

Productivity Commission 4 National Circuit Barton ACT 2600

Friday 5th April 2019

### Response to the Inquiry into the Economic and Social Impact of Mental Health

Dear Commissioners,

Social Ventures Australia (SVA) welcomes the opportunity to respond to the Productivity Commission Inquiry into the Economic and Social Impact of Mental Health.

SVA has worked closely with a range of leading mental health response and prevention service providers in Australia, including Flourish Australia, Aftercare, Mind Australia, Lifeline, Culture is Life, SANE Australia and Orygen, the National Centre of Excellence in Youth Mental Health. We have also worked with the New South Wales government and Flourish Australia to create the Resolve Social Benefit Bond – Australia's first impact investment aimed at improving mental health outcomes by reducing hospitalisations.

In addition, SVA works across a broad range of intersecting and related sectors, including early childhood, education, housing, employment and the unique experience of First Australians.

# Social Ventures Australia (SVA)

SVA is a not-for-profit organisation that works with partners to overcome disadvantage in Australia, which requires great education, sustainable jobs, stable housing and appropriate health, disability and community services. SVA has a vision for Australia where all people and communities thrive and believe that this will be achieved when all Australians are empowered, have a voice in decisions that impact them, have a sense of belonging and experience social inclusion. SVA believes that belonging for all Australians requires, and is enabled through, specific recognition and respect of First Australians¹ knowledge and cultures.

SVA is not a traditional service delivery organisation. We work at the intersection of the government, social purpose and business sectors. We seek to influence the way systems operate by providing funding, advice on strategy and evaluation, and make investments in partner organisations to significantly increase their social impact. We advocate for more effective programs and policies and we bring convene unlikely coalitions to build support for system wide solutions.

<sup>&</sup>lt;sup>1</sup> The term First Australians is used here to refer to Aboriginal and Torres Strait Islander peoples.



## SVA's understanding of mental health and wellbeing

SVA is currently developing a Mental Health Perspective Paper on the drivers of better outcomes for people experiencing mental ill-health. The paper will be launched in May.

The paper is nearing completion and so we are happy to share a draft with the Commission confidentially (not for public release). Please see attached.

At SVA we recognise that mental health and wellbeing is an essential component of thriving communities, and that it is inextricably linked to good outcomes in education, employment and housing.

We recognise that any true transformation of the mental health system in Australia must start with the empowerment, voice and participation of people with a lived experience of mental ill-health, and their carers, in all elements of program, service and policy design and delivery.

We have developed an evidence-informed perspective on what we believe is required to drive better outcomes and reduce the incidence, prevalence and impact of mental ill-health that includes:

- public awareness and prevention approaches reduce the incidence, prevalence and impact of mental health conditions
- **early intervention** and integrated supports and services are available when and where people need them
- appropriate service systems empower and support personal, clinical, social and functional recovery



#### **Drivers of better outcomes**

All people experience the best possible mental health and wellbeing, and can live happy, healthy and productive lives of their choosing 1. Public awareness and 2. Early intervention and Appropriate service systems prevention approaches reduce integrated supports and services empower and support personal, the incidence, prevalence and clinical, social and functional are available when and where impact of mental ill-health people need them recovery 1.1 Strong public awareness of the risk and 3.1 Services are safe, 2.1 Normalisation of help Sub-drivers culturally competent, affordable and seeking behaviour to protective factors that are minimise the level of present at an individual, geographically welluntreated conditions family, community and distributed system level 2.2 Appropriate early interventions for children 1.2 Strengths-based and and young people that maximise immediate and tailored supports for parents and children long-term mental health

1.3 Effective policies and programs in work places and in all levels of the education system create mentally healthy social environments

experiencing vulnerability

- 1.4 Cross-sector collaboration and commitment to address the social determinants of mental health inequity
- 1.5 Shift in social norms and values around mental health and suicide prevention, reducing stigma and discrimination

- outcomes

  2.3 First-points of contact in the service system have the knowledge and skills to
- 2.4 Responsive and proactive services for people at risk of suicide (including community outreach for people who have attempted suicide)

provide care and/or

appropriate referrals

- 3.2 Appropriate and high-quality 'stepped models of care' (including primary and specialist care, community-based care and residential and inpatient care)
- 3.3 Mental health
  services are integrated
  with other service systems
  (including health, disability,
  homelessness, justice)
  and support participation in
  employment, education
  and training

The voice and participation of people with lived experience of mental health conditions is embedded in all elements of program, service and policy design (including specific recognition of Aboriginal and Torres Strait Islander peoples right to self-determination)



#### **SVA Recommendations**

Through our work we have developed a set of insights on mechanisms for enabling systems change in Australia's mental health sector. This is not intended to be an exhaustive list, it represents our perspective on some of the essential systemic changes required to improve outcomes.

- 1. Governments and service delivery organisations embed the role of people with a **lived experience** of mental ill-health in decision-making structures and service delivery approaches to ensure that service models situate the needs of consumers at the centre
- 2. The mental health sector fosters a **stronger outcomes management culture**, capability and systems, both within governments and service delivery organisations, to ensure investment in mental health services is achieving the desired outcomes. This includes being able to:
  - Identify outcomes that are good indicators of improvements in wellbeing;
  - Commission work and measure its efficacy through proper data analysis; and
  - Change practice based on the results
- 3. Mental health and wellbeing policy and program frameworks support and enable service delivery providers to invest in the capability building and workforce development required to deliver high quality, appropriate, integrated, culturally competent and evidence-based stepped models of care (including business development, data analysis, evidence implementation, partnership development, outcomes management and financial management)
- 4. Social policy and program frameworks enable and incentivise **integration**, **collaboration** and **cooperation** with the mental health sector (notably housing, employment, education, health and justice) to ensure more holistic care and support and reduce the risk of people missing out on service or receiving services with conflicting or contradictory approaches.
- Governments invest in the next generation of research evidence and improving the translation of existing evidence into practice across the spectrum of mental health interventions to increase the speed at which more effective practices are adopted
- 6. Governments adopt a 'priority investment approach' to refocus and reshape the size and direction of funding for mental health and wellbeing with an aim to shift public expenditure from a focus on crisis response services to an investment in quality and evidence-informed recovery, early intervention and prevention services.
- The mental health sector and the private sector partner to unlock new channels of investment that can support the demonstration and scaling of innovative programs and approaches
- 8. The mental health sector increases the **use of technology in service delivery approaches** to reduce barriers to access; increase the availability and quality of services; enable individuals to tailor services to their own needs and preferences; and manage the rising costs of service delivery, particularly for universal access points such as crisis phone counselling

If you have questions or require further information about any of the ideas or observations in the draft Perspective Paper, please let us know.

Yours sincerely

Patrick Flynn

For further information or questions about this submission please contact:
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