5 April 2019

Tracey Horsfall
Mental Health inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

Dear Ms Horsfall,

Thank you for this opportunity to contribute to the Productivity Commission (the Commission) inquiry into Mental Health (the Inquiry).

Over the last few years NCOSS has undertaken grassroots consultation in over 24 communities across metropolitan and regional NSW and regularly convened a range of expert advisory groups – including the Forum of Non-Government Agencies, Regional Forum, Health Equity Alliance and Children, Young People and Families Alliance. This submission is therefore informed by the expertise and experiences of our members, expert advisory groups, the broader social services sector and their clients.

NCOSS represents a sector that sees all too often the nexus between mental health and poverty and inequality, and entire cohorts of the population missing out on support and opportunities because of what they can afford, their cultural background or where they live. The sad reality is that lower socioeconomic status and income inequality is associated with a range of adverse mental health outcomes,[1] and this plays out in our communities every day.

NCOSS was therefore pleased to see the following included in the Terms of Reference: *Examine how the sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity.* This submission looks at how we can better support mental health and wellbeing through generalist community services, school-based supports and integrated housing services.

This submission also addresses service access, gaps and sustainability. In this regard, NCOSS endorses the views and recommendations in the Mental Health Coordinating Council's submission, which discusses at length issues around workforce shortages, service gaps, integrated service delivery and community-managed organisations. NCOSS also endorses Being's (Mental Health & Wellbeing Consumer Advisory Group) submission with regard to the role of lived experience and the mental health peer workforce.

NCOSS is encouraged to see that in addition to productivity, economic participation and growth, the Commission will be considering the role of mental health in supporting social participation and the intangible costs of mental ill-health such as stigma and discrimination.[2] While it is important to enable people to be productive members of society, we must recognise that diverse and intersecting forms of disadvantage often impact people's capacity, means and choice to contribute. It is therefore equally important that the Commission also considers the role of mental health through the lens of supporting and empowering people to access opportunities and choice, to ensure they can participate in society in the way that best suits their needs and circumstances.

NCOSS also notes that while the Issues Paper references a range of population cohorts, it does not raise issues

around mental health support for people with intellectual disability. The needs of people with intellectual disability are poorly understood and are not reflected in current mental health strategic plans. NCOSS therefore endorses the National Roundtable on the Mental Health of People with Intellectual Disability recommendations on improving the mental health of people with intellectual disability.

The Issues Paper also does not discuss how mental health impacts LGBTIQ+ communities. With LGBTIQ+ people five times more likely to experience major depressive episodes, and 14 times more likely to attempt suicide,[3] it is crucial that the Commission consults with these communities as part of the Inquiry.

Finally, this Inquiry will need to recognise that not everyone is on an equal footing. We need tailored and targeted approaches to mental health that recognise multiple and intersecting forms of disadvantage and are shaped and led by Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse (CALD) communities, people with disability, LGBTIQ+ communities, older people and younger people, and girls and women.

We would very much welcome the opportunity to discuss this submission with you in greater depth. Should you have any questions in relation to this matter, please do not hesitate to contact me or Acting Deputy CEO, Anna Bacik (02) 8960 7916 or via email at: anna@ncoss.org.au.

Kind regards,

Joanna Quilty
CEO, NCOSS

Productivity Commission inquiry into Mental Health

NCOSS Submission

April 2019

About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With 80 years of knowledge and experience informing our vision, NCOSS is uniquely placed to bring together civil society to work with government and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve.

Published April 2019.

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Summary of recommendations

Improve access to the right supports at the right time by:

1. Expanding investment in, availability of and access to low-cost community mental health support and services, including those adopting a 'hub' model with co-located services and wraparound supports.
2. Establishing and funding more supports and services using the Step-Up, Step-Down model across Australia, particularly in regional and remote areas.
3. Establishing a national peer workforce strategy that addresses the need for more peer workers in community and public health services, and provides for formal training, accreditation and appropriate remuneration.

Improve access to available mental health services in regional and remote areas by:

4. Expanding investment in community transport programs and deliver funds more flexibly and directly to communities.
5. Funding community-led, evidence-based programs such as Driving Change that support young people to get their driver licence, particularly in regional and remote areas.

Keep people well in the community for longer by:

6. Expanding and improving investment in 'soft entry points' and supports for social inclusion in the community offered by generalist services such as neighbourhood and community centres.
7. Expanding investment in mental health and wellbeing supports in all primary and high schools across Australia that reflects the true cost of program delivery and sustainability.

Recognise the importance of decent, affordable and secure housing to mental health and wellbeing by:

8. Abolishing 'no grounds' evictions from residential tenancies legislation.
9. Developing a National Housing Strategy to meet Australia's identified shortfall of 500,000 social and affordable homes.
10. Expanding existing successful programs and services that integrate housing and mental health support such as the NSW Housing and Accommodation Support Initiative.

Enable services to better support the community by:

11. Extending standard contract lengths for mental health and community sector grants to seven years for most contracts and ten years for service delivery in remote Aboriginal and Torres Strait Islander communities.

Accessing the right support at the right time

Just under half of Australians (45%) will have a common mental health condition in their lifetime, and 1 in 7 young people aged 4-17 years have at least one mental health condition.[4] More than 250,000 Australians visit the emergency department each year seeking help for acute mental and behavioural conditions,[5] placing an immense burden on the hospital system.

This growing problem highlights the need to invest in supports for the 'missing middle' population – Australians whose mental health needs are too complex for primary care, but are not appropriate or eligible for acute or specialist care.[6] Addressing the needs of this cohort is even more important in the context of the National Disability Insurance Scheme (NDIS) rollout where people may no longer be eligible for supports they had previously accessed.

With the Federal Government funding primary care, and state and territory governments funding hospitals, Australia has failed to properly allocate responsibility for community mental health care. This means there is also a significant 'missing middle' in services between primary care and hospitals, and the community mental health care sector is under-funded and struggling to support people falling into this gap.

The mental health system continues to lack direct pathways to community services that combine psychosocial, peer and clinical support as well as information, resources and referral to more acute services if required. Where these services do exist, the pathway to access them is inefficient and convoluted for many people.

Case study: Young male (21) trying to access the right support

John* presented at a youth support service in regional NSW and disclosed to a case worker that he was in a "bad state" with his mental health. He is currently registered with an Acute Care Team at the local hospital, and recently presented to emergency department in the early hours of the morning. During triage, John told the staff he was suicidal, but was prescribed anti-depressants and discharged into the streets.

John told the youth service case worker that he was scared of what he "is capable of doing to himself", and had a plan to hang himself. The case worker called the NSW Mental Health Access Line and was on hold for 40 minutes. When the case worker finally spoke to a mental health professional on the Access Line, they informed the case worker that as John was registered with the local Acute Care Team, the case worker should speak with them directly. When the case worker called the Acute Care Team, they were told to leave a message or call the Access Line again.[7]

Particularly in regional areas, youth services like this one do all they can to support people with a range of concerns, but their resources are limited. John's story demonstrates the challenge people face when trying to access mental health support in the community and how they end up in and out of hospital emergency departments.

**Real name withheld.*

The World Health Organization (WHO) outlines three primary components of access to health care: financial

affordability, acceptability, and physical accessibility.[8] In 2018, research from ReachOut and Mission Australia found that:

- Around 1 in 4 young Australians don't have transport to get to a mental health service (28%), wouldn't have time to get professional help (25.4%), or said local services were unavailable to them (24.%); and
- Almost half couldn't afford to get professional help even if they wanted to (48.1%).[9]

Affordable community mental health care

It is well established that poverty can be both a cause and consequence of poor mental health.[10] People living in low socioeconomic areas have the highest rate of mental health-related presentations to emergency departments (26.8%), which gradually decreases as socioeconomic status increases. [11]

Mental health services should be available and accessible to everyone in the community. This is not currently the case. In NSW, almost four in 10 (39%) people on low incomes cannot afford appointments or sessions with allied health professionals and one-third (33%) cannot afford counselling or other support to address depression, anxiety or other mental health concerns.[12] People living in areas with the most disadvantage are also more likely to be on medications only (58%), and less likely to access services (20%) than areas with the least disadvantage (39% and 42% respectively).[13]

Mental health supports and services delivered in the community provide better outcomes for people, carers and their families, taking pressure off other parts of the health system.[14] But community mental health services are chronically underfunded and waiting lists to access low-cost or free services continue to grow. A significant proportion of the NSW population living with low to moderate mental health conditions continue to miss out on the supports they need, when they need them – pushing them closer to the point where acute care and crisis support becomes the only solution.

In NSW, only 6.8% of the total investment in mental health is allocated to community mental health services. Nationally, this figure is 13.9%. This is in comparison to 59% spent on acute care in NSW – 18% higher than the national average.[15] With the pressure on hospitals and emergency departments increasing, investment must be channelled towards prevention, early intervention and community support.

Services also need to be delivered in a place-based, streamlined way that best help people to access the support they need rather than navigating a complex system. Integrated community-based hubs, for example, offer a way for people experiencing low-to-moderate mental health issues to access additional support in a 'one-stop-shop'. There is only one service model of this type in NSW operating in three locations at present; our communities need far more.

Case study: Safe Haven Café

Victoria has introduced the Safe Haven Café model, which provides a safe and therapeutic environment that offers respite, peer support and other resources to build resilience and the capacity for people to self-manage their mental health in the community. Located near the St Vincent's Hospital emergency department, it provides after-hours support for people looking for assistance but not needing emergency care.

This is modelled off the Aldershot Safe Haven Café in the UK, which contributed to the number of admissions to acute services within the Save Haven catchment area falling by 33% in the first seven months of its operation.[16]

1. Expand investment in, availability of and access to low-cost community mental health support and services, including those adopting a 'hub' model with co-located services and wraparound supports.

Support across the spectrum of need

People can face significant risks when they are discharged from an acute level of care; indeed, people who have been hospitalised due to attempted suicide are at highest risk of re-attempting during the immediate period following discharge.[17] This is a crucial window during which people need appropriate support.

The Step-Up, Step-Down (SUSD) model – distinct from the 'stepped care' approach – operates across Australia and delivers clinical, self-care and recovery based interventions in a homelike environment operated by a community mental health organisation. It has two primary functions:

- 'Step-down' where people in acute psychiatric inpatient units are discharged earlier into a SUSD environment and assisted to return home in a gradual and supported way; and
- 'Step-up' where a person at risk of admission into acute care can be referred or self-refer into a SUSD.

There is strong evidence that the SUSD model reduces demand for acute care admissions and presentations, and assists people to develop the capability to self-manage episodes of mental ill-health and stay well for longer between episodes.[18]

It is estimated that 8% of all people hospitalised for mental conditions in NSW would be suitable for step-down supports, while almost 6% of people presenting to emergency departments with mental health-related issues would have been better supported by step-up supports instead.[19] However, there are very few SUSD services in NSW, meaning people are missing out on services that would help them transition back into and stay well in the community.

Case study: Chloe's story

Chloe is a young Aboriginal woman from the Maitland area who is a program participant with a youth service, which seeks to equip young people with the tools to confidently engage in education, community and employment. She has lived experience of managing mental health issues and is extremely passionate about improving access to mental health services and youth suicide prevention in her community.

Chloe has spoken publicly about the difficulties she experiences navigating the mental health system, and the challenges trying to access mental health services in her community. Chloe talks about her condition escalating to the point where she has needed to access emergency and clinical care at the closest children's hospital, which is under-resourced and under-staffed. In particular, she talks about the fact that there is only one mental health facility with 12 beds for young people under the age of 16 in the Upper Hunter region where she lives.

Chloe's story demonstrates the particular challenges faced by young people in regional NSW where there are not enough mental health support services based within the community and catering to different levels and times of need that would help young people access the right support at the right time.

Watch a video of Chloe's story here.

2. Establish and fund more supports and services using the Step-Up, Step-Down model across Australia, particularly in regional and remote areas.

The value of lived experience and peer support

There is growing recognition globally that peer workers, with their lived experience of mental health issues, are valuable and effective at helping people navigate an increasingly complex, fragmented and stigmatised mental healthcare system. Peer workers can provide crucial support during specific 'pressure points', for example when a person is transitioning back into the community from hospital. From a preventative perspective, peer education initiatives have been found to enhance young people's self-esteem, self-efficacy and sense of control over their lives, resulting in more positive health-related behaviours.[20]

Traditionally, peer workers have provided support in more informal settings, on a volunteer basis and without receiving formal accreditation in mental health support. This has changed in recent years with federal, state and territory mental health plans recognising peer workers as an emerging and important part of the mental health system. Despite this, peer workers continue to be under-supported and under-utilised across Australia with no formalised workforce plan, clearly defined roles and pay rates, or growth strategy. This is despite many communities, including those in regional and remote areas, relying on peer workers to provide support to people in times of crisis and connect them to mental health resources.[21]

The peer workforce needs strong investment to grow, be sustainable and be valued as a key part of the mental health workforce in Australia. As the peer workforce gains more resources, support, training and accreditation, it also becomes a viable employment opportunity for people with lived experience.

3. Establish a national peer workforce strategy that addresses the need for more peer workers in community and public health services, and provides for formal training, accreditation and appropriate remuneration.

Lack of responsive transport options

People living in regional and remote areas experience higher levels of illness compared to people living in metropolitan areas and poorer access to health services.[22] Many remain vulnerable to transport disadvantage as they seek to access vital services.[23] Mental health consumers now see lack of transport both as a major barrier to their accessing mental health services and in itself a cause of mental health issues. [24]

The cost of travel (and accommodation) is frequently over-looked in discussions about the out-of-pocket costs of health care, yet it can be a significant barrier to accessing timely health care. 1 in 10 people (11%) on low incomes in NSW cannot afford transport to and from medical appointments.[25] Travel costs are particularly problematic for people who must either travel frequently or travel long distances.

Evidence provided to the recent Senate inquiry into the accessibility and quality of mental health services in regional and remote Australia found that service providers in these areas need flexibility within their funding models to provide transport services and solutions to overcome lack of transport. [26] In NSW there are not enough meaningful or accessible public transport options in rural and remote areas. Viability is a significant issue for transport providers, given the long distances and scattered populations.[27] This has resulted in pressure on community transport providers, who are not adequately resourced to respond to demand in a way that reflects the specific and unique needs of their local community.[28]

Transport as a barrier to services and opportunities has been identified as a particular challenge for socially excluded children and young people in rural and regional areas, who struggle to meet the costs and requirements to get a driver licence.[29] In an environment where 61% of young people aged under 25 lack a driver licence and up to a quarter cite transport issues as a key barrier to getting a job,[30] the importance of empowering young people to get their licence cannot be ignored. More young people need to be able to drive to not only access services but also opportunities that will contribute to their social participation, independence and overall mental wellbeing.

Case study: Driving Change

Driving Change is an example of an effective, community-led program aiming to increase licensing rates among young Aboriginal people and people experiencing disadvantage aged 16-24 years in regional areas. It provides practical support and uses a culturally responsive approach combining Aboriginal leadership, community capacity building and intensive case management.

Since 2013, Driving Change has reached nearly 1,000 people, with evaluation showing clients who had supervised driving practice 2.4 times more likely to attain a licence. Clients who received a high level of case management were 1.8 times more likely to attain a licence than those who received low levels of case management.

The evaluation also found that the Driving Change community-based approach is adaptable and highlights the importance of strong community engagement to facilitate program uptake and outcomes. Partnerships between community and community organisations along with place-based service delivery were shown to be key in making the program successful.[31]

With a growing range of education, information, government, and community services moving online, internet access and connectivity is increasingly regarded as an essential service.[32] Online and telehealth services have the potential to improve access to mental health services for people in regional and rural areas. However, telecommunications and internet connectivity remains an issue in many regional and remote areas, rendering telehealth services unavailable for many of these communities. In addition, while telehealth and digital solutions certainly have a place in promoting and servicing mental health, they do not replace the need for people to be able to access face-to-face services.[33]

4. Expand investment in community transport programs and deliver funds more flexibly and directly to communities.

5. **Fund community-led, evidence-based programs such as Driving Change that support young people to get their driver licence, particularly in regional and remote areas.**

Keeping people well in the community for longer

It is crucial that we focus our efforts on keeping people well in the community for longer, particularly through access to non-stigmatising, soft entry points to mental health support, and addressing immediate needs such as housing.

The role of generalist services

Generalist, place-based community services like neighbourhood centres (also known as 'community centres' or 'neighbourhood houses') play an important role in supporting mental health through social participation and inclusion. These types of services are often not considered as part of the mental health system, although they do a lot of preventative work through social participation to keep people well in the community for longer. In many cases, they will also help people who have had an episode in acute mental health care and need support to stay connected in the community. Across Australia, almost 8 in 10 (79%) clients of neighbourhood centres are identified as being at risk of social isolation.[34] Given the strong link between poverty and poor mental health, it is also important to note that the proportion of clients identified as being on low incomes is even higher at 84%.[35]

The reach of neighbourhood centres is unique and spans across metropolitan, regional and remote areas, with at least one centre located in most federal electorates.[36] This familiarity with and grounding in local community enables them to provide services in a non-threatening environment and serve as soft entry points for people who would otherwise fall through the gaps.

Neighbourhood centres across Australia are now finding themselves supporting people with mental health issues who can no longer access programs that were incorporated into the NDIS and/or are ineligible for the NDIS. In fact, many neighbourhood centres delivered these programs themselves but lost funding when the programs were rolled into the NDIS. Ironically, they now need to cope with the extra demand to support people ineligible for the NDIS without having the extra resources to do so. In more extreme cases, some neighbourhood centres have had to close down and cease providing crucial services to the local community.[37]

Neighbourhood centres also provide a range of activities and supports for people who may not have a diagnosed mental health condition but are at risk of social isolation and other determinants of poor mental health. The vast majority offer programs and support groups to assist with health and wellbeing, community development, personal development, family support, employment support and financial counselling, as well as information on and referral to more intensive services such as housing. They also play key roles in supporting local communities with disaster and emergency relief, during periods known to have a significant impact on mental health within the community.[38]

Case study: Belong Blue Mountains

Belong Blue Mountains Community and Neighbourhood Services is based in NSW and encompasses Katoomba, Mid Mountains and Lower Mountains Neighbourhood Centres. It recently amalgamated and centralised its back office support to focus its efforts on supporting the Blue Mountains community in the face of finite resources.

Belong operates under a framework of enhancing social capital and sustainable community networks, as well as building the capacity and resilience of local people. It does this through offering over 50 social, health and wellbeing activities like book clubs, volunteer lunches, drop in centres and social support groups, in addition to services for families, children, older people and people with disability. Belong also provides more structured mental health outreach support using validated programs, such as the REACH Wellbeing Group which is a workshop for the growth and development of people living with bipolar disorder and depression. The Local Health District has funded Belong to run peer-led recovery groups like Grow, which builds the capacity of participants with lived experience of mental illness to develop, run and sustain their own support groups.

A 2015 study from Charles Sturt University on community resilience in the Blue Mountains area found that local community organisations like Belong play a key role in providing assistance to vulnerable people and families in times of disaster. This is primarily due to their knowledge of and contact with local vulnerable people, but is also heavily contingent on their available resources and funds to do so.[39]

In addition to the direct support provided to people experiencing or at risk of poor mental health or social isolation, neighbourhood centres ultimately form a critical part of social infrastructure and contribute significantly to the social capital[40] of our communities.[41] This is important when we consider that higher levels of social capital have been linked with:

- Better health outcomes, including lower levels of mental health problems such as depression;
- Higher individual wellbeing and happiness;
- More equitable income distributions; and
- Higher likelihood of employment. [42]

Case study: Social impact analysis of Morwell Neighbourhood House

Morwell Neighbourhood House (MNH) has operated in Victoria for over 35 years and engaged Deloitte Access Economics to conduct an analysis of their social impact in 2017. Their findings included:

- While MNH operated on less than $140,000 in 2017, some of their impacts have been valued at approximately $600,000. However, its true impact on the community is likely to be much greater.
- The quality of life gain associated with improved social capital (through MHN helping to foster relationship building and maintenance) is estimated at $393,762.
- The quality of life gain associated with social participation is estimated at $39,407.
- 92 MHN clients engaged in activities likely to assist them in improving their personal wellbeing and mental health.
- MHN provided $26,000 worth of essential resources to the community, including financial and food aid.[43]

It has been argued that through their information and referral services, neighbourhood centres reduce transaction costs in the child and family services system and contribute to more effective program delivery and resource allocation across the sector.[44] Given the breadth of services neighbourhood centres provide, it would be worth examining how neighbourhood centres contribute to program delivery and resource allocation more broadly in the human services and mental health sector.

It has also been suggested that neighbourhood centres are more cost-effective than government-run services, primarily because they are largely supported by the hard work of volunteers[45] (on average, there are 2.8 volunteers for every paid worker).[46] While NCOSS highly values the significant contributions made by volunteers, we also argue that governments cannot continue to rely on unpaid volunteer work to enable neighbourhood centres to continue providing such crucial services to the community.

In NSW, neighbourhood centres receive funding from the same NSW Government program that funds services for children and families at risk of entering the child protection system. Under reforms to the child protection system, they are now at risk of needing to shift their focus to these children and families and away from broader supports for other vulnerable groups and diverse needs. Given neighbourhood centres are already underfunded and increasingly reliant on volunteer work, this presents a very real risk to people experiencing social isolation who depend on their local neighbourhood centre for support.

Neighbourhood centres must be adequately funded to recognise their role in keeping people well in the community for longer, and to continue their important work in making communities stronger, more resilient and connected.

6. Expand and improve investment in 'soft entry points' and supports for social inclusion in the community offered by generalist services such as neighbourhood and community centres.

Supporting young people in schools

Good mental health and wellbeing early in life enables children and young people to access more opportunities, lead healthier lives, cope with stresses more effectively and reach their full potential in education and employment. No one understands this more than young people themselves; mental health has quickly become the number one issue of concern for young people across Australia.[47] However, particularly for those experiencing diverse and intersecting forms of disadvantage, getting the right support at the right time can often be a challenge. Barriers often include persistent stigma around mental health and a lack of affordable and accessible mental health supports, particularly in regional and remote communities.[48]

In this context, school-based mental health supports should be part of the solution, particularly given that there are clear links between poor student wellbeing and lower levels of student engagement and learning.[49] As a central access point and place of engagement, schools can play a significant role in promoting mental health and wellbeing to young people, including providing referral pathways to services and interventions that help students cope with stress, reduce stigma and encourage help-seeking.[50,51]

There is a growing body of evidence that school-based supports and interventions are effective in promoting good mental health and related outcomes.[52,53] In Australia, Black Dog Institute's HeadStrong program, aimed at

addressing issues in schools around stigma, help-seeking, psychological distress and suicidal ideation, has been shown to be effective in improving mental health literacy and reducing stigma in students.[54] Meanwhile, BeyondBlue's recently launched national Be You initiative builds on the evidence and success over ten years of five programs[55] to provide mental health training to educators in schools and early learning environments.[56]

Global mental health research also shows that mental health services embedded within educational systems create a continuum of integrative care that can promote health, mental health, and educational attainment.[57,58] Universal socioemotional learning (SEL) interventions in particular promote young people's social and emotional functioning, improve academic performance, and reduce risk behaviours, including smoking and teenage pregnancy.[59] Economic analyses also indicate that SEL interventions in schools are cost-effective, resulting in savings from improved health outcomes and reduced expenditures in the criminal justice system.[60]

Interventions that use a whole-of-school approach involving staff, students, parents and the local community have been identified as most effective.[61] In NSW, the Department of Education requires all public schools to have a planned approach to wellbeing that incorporates the elements of the Wellbeing Framework for Schools under a flexible funding arrangement.

Case study: Forbes High School Wellness Hub

Some schools in NSW have implemented the whole-of-school approach by establishing 'wellness hubs' that partner with community services to create a safe place for students and their parents or carers to assist with a wide range of concerns.

Forbes High School established their Wellness Hub in 2016 after they observed an increase in complex student needs impacting the wellbeing of their students. The Hub is always open with the school's counsellor, youth worker and Aboriginal Education Officer based there permanently. It also brings a range of health and community services into the school to make them accessible to students and their families, including psychologists, psychiatrists, health workers, family and youth support caseworkers, dieticians, hearing support, drug and alcohol services, and homelessness youth services.

The Wellness Hub helped students on 207 occasions in its first 12 months and in 2018 won the Western NSW Local Health District Safety & Quality Innovation Award for 'Keeping People Healthy'.[62]

Schools across Australia are doing what they can to support the mental wellbeing of their students under this framework. However, their funding and resources have been limited and often mean they are unable to engage the full-time staff or range of services and programs to the extent needed, without gouging into the school budget.[63] The NSW Government recently announced that it would allocate two mental health professionals to every public high school across the state,[64] a commitment welcomed by NCOSS.

However, the social determinants of mental health for young people are complex, diverse and intersecting and school-based approaches need to incorporate community partners to be most effective. Supporting the mental health and wellbeing of young people in schools should not be the sole responsibility of school administrators and educators; it should be fully resourced and involve the whole community. It therefore needs an investment

approach that reflects this whole-of-community responsibility and the true cost of delivering and sustaining this support.

7. Expand investment in mental health and wellbeing supports in all primary and high schools across Australia that reflects the true cost of program delivery and sustainability.

Addressing housing needs for stability and security

Homelessness is both a risk factor for, and a consequence of, poor mental health. People with a lived experience of mental ill-health are more vulnerable to common risk factors for homelessness, such as domestic and family violence and substance addiction. They are also likely to experience social isolation, further limiting their access to the support needed to alleviate homelessness. The isolation and trauma often associated with rough sleeping can also precipitate mental illness.[65]

Many Australians are now experiencing unprecedented levels of housing stress due to unaffordable and unstable housing, along with the rising cost of living. According to the latest Household, Income and Labour Dynamics in Australia Survey (HILDA), 1 in 5 Australians (20%) living in private rentals and 17.8% living in social housing experienced housing stress in 2013-16.[66]

Particularly for people experiencing or at risk of poor mental health, it is crucial to improve access to stable housing and secure tenure. This allows people to focus their attention on mental health treatment and rehabilitation, which would previously have been directed toward finding a home and would likely have an escalating effect on their condition.[67] This is why addressing people's immediate housing needs is key, in addition to supporting their rights and ability to sustain the tenancy.

The constant threat of 'no grounds' evictions also remains a source of real stress for renters. A 2019 survey by Tenants' Union NSW and Marrickville Legal Centre found over 60% of NSW renters report the possibility of a 'no grounds' eviction is a significant source of anxiety, and 90% report they would experience significant financial costs, emotional toll, anxiety and stress if forced to move.[68] Research also shows that the number of Australians being evicted into homelessness is growing,[69] and that people who are evicted from their homes are four times more likely to commit suicide.[70]

At the pointy end of the housing crisis, the relationship between poor mental health and homelessness has been playing out in our services for years. The rate of mental illness among Specialist Homelessness Services clients is significantly higher than the general population (31% in 2015-16 compared to 16.2%), while in NSW, the number of people seeking specialist accommodation support with mental health issues has increased by an average of 14.8% per year since 2012.[71]

The complex and intersecting nature of this relationship means that we need an integrated response that addresses people's immediate housing needs more rapidly, while also addressing their mental health needs. There is clear evidence that this approach is effective in saving government health costs and reducing hospital admissions. It also contributes to tenancy stability, consumer mental health and wellbeing, and social connectedness.[72]

Case study: Housing and Accommodation Support Initiative (HASI)

The NSW Housing and Accommodation Support Initiative (HASI) was implemented in 2003 to support adults living with mental health conditions to access housing, accommodation support, and clinical services support. It was a collaboration between NSW Health, Housing NSW, not-for-profit accommodation support providers and community housing providers. It has since expanded to support over 1,100 people living with mental health issues in NSW.

HASI participants are awarded priority access to permanent social housing and provided supports based on a recovery framework. A 2012 evaluation by the Social Policy Research Centre found that the program has provided significant benefits for participants as well as the broader community. This includes:

- 24% reduction in mental health-related admissions following HASI supports;
- 51% reduction in emergency department presentations following two years of participation;
- An estimated $30 million in savings each year compared to an allocated budget of $118 million for 4 years from 2006 to 2010.[73]

Despite the evidence behind this approach, there is an ongoing lack of affordable, safe and appropriate housing stock for Australians and integrated programs addressing housing and mental health cannot keep up with demand.[74] With social housing waiting lists already blowing out – there are almost 50,000 people on the waiting list in NSW alone[75] – a National Housing Strategy should be developed to address the current shortfall of housing stock and people's immediate housing needs.

Given the strong links between housing stress, homelessness and poor mental health, it should be a national priority to alleviate housing stress, build more housing stock and increase investment in integrated approaches to support people with mental health issues to access and maintain housing.

8. **Abolish 'no grounds' evictions from residential tenancies legislation in all states and territories.**
9. **Develop a National Housing Strategy to meet Australia's identified shortfall of 500,000 social and affordable homes.**
10. **Expand existing successful programs and services that integrate housing and mental health support such as the NSW Housing and Accommodation Support Initiative.**

Enabling services to better support the community

If services are to respond effectively to the ongoing and diverse needs of their local communities, particularly in regional and remote areas, we need to remove funding uncertainty and allow time for better planning, implementation and outcomes measurement.

The health and community services sector, including those working both directly and indirectly in mental health, is now operating in an increasingly complex environment impacted by the rollout of the NDIS, competition, commissioning and contestability, and the interaction between state and federal funding. This continues to put significant pressure on the sector's capacity to respond to the growing and diverse needs of the broader community, let alone remain sustainable.

Funding models have been moving steadily away from block funding to market-based mechanisms that include individualised funding models, impact investing, procurement, social impact bonds, outcome-based funding drawing on data and analytics, and social enterprises. How this is playing out for services in reality is a series of costly and difficult transitions. The requirement to reorient their business models diverts attention from service provision.

The extent to which introducing competition policy into human services will lead to improved quality and choice of services for clients is questionable. A recent report by ACOSS and CHOICE found that introducing competition into employment services and vocational education and training has largely failed to deliver better outcomes for consumers, and has caused major barriers to improving collaboration.[76] This is particularly problematic when we consider that cross-sector service coordination and collaboration is a key design feature of a connected and responsive human services system.[77]

Not surprisingly, services are increasingly under pressure and concerned about how to best support their clients in such a changing landscape. They are losing funding in competitive re-tendering processes and are worried about ongoing viability. Many are taking steps such as closing services, reducing staff hours, relying on more part time and casual staff.[78]

Those organisations that can are investing in marketing and better systems for data capture and outcomes measurement, and looking for alternative sources of funding. Smaller organisations are feeling disadvantaged because they don't have enough working capital to invest in growth and change, and they fear bigger, better-resourced organisations are now being favoured over smaller ones.[79] This is also in an environment of questionable government funding decisions, where programs with proven track records like Partners in Recovery (PiR) and the Personal Helpers and Mentors Service (PHaMS) are being significantly rolled back as they transition into the NDIS.

In particular, shorter funding cycles are undermining service sustainability, particularly in regional and remote communities, where it is harder to attract and retain skilled staff when there is no security of tenure. It can also be challenging to build the awareness and trust in the community needed for programs to start engaging clients and demonstrating outcomes before the contract is up.

The Commission found in 2010 that 'the efficiency and effectiveness of delivery of services by NFPs on behalf of governments is adversely affected by inadequate contracting processes. These include overly prescriptive requirements, increased micro management, requirements to return surplus funds, and inappropriately short-term contracts.'[80]

A clear first step is extending standard contract lengths in line with recommendations from the Commission on human services reform,[81] and from the recent Senate inquiry into the accessibility and quality of mental health services in regional and remote Australia.[82]

11. Extend standard contract lengths for mental health and community sector grants to seven years for most contracts and ten years for service delivery in remote Aboriginal and Torres Strait Islander communities.

Conclusion

This Inquiry presents a critical and unique opportunity to look at the social determinants of health,[83] examine more holistically the impact of mental ill-health, and consider how supports and services must be responsive to a range of complex and intersecting needs.

Federal, state and territory governments must focus efforts on the 'missing middle' to keep people well in the community for longer, particularly through access to non-stigmatising, soft entry points to mental health support, addressing immediate needs such as housing and improving access to affordable services. People must be supported to transition in and out of acute care where it is needed and have access to peer support to feel more empowered and resilient.

Finally, community supports and services will only be as effective as they are enabled to be. The community services sector in Australia is strong, diverse and dedicated, but constant reform and threats to funding impede the sector's ability to serve the community to the extent needed. The more supported and resilient Australia's community sector is, the more supported and resilient our communities will be.

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