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Taree - Wauchope - Port Macquarie - Kempsey - Coffs Harbour

**Submission to the Productivity Commission Inquiry into  
The Social & Economic Benefits of Improving Mental Health**

**05 November 2019**

**1. Introduction**

Community Colleges across Australia are carrying a heavy burden of support for young people, older citizens and their families affected by mental health and substance misuse, PTSD, drought and industry restructuring, everywhere from inner city and urban settings to rural and regional communities. On the Mid North Coast of NSW over the past six years we have specialised in supporting vulnerable community groups. So we have been exposed to a wide range of alcohol and other drug misuse, trauma and mental health challenges, along with PTSD among first responders and other frontline workers.

Without doubt, addressing these issues in a preventive and early interventive way will save the economy a mottsa, as well as improving the personal lives and regional economies that make up our nation. The issues are clear, but solutions are far too often piecemeal and miss the target groups. Also, because they are predominantly slanted towards expanding the interests of vested clinical and professional groups, they do not reach the community settings where they are most needed. This is the story with recent massive funding increases for headspace, a model that may work for some mainstream young people, but the disadvantaged, Aboriginal and Torres Strait Islanders and multicultural groups won't go near it.

The most worrying group is young people who have picked up pain relief in their late primary school years, due to domestic and family violence, sexual abuse and other traumas that they did not invite into their lives. We have these young people in our Nautilus Special Assistance High School, which receives all those kids who are kicked out of mainstream industrial high schools in Years 9 & 10, because they have suffered from traumas and are not academically inclined. There are thousands of these guys all over the country, and many are enrolled in the Alesco or Alternative Education network of special assistance high schools currently growing like topsy across NSW. This is due to the irrelevance of mainstream competitive, testing-and-exam-mark-obsessed industrial schooling, which trashes kids who have problems.

Hence this submission from the frontline of the ACE (Adult Community Education) sector, to seek more than band aid solutions, and to help create a sustainable network of places where young people can get well and stay well. Plus we have a model for all ages, which is also growing across the country, The Recovery College – for Co-Design and Co-Delivery of programs by people with lived experience of challenges, adult educators and clinicians, all working as equals.

We believe it is essential to put in place a program beyond clinical treatments, if there is to be effective long-term Treatment, Rehabilitation and Recovery in the Community. This is for all ages, but especially for young people who are currently demonised and criminalised into a “justice” system that then condemns them for life. Growing Self-harm and Suicide, and permanent Careers in Crime are not outcome measures that reflect well on governments.

By following a pathway which allows them to rebuild their lives through Learning and Life Development in the ACE sector, young people can regain their self-esteem and confidence, encouraged by the respect they receive when their educators pursue learner-centred Adult Learning Principles and Practices. They are given the power to develop their own lives.

So it is too for those adults suffering from mental health, addiction, PTSD and domestic & family violence. When they join The Recovery College they are freed of all stigma from their diagnosis and become “just a student going to college.”

## **2. The Context for Sustainable Recovery**

- Addressing the Social Determinants of Health (SDH) at the local community level – Young and older people need support with Housing, Healthy Eating, Stable & Safe “home life”, and Communities of Belonging where they can get well and stay well in their local community;
- Holistic Wrap-around Case Managed Care provided in face-to-face settings locally – combined with person-centred and community-building Education & Training, provided through Adult Learning Principles & Practices, that value the learner as the key agent in their life development;
- Access to Step Up/Step Down clinical support when needed – to prevent more acute episodes and assist long-term stable recovery through creating a safe & welcoming buffer zone;
- Support for Carers and Families/Communities at the local community level – who are themselves not coping with the trauma of runaway addiction, their own social disadvantage, plus all the fractured relationships and trauma associated with substance misuse..

## **3. Elements of Effective Community-based Support & Pathways to full Recovery**

- Clinical welcome and non-stigmatising, holistic Detox, Rehab and Recovery Support for Under 18 year olds – applying Harm Minimisation principles in action, from the street to the clinic to the classroom;
- Wrap-around Case Management from exit from the clinic to entering community-based recovery programs and entry into ACE (Adult Community Education) ongoing supportive Education & Training;
- Learning & Life Development programs provided in The Recovery College – with Co-Design and Co-Delivery by people with Lived Experience, Adult Educators and AOD/MH Clinicians, all working as equals in designing and delivering the program;

- Provide Resources and ongoing Government Policy & Program Liaison, Support & Resources for Family Drug Support and local Culturally Connected (ATSI, CALD, LGBTQI, PWD) groups. This is essential support for the individuals and families living with these challenges at the local level, and recruiting members of their communities to be the frontline support workers. This is internationally applied approach from in the Global Mental Health model, in which we play an active part across Asia Pacific, working as part of the Steering Group based at JCU in Cairns.

#### 4. How to create an effective National Strategy and Follow-through

- Create issue-targeting Steering/Advisory Groups to work with the Productivity Commission now, made up of key players from the community who work face-to-face with the problems. These need to be linked to existing locally based effective programs & host organisations, which can be used as pilots for evidence based programs, that can then be scaled up and rolled out more widely, once the models have been proved and Federal funding allocated. We need Local Solutions to Local Problems, not more “big six” consulting firm appointments to “look into things.”

We suggest these priority areas be made the main focus points –

- # Under 18 AOD issues;
  - # At Risk Young People (12-25 yrs), addressing the Social Determinants of Health (SDH);
  - # Adults with MH/AOD and PTSD;
  - # Reducing the demonising and criminalising approach to drug use, leading to 80% of people in gaol being there for drug related “crimes”, when they really should be in rehab;
  - # DFV linked with MH & AOD issues and ABI;
  - # People With Disability and Acquired Brain Injury (ABI), and links with MH/AOD & Incarceration;
  - # Self-harm and Suicide trends among all these above groups addressed holistically, as integral aspects of the early intervention, pre- and post-vention strategies adopted locally.
- Involve key regional peak bodies and Evidence Collecting R&D Partners AT THE LOCAL LEVEL. There are relationships with research organisations all over the country, and these relationships are essential in building on local knowledge and involving the local people themselves to lead the reforms needed, by playing a coordinated, equal listening partnership role (ie. no patronising “experts”) in the follow-through activities. We want to avoid piecemeal solutions with nominal pilots that don’t lead to effective Scale-up Implementation Plans;
  - Pick Winners in the Pilots you support (for Inner City, Outer Urban and Rural, Regional & Remote modelling), so that the models developed can take root, and provide the Evidence Base of What Works Locally, as well as satisfying Government whole-system targets;

- Ensure a Whole-of-Government, Prime Minister & Cabinet Coordination Function, to ensure no agencies duck their responsibilities in providing support for solving these deep rooted, endemic issues. And watch out for the usual NGO behemoths sucking up the funding and then creating expanded bureaucracies of their own, which don't respond to the needs and involve people who know nothing about the issues or the communities.

We will be happy to provide face-to-face briefings for the commission, and also to line up any visits to see our processes in action at community college locations around the cities, suburbs, rural and regional centres where we operate.

Sincerely,

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