of the way to realising this potential. Drawing on our extensive experience providing psychosocial supports and embedding a lived experience workforce in our service delivery, UnitingSA urges the Productivity Commission to consider our recommendations when finalising its report.

While the draft report makes several necessary recommendations to strengthen the peer workforce and recognise the value of psychosocial supports, it largely underplays the role of community providers in delivering successful recovery-oriented mental health services. In an environment where the NDIS is leaving many people without adequate support to ensure their wellbeing and inclusion, community mental health services have an even greater role to play.

By increasing investment in, and access to, psychosocial supports delivered by community organisations, and by placing lived experience workers at the centre of this service delivery, there is an opportunity to bridge the critical gaps created through the transition to the NDIS for people with psychosocial disability.

A system which values community mental health services as much as clinical, and peer workers as much as clinicians, is a system that can meet the needs of Australians with a mental illness when and where they need it most.