Submission to the Productivity Commission's Inquiry into Mental Health

My name is Tim Heffernan. I have worked as a consumer peer worker in the public sector in New South Wales for over ten years. I now work as a Mental Health Peer Coordinator with the South Eastern NSW PHN and am a Deputy Commissioner with the Mental Health Commission of NSW.

I have previously worked from over twenty years as a secondary school teacher. I have lived with a diagnosis of Bipolar 1 Mood Disorder since 1983 and have been subject to involuntary inpatient public mental health hospital treatment on five occasions over 36 years.

I am married with two well-adjusted, intelligent young adult daughters.

The opinions I express here are my own, and not representative of any of the bodies mentioned above.

My submission attempts to respond to many of the questions posed in the Issues Paper.

Recommendations

1. That people with lived experience of mental illness should lead any reform that results from this Inquiry.
2. That the true cost of involuntary hospital based care be assessed in terms of the its impact on a person's whole life, not just the economic cost of an admission.
3. That hospital based mental health wards are phased out and replaced by community based places that provide therapeutic, trauma informed care and accommodation.
4. That designated lived experience positions be established at all levels of mental health services, policy development and evaluation.
5. That lived experience leaders are identified and supported to meet regularly to plan, evaluate and work on the implementation of trauma-informed, recovery-focused services.
6. That the Peer Workforce, and particularly the consumer peer workforce be substantially developed and supported in mental health and all social services.
7. That, where possible, the peer workforce be run and led by people with lived experience of mental illness so that it can work authentically in partnership with mainstream services.
8. That mainstream services be incentivised to provide employment to a workforce that reflects the demographic of their communities, including at least 25% of people experiencing mental health issues.
9. That all public services be mandated to employ at least 25% of workers who have mental illness.
10. That the concept of 'early reconnection' be considered for people with mental illness. Early reconnection to education, work and relationships for young people and early reconnection to these following or during a mental health episode.

Responses to Issue Paper questions

Structural Weaknesses in Healthcare

Why have past reform efforts by governments over many years had limited effectiveness in removing the structural weaknesses in health care for people with a mental illness? How would you overcome the barriers which governments have faced in implementing effective reforms?

There has been no shift from the biomedical model and funding remain primarily in hospitals. There has been no attempt to shift the structure, despite the 2014 NMHC Review. Need a shift to overcoming the 'Burden of Obstacles' as argued by UN Special Rapporteur Dainius Puras in

2017. http://socialprotection-humanrights.org/wp-content/uploads/2017/06/Special-Rapporteur-report-on-mental-health-and-human-rights.pdf

What, if any, structural weaknesses in healthcare are not being targeted by the most recent and foreshadowed reforms by governments? How should they be addressed and what would be the improvements in population mental health, participation and productivity?

Despite policy that mandates consumer participation, leadership since the first National MH Plan in 1992, this remains tokenistic and unrealised. Similarly support for a peer workforce has not resulted in any shift of funding to support this structural workforce change. A substantial commitment to a lived experience workforce would increase the health of the population, and substantially increase the economic participation and productivity of people who have experienced mental illness and recovery.

Should there be any changes to mental illness prevention and early intervention by healthcare providers? If so, what changes do you propose and to what extent would this reduce the prevalence and/or severity of mental illness? What is the supporting evidence and what would be some of the other benefits and costs?

Prevention is a whole of society responsibility. Early intervention requires pathways that are not coercive and traumatic as this sets up a reluctance to use services later on. There should be alternative pathways for people, especially pathways that are provided by people with lived experience https://store.samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP-KIT/SMA11-4633CD-DVD
and https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/The%20Effectiveness%20of%20Services%20Led%20or%20Run%20by%20Consumers%20in%20Mental%20Health%20-%20Sax%20Institute%20-%20August%202016.PDF

Specific Health Concerns

Which forms of mental health promotion are effective in improving population mental health in either the short or longer term? What evidence supports this?

Narratives – lived experience stories can give hope and improve population mental health. https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/narrative-and-severe-mental-illness-what-place-do-stories-have-in-an-evidencebased-world/AC4112C21F3E985C3174AA362D009D45 and

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5046787/ and

https://mh.bmj.com/content/26/2/92

What changes do you recommend to healthcare to address the specific issues of suicides and comorbidities among people with a mental illness? What evidence is there to support your suggested actions and what types of improvements would you expect in terms of population mental health, participation and productivity?

Consumer run alternatives to ED.

https://power2u.org/evidence-for-peer-run-crisis-alternatives/

https://www.ncbi.nlm.nih.gov/pubmed/28388285

http://www.peerrespite.net/research

What healthcare reforms do you propose to address other specific health concerns related to mental ill-health? What is the supporting evidence and what would be some of the benefits and costs?

There needs to be a serious investigation into the prescribing of psychotropic and anti-depressant medications, that examines whether their use is actually harmful to peoples' mental and physical health, and their life span.

https://www.ncbi.nlm.nih.gov/pubmed/14728997

https://www.abc.net.au/news/2017-12-27/antipsychotic-drugs-restraints-and-seclusion-in-mental-health/9286208

What overseas practices for supporting mental health and reducing suicide and comorbidities should be considered for Australia? Why? Is there formal evidence of the success of these practices, such as an independent evaluation?

Consumer Run Recovery Learning Communities/ Respite/ Alternatives

https://www.umassmed.edu/globalassets/systems-and-psychosocial-advances-research-center/publications/manuals/reports/recovery-learning-community-outcomes-study-12.2.pdf

https://www.mindaustralia.org.au/resources/our-evidence-base

Safe places – alternatives to hospital.

https://socialequity.unimelb.edu.au/__data/assets/pdf_file/0012/2898525/Alternatives-to-Coercion-Literature-Review-Melbourne-Social-Equity-Institute.pdf

Health Workforce and Informal Carers

Does the configuration and capabilities of the professional health workforce need to change to improve where and how care is delivered? If so, how should the workforce differ from current arrangements? How would this improve population mental health, participation and productivity?

Yes. With the recognition that the biomedical model of MH lack evidence, workforce need to shift from traditional medical roles – such as psychiatrists, nurses etc to a workforce that can provide relational support, give hope and assist people to more quickly regain their purpose and connections in life. The peer workforce will be the most significant workforce to do this. If that workforce is peer run and able to partner effectively with traditional workforces there would be substantial improvements in MH, productivity and participation.

http://peerworkhub.com.au/the-case-for-peer-work/peer-work-unpacked-roles-and-functions/

https://mhaustralia.org/newsletters-bulletins/ceo-update-peer-work-australia-new-future-mental-health

What can be done to address health workforce shortages in regional and remote areas? In which areas or circumstances would greater use of technology and tele-health services be suitable? What prevents greater remote provision of services to address the shortages?

Employment of peer workers supported by a peer work network.

https://www.crrmh.com.au/get-help-now/self-help-resources/podcasts/mental-health-peer-workers/

https://www.ruralhealth.org.au/12nrhc/wp-content/uploads/2013/06/Cabot-Wendy_Cronin-Beth_ppr.pdf

https://nswmentalhealthcommission.com.au/mental-health-and/rural-communities

https://www.aph.gov.au/DocumentStore.ashx?id=7fe56edb-899f-49f2-8123-27a31ba5fcdc&subId=613170

What could be done to reduce stress and turnover among mental health workers?

Less coercive practice.

How could training and continuing professional development be improved for health professionals and peer workers caring for people with a mental illness? What can be done to increase its take up?

Development of peer worker network in each of the 31 PHN's where peer workers from all services – public, ngo and PHN commissioned can meet regularly for co-reflection, professional development and support. Currently a model operates in South Eastern NSW PHN.

Housing and Homelessness

What approaches can governments at all levels and non-government organisations adopt to improve:

• support for people experiencing mental illness to prevent and respond to homelessness and accommodation instability?

• integration between services for housing, homelessness and mental health?

• housing support for people experiencing mental illness who are discharged from institutions, such as hospitals or correctional facilities?

• flexibility of social housing to respond to the needs of people experiencing mental illness?

• other areas of the housing system to improve mental health outcomes?

Employ people with lived experience – peer workers – in all housing and FACS services.

https://www.feantsa.org/download/peer_support_policy_paper2951723577548485776.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5438434/

https://www.homelesshub.ca/resource/peer-support-specialist-housing-first

What evidence can we draw on to assess the efficiency and effectiveness of approaches to housing and homelessness for those with mental ill-health?

https://mhaustralia.org/sites/default/files/imported/component/rsfiles/publications/MHCA_Home_Truths_Layout_FINAL.pdf

https://www.ahuri.edu.au/__data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5952646/

What overseas practices for improving the housing stability of those with mental illness should be considered for Australia? Why? Is there formal evidence of the success of these practices, such as an independent evaluation?

USA

https://www.ncbi.nlm.nih.gov/books/NBK519591/

https://store.samhsa.gov/system/files/sma10-4510-07-theevidence-psh.pdf

http://whatworksforhealth.wisc.edu/program.php?t1=109&t2=126&t3=89&id=349

Europe

https://www.csi.edu.au/news/mental-health-and-homelessness-housing-coupled-support-brings-health-and-economic-benefits/

https://www.ohchr.org/Documents/Issues/Housing/Disabilities/CivilSociety/Aportaciones%20RAIS%20Fundaci%C3%B3n_05_IntroducingHFinSpain_Habitatprogramme.pdf

https://onlinelibrary.wiley.com/doi/pdf/10.1111/add.14030

Psychosocial disability support services

How could non-clinical mental health support services be better coordinated with clinical mental health services?

Peer/ Consumer operated peer work services can work better in partnership than as part of clinical services where they may be co-opted.

https://www.socialventures.com.au/sva-quarterly/the-value-of-a-peer-operated-service/

https://www.qmhc.qld.gov.au/sites/default/files/uploads/2017/02/Promoting-Lived-Experience-Perspective_Discussion-paper.pdf

https://ro.uow.edu.au/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1033&context=sspapers

https://www.researchgate.net/publication/287130682_Cooptation_of_Peer_Support_Staff_Quantitative_Evidence

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5638298/

Are there significant service gaps for people with psychosocial disability who do not qualify for the NDIS? If so, what are they?

- Contraction of services
- Inappropriate services
- Negative perceptions of self
- Trauma

What continuity of support are State and Territory Governments providing (or plan to provide) for people with a psychosocial disability who are ineligible for the NDIS?

COS has promised to be 'as good as' what consumers were receiving under PIR & PHaMhs, but cearly they are not.

Are the disability support pension, carer payment and carer allowance providing income support to those people with a mental illness, and their carers, who most need support? If not, what changes are needed?

In mental health the DSP should provide for more positive framing. Could people who contribute to their community and themselves have the DSP changed to a wage based payment, rather than welfare. Can we leverage the DSPt to get people back into the workforce. At the moment there are too many disincentives to getting off the DSP. People become content with a life of comfortable mediocrity.\

Is there evidence that mental illness-related income support payments reduce the propensity of some recipients to seek employment?

Yes.

https://www.humanrights.gov.au/publications/national-inquiry-employment-and-disability-interim-report-chapter-3

http://www.abc.net.au/rampup/articles/2011/09/29/3328892.htm

https://www.dss.gov.au/sites/default/files/documents/04_2013/residual_benefits_-_accessible_word_version_2.pdf

Social Participation and Inclusion

In what ways are governments (at any level) seeking to improve mental health by encouraging social participation and inclusion? What evidence is there that public investments in social participation and inclusion are delivering benefits that outweigh the costs?

Not much at all.

http://peterbates.org.uk/wp-content/uploads/2017/04/how_to_take_your_lived_experience_to_work.pdf

https://www.sane.org/images/PDFs/1007_info_rb12.pdf