



The Social and Economic Benefits of Improving Mental Health ***Response to the Productivity Commission Issues Paper (Jan 2019)***

Star Health is a major provider of primary health and community services in Melbourne. We offer a variety of services including: mental health, alcohol and other drugs, counselling, GP, dental, allied health, Indigenous health, family violence and health promotion across Local Government Areas including: Stonnington, Port Philip, Bayside, Glen Eira and Kingston.

Star Health welcomes the Federal Government's initiative to establish a Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health. The Inquiry provides an opportunity to consider how to maximise the role of community providers in the broader mental health system, particularly in keeping consumers well in the community and ultimately facilitating improved social and economic participation. It also provides an opportunity to consider how different parts of the system can work better together, particularly in light of the cessation of Victorian's Mental Health Community Support Services and the introduction of the NDIS.

Star Health is particularly keen for the Productivity Commission to explore and seek to address the impact on consumers of the transition of community mental health services to the National Disability Insurance Scheme (NDIS). During this transition period, our staff are hearing stories of some consumers who had been managing their mental illness well through the community health system but are not eligible for the NDIS. We have concerns that without a strong community mental health system, inclusive of psychosocial rehabilitation and recovery support, consumers like these may fall through the cracks or end up in the acute system, when they otherwise would not.

"Having Steph (community mental health worker) there helps keep me well. She knows if I am not doing well and helps get me back on track. Without Steph I would be in and out of hospital for sure"
Star Health Consumer, David, 34

The below comments respond to some of the questions canvassed by the Issues Paper, as well as some broader themes for the Productivity Commission's consideration:

- **System-wide approach** – The Productivity Commission should take a holistic approach exploring what will work best for consumers across the entire system. That is, the Productivity Commission should ensure that throughout the process it is anchored by a view of the broader mental health system (and related systems/services) and how consumers might move between the different systems/services (which can often be siloed from each other), not what is best for funders or providers.
- **Factors affecting mental ill health** – Key factors affecting mental ill health need to be better understood so they can be more effectively addressed. This includes the social determinants of health, Post-Traumatic Stress Disorder (PTSD), chronic PTSD and personality disorders. The episodic nature of mental illness must also be key to the service system. Consumers need continuity of care over the course of illness that can scale up and down based upon need.
- **Balanced focus across the spectrum of care** – Whilst prevention and early intervention programs are widely accepted mechanisms to keep people well in the community, these

approaches are often not the focus of significant policy or resourcing decisions. Ensuring there is greater focus on these approaches in policy and resourcing decisions will maximise their effectiveness in keeping people well in the community, and in turn maximise their economic and social participation.

- **Learning from models that are effective in keeping people well in the community** – The introduction of the NDIS has led to the cessation of many well-established and proven programs that were designed to meet consumers where they are at, such as the Victorian Mental Health Community Support Services program, and Commonwealth Personal Helpers and Mentors Service (PHaMS) and Partners in Recovery (PIR) programs. Programs such as these provide continuity of community-based care beyond the immediate- and short-term, facilitating long-term recovery and relapse prevention to keep consumers out of the acute system. The nature of these programs means they can/could be scaled up and down as needed making them more flexible to best meet consumers' changing needs, compared to some of the more defined/restrictive programs that are more short-term and less flexible in nature that have been subsequently introduced (such as the National Psychosocial Support Measure). Learnings from these programs should be used to inform future program development.
- **Better utilising existing community assets** – Community mental health organisations, including community health services such as Star Health, have a highly skilled and experienced workforce and well-established local community connections. These existing community assets can be further leveraged to keep consumers well in the community, including to facilitate social participation and inclusion in addition to providing psychosocial rehabilitation and recovery interventions as and when needed. For examples, these organisations are well-placed to connect consumers to local community activities and services (such as the Social Health and Inclusion Port¹ project and Social Spoons²), and local volunteering opportunities (e.g. Star Health currently has approx. 80 active volunteers).
- **Peer workforce** – The mental health peer workforce/roles need to be further developed and differentiated, both inside and outside NDIS. Frameworks are required to support the peer workforce, build the research base and ensure those with lived experience are not further stigmatised or disadvantaged in their career development.
- **Supporting the LGBTIQ population** – There is an opportunity to improve support for people identifying as LGBTIQ. Traditionally and currently, many people identifying as LGBTIQ have reported less than optimal experiences with the health system³, including a lack of appropriately skilled workforce. This is particularly true for people who identify as transgender and non-gender conforming. For example, the risks associated with conflating issues of gender identity with mental health issues is still a major concern and has major potential flow-on to social and economic participation. An ongoing commitment to capacity building all parts of the system is required.
- **Cross-system incentives** – There is a need to ensure that the system (incl. funding arrangements) across State and Federal boundaries are set up to support and incentivise close working between state-based Area Mental Health Services, state-based community mental health programs and Commonwealth-/PHN-funded mental health initiatives.
- **Funding models** – New funding models (including those based on client-directed care principles) often do not provide funding for non-client-facing activities. This means there may be less capacity to undertake quality processes, professional development, supervision and team building activities, ultimately posing a potential threat to service quality, and its

¹ <http://www.shiportmelbourne.com.au/>

² <http://socialspoons.org.au/>

³ <https://www.glhv.org.au/sites/default/files/PrivateLives2Report.pdf>

associated consequences to the broader community. New and revised funding models should take this into consideration.

Star Health thanks the Productivity Commission for the opportunity to provide a response to the Issues Paper. We look forward to providing further input into this Inquiry and contributing to improving outcomes and the social and economic participation of mental health consumers and the broader community.