

CANBERRA MENTAL HEALTH FORUM

Submission to Productivity Commission's Inquiry into the Social and Economic Impacts of Improving Mental Health

Recommendations

Recommendation 1

That the Productivity Commission broaden its approach to people with complex and enduring mental illness to include improving all aspects of their lives eg by increased access to:

- prevention and early intervention services;
- innovative services that are producing positive early results and are based on available evidence of best practice;
- appropriate mental and physical health care; and
- rehabilitation, social inclusion, education, housing and employment.

Recommendation 2

That States and Territories take steps to ensure that all prison detainees have access to mental and physical health care to the same extent and quality as the general population.

Recommendation 3

That the Productivity Commission recommends to the Federal Government that it initiates a comprehensive inquiry into the economic, social and health costs and the appropriateness of current policies and practices relating to the prosecution, sentencing, imprisonment and health care of detainees with mental illnesses, including drug and substance use disorders.

Recommendation 4

Improved initial and continuing professional education for clinicians and community support staff about the contra-indications of medications prescribed for people with both physical and mental illness. Greater support for individuals and/or carers who need to manage complex drug regimes - particularly for those withdrawing from the use of pain medications.

Recommendation 5

That the Commonwealth, States and Territories, local authorities, health professionals, consumers and carers work together to identify and minimise barriers which limit access to physical health care for people with complex and enduring mental illnesses.

Recommendation 6

That a summary of the World Health Organisation's "*Guidelines for the management of physical health conditions in adults with severe mental disorders*" be prepared and widely circulated to health professionals and used in initial and continuing professional education.

Recommendation 7

That the Productivity Commission obtain copies of the proceedings and presentations from the March 2019 *Equally Well Symposium* and use them to identify and recommend innovative, integrated services.

Recommendation 8

That a pool of seeding money be made available for trials of innovative integrated services to improve the physical health of people with complex and enduring mental illnesses. Any services so funded would be subject to rigorous evaluation to determine their effectiveness in improving physical health and the overall economic impact outcomes, taking into account of a wide range of relevant indicators.

Recommendation 9

That the funding proposed in Recommendation 8 also be available for a range of alternative approaches, including those such as Recovery Colleges which are not health services as such, but potentially could improve physical and mental health.

Recommendation 10

That health service organisations and health professional bodies work with people with complex and enduring mental illness and their carers to develop and introduce programs to reduce stigma and discrimination based on available evidence about best practice.

A. Who are we?

The Canberra Mental Health Forum is a community-based advocacy and support group, the independent voice advocating for mental health reform in the ACT and surrounding area. Our membership comprises people who are carers, people with lived experience of mental illness, community members who have a general interest in improving mental health services and others who have work experience in the health and community sector.

Working towards improving the physical health of people with serious and enduring mental illness is one of our current priorities. The attached paper, *“The case for including people with chronic mental illnesses in the 2019 ACT Audit Office’s proposed program review of chronic disease services”* which we recently provided to the ACT Auditor-General in the context of his proposed review of chronic illness services in the ACT, provides more evidence to support the points made in this submission.

B. Scope of our submission

Physical illness and other comorbidities of people with serious and enduring mental illnesses, including:

- the importance of prevention and early intervention;
- and the negative impact of stigma and discrimination.

C. Focus of submission

Our main focus is on the poor physical health of many people with complex and enduring mental illness and how health and medical services can respond more effectively to their needs. There are potentially huge health and economic gains from improving the physical health of this group.

We touch on stigma and discrimination related to access to and quality of physical healthcare. People with mental illness face stigma and discrimination in many aspects of their lives, but this is too large an issue to cover in our limited submission. We urge you to make the impact of stigma and discrimination and how it can be reduced key components of your inquiry. New Zealand’s ongoing community wide program to reduce stigma and discrimination, *“Like Minds, Like Mine”* appears to have had some success and might form a model for Australia.

D. Scope of Productivity Commission Inquiry

The Productivity Commission’s own issues paper states that the cost of premature deaths of people with mental illness is estimated at \$15 billion pa. We are concerned that the Productivity Commission’s decision *“to give greatest consideration to where there are the largest potential improvements in population mental health, participation and contribution over the long term”* will lead to the group with the greatest disadvantage receiving only token attention. While the numbers of people with complex and enduring mental illness are relatively low, the costs, both financial and emotional, to each individual, their family, carers and friends, the health system, social support and so on, far outweigh those of individuals with less serious conditions.

The Productivity Commission’s commitment *“to focus on measures that could improve the integration and continuity of support for particular groups, such as people with severe, persistent and complex mental illness, and which could better take into account the episodic nature of some mental illnesses”*, is welcome, but suggests a limited vision of, and ambition for, the potential of this group.

There is already huge disappointment and anger that the National Disability Insurance Scheme does not routinely provide effective assistance to people with complex and enduring mental illnesses including those illnesses which are episodic¹. Lack of appropriate skills and knowledge by NDIS assessors results in poor assessments. There are inconsistencies about whether or not this group is covered at all and huge variations about what is provided for people with similar needs and uncertainties about future support. Governments are dismantling existing disability services for people with mental illness so that if they are excluded from NDIS there are no other services for them to fall back on².

A failure by the Productivity Commission to undertake a comprehensive inquiry about how best to enable this group to participate effectively in all aspects of society would be another major blow to one of the most disadvantaged groups in society, their carers and friends. It would be seen as a further example of stigma and discrimination. Such a failure would also be a lost opportunity to chart the way to unlocking the potentially huge economic gains from reducing premature mortality and enabling people with complex and enduring mental illnesses to be more connected and make a greater contribution.

New approaches to improving the lives of people with complex and enduring mental illnesses are proving successful. They offer chances for people with these mental illnesses to become more active participants in society, including through employment. Innovative approaches are already demonstrating substantial financial benefits to individuals and to the country overall. (See sections G and H below.)

Recommendation 1

That the Productivity Commission broaden its approach to people with complex and enduring mental illness to include improving all aspects of their lives eg by increased access to:

- prevention and early intervention services;
- innovative services that are producing positive early results and are based on available evidence of best practice;
- appropriate mental and physical health care; and
- rehabilitation, social inclusion, education, housing and employment.

E. The Shocking Reality of Chronic Physical Disease and Mental Illness

“There can be no greater illustration of how the health system has failed people with mental illness than the life expectancy gap, mostly caused by preventable, and treatable, diseases”, Professor Harvey Whiteford, National Mental Health Commission Commissioner³

There is a large body of research spanning many decades which demonstrates a clear link between mental illness and poor physical health⁴. Compared with the general population this group are more likely to:

- die younger, 20-30 % shorter life expectancies in some situations;
- have comorbidities ie other types of mental illness and/or physical chronic diseases;
- have high levels of risk factors for chronic health conditions, eg smoking, excessive weight, lack of exercise, poor diet, side effects from the medication for their mental illness, unemployment, poverty, social isolation, homelessness and poor education levels;
- have more advanced physical chronic disease before being diagnosed and treated; and
- have longer hospital stays for episodes of their other comorbidities.

One study found that 25% of people with a psychotic illness stated that their physical health was one of their greatest challenges⁵. There are many barriers to accessing physical health care, including cost, impact of

¹ https://abcmedia.akamaized.net/rn/podcast/2019/03/sra_20190303_0905.mp3, Ian Hickie, broadcast on Radio National, 3 March 2019

² See for example: [WA's Mental Health Crisis: Federal Programs Closing Doors to Thousands in Need](#), media release, Consumers of Mental Health WA (Inc), 20 March 2019

³ The 2017 National Report on Mental Health and Suicide Prevention National Mental Health Commission, p 26

⁴ Improving the physical health of people living with mental illness in Australia and New Zealand Russell Roberts, PhD, Helen Lockett, MBA, MSc, Candace Bagnall, MPH, Chris Maylea, BSW, MHSPM, JD, DSW, and Malcolm Hopwood, MB, BS, MPM, MD, FRANZCP, Aust. J. Rural Health (2018) 26, 354–362.

⁵ Morgan VA, Waterreus A, Jablensky A, et al. People living with psychotic illness in 2010: The second Australian national survey of psychosis. Australian and New Zealand Journal of Psychiatry. 2012;46(8):735-752.

mental illness on their capacity to navigate the health system, transport, accessibility and fear of stigma and discrimination⁶.

Overall figures mask substantial differences in premature mortality and other adverse impacts between different groups. Examples include indigenous people, those living in rural and remote areas, prison detainees, those where adverse drug reactions occur between medications for mental illness and physical health problems and those with alcohol and drug issues. Two of these groups are discussed briefly below: prison detainees and those with adverse drug reactions.

Prison Detainees

Arguably, prisons have become the new asylums and there is inappropriate criminalisation of many people with mental illnesses. In a 2016 survey⁷, detainees at ACT's prison had high levels of a wide range of mental health conditions, common chronic diseases and disabilities and risk factors for chronic diseases. Their mental health conditions included depression (30%), anxiety disorder (22%) substance use disorder (16%), schizophrenia (14%), personality disorder (12%), ADHD (10%) and bipolar disorder (10%). The most prevalent health conditions currently experienced included tooth decay (41%), back problems (34%) and chronic pain (33%). Approximately 27% of respondents indicated that they also currently experienced other, less common illnesses, including Hepatitis C, Multiple Sclerosis and ulcers.

These figures suggest many detainees have a complex mix of care needs. They are also in a very stressful environment, not conducive to improving their health and often have very limited access to treatment, rehabilitation and recovery programs

Thus, caring for their health needs in prison and managing their transitions in and out of prison provides special challenges.

Recommendation 2

That states and territories take steps to ensure that all prison detainees have access to mental and physical health care to the same extent and quality as the general population.

Recommendation 3

That the Productivity Commission recommends to the Federal Government that it initiates a comprehensive inquiry into the economic, social and health costs and the appropriateness of current policies and practices relating to the prosecution, sentencing, imprisonment and health care, both for mental and physical illnesses, of people with mental illnesses, including drug and substance use disorders.

Interactions between Medications

People living with mental illness are prescribed complex regimes of medications to manage both their mental and physical conditions. As result of the siloeing of medical services, practitioners are often unaware not only of the complex interactions of various medications, but the difficulties individuals and their carers will have to maintain these complex regimes.

Over the past 20 years we have seen a very significant increase in the numbers of individuals dying from overdoses of prescription medications. We believe a significant number of these people are people with a mental health issues who for a myriad of reasons have been unable to manage their medications (poor support, unsupervised withdrawal from pain medications, chaotic personal lives, ease of access to opioid medications via a poorly regulated system. A national system of real-time reporting of prescription medications is urgently required.

⁶ Social and material aspects of life and their impact on the physical health of people diagnosed with mental illness, Stephanie B. Ewart, Brenda Happell, Julia Bocking, Chris Platania-Phung, Robert Stanton, Brett Scholz, Health Expectations 2017, 1-8

⁷ Young J.T., van Dooren, K., Borschmann R., & Kinner S.A. (2017), ACT Detainee Health and Wellbeing Survey 2016: Summary results. ACT Government, Canberra, ACT

Recommendation 4

Improved initial and continuing professional education for clinicians and community support staff about the contra-indications of medications prescribed for people with both physical and mental illness. Greater support for individuals and/or carers who need to manage complex drug regimes - particularly for those withdrawing from the use of pain medications.

Recommendation 5

That the Commonwealth, States and Territories, local authorities, health professionals, consumers and carers work together to identify and minimise barriers which limit access to physical health care for people with complex and enduring mental illnesses.

F. What is Happening to Improve the Situation? - International Guidelines

Prevention, early intervention and effective management of physical illnesses of people with mental illnesses are important as these services have the potential to minimise risk factors and detect and treat emerging chronic diseases. Effective interventions can reduce premature deaths, improve quality of life and reduce costs of health care.

In a comprehensive document the World Health Organisation has documented best practice for prevention, early intervention and management of risk factors and/or comorbidities for chronic physical diseases in people with mental illnesses⁸. Its recommendations cover:

- tobacco cessation
- weight management
- substance use disorders
- cardiovascular disease and cardiovascular risk
- Diabetes mellitus
- HIV/AIDS
- other infectious diseases (Tuberculosis, Hepatitis B/C).

Recommendation 6

That a summary of World Health Organisation's "*Guidelines for the management of physical health conditions in adults with severe mental disorders*" be prepared and widely circulated to health professionals and used in initial and continuing professional education.

G. What is Happening to Improve the Situation? *Equally Well*

*"There is strong evidence that the integration of primary health and specialist mental health care is positively associated with improved quality and continuity of care, reduced health inequalities, and that it may reduce health care costs. Integrated care can take different forms based on different conceptual frameworks. What is essential is its commitment to overcoming fragmented care, and to meeting complex care needs through ongoing and co-productive partnerships"*⁹.

Since 2017, Australia, following the lead from New Zealand, has adopted the *Equally Well* approach to improving the physical health of people with serious mental illnesses¹⁰. Its objectives are "*making the physical health of people living with mental illness a priority at all levels: national, state/territory and regional*"¹¹. Over 70 national organisations are supporting this initiative, including all States and Territories. *Equally Well* seeks to: promote awareness, facilitate collaboration, showcase examples of innovation and curate a repository of resources available to promote and support best practice. Underlying all this is the commitment to ensure the equal participation of consumers, their supporters and carers in design,

⁸ Guidelines for the management of physical health conditions in adults with severe mental disorders, ISBN 978-92-4-155038-3, © World Health Organization 2018

⁹ Fitzpatrick, S. J., Perkins, D., Handley, T., Brown, D., Luland, T., & Corvan, E. (2018). Coordinating Mental and Physical Health Care in Rural Australia: An Integrated Model for Primary Care Settings. *International Journal of Integrated Care*, 18

¹⁰ See footnote 4

¹¹ National Mental Health Commission. *Equally Well Consensus Statement. Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney, NSW: NMHC, 2016 p7

production and evaluation of this initiative¹². It is clear that a holistic, integrated approach to the needs of people with complex and enduring mental illness is required to make a real difference to their lives.

NSW has delegated responsibility for taking action to its regions, There is a short leaflet “*Linking physical and mental health care...it makes sense,*” targeting families, friends and carers, encouraging their loved ones to look after their physical health.

As yet there is no comprehensive review or evaluation of initiatives taken as a result of *Equally Well*. Given the importance being placed on co-design it is likely that effective solutions will vary and be tailored to individuals’ needs, making evaluation more complex.

At an *Equally Well* symposium held on 29 and 30 March 2019, examples were showcased of effective interventions which improved physical and mental health and showed positive cost benefit analyses.

Recommendation 7

That the Productivity Commission obtain copies of the proceedings and presentations from the March 2019 *Equally Well* Symposium and use them to identify and recommend innovative, integrated services.

Understandably, it is hard for existing services under financial pressure to find funding for new initiatives or for new organisations wishing to do so to source funds.

Recommendation 8

That a pool of seeding money be made available for trials of innovative integrated services to improve the physical health of people with complex and enduring mental illnesses. Any services so funded would be subject to rigorous evaluation to determine their effectiveness in improving physical health and the overall economic outcomes, taking into account of a wide range of relevant indicators.

Recommendation 9

That the funding proposed in Recommendation 8 also be available for a range of alternative approaches, including those such as Recovery Colleges which are not health services as such, but potentially could improve physical and mental health.

H. Examples of effective, cost saving interventions in prevention and treatment of chronic physical diseases in people with complex and enduring mental illnesses.

Example 1: Mudgee NSW.

The local mental health team and GP practice have partnered to address mental and physical health simultaneously¹³. “*This initiative has resulted in major improvements in clients’ physical health, and also has significantly reduced hospitalisation rates*”¹⁴. Savings have been fed back into the system to enhance other health services and there have been positive flow on effects such as reduced use of police and ambulances to transfer patients. In 2011 the project expanded to develop a community garden to reduce the costs of fresh food, further enhancing physical health and potentially social cohesion and connectedness for people with mental illness.¹⁵

A recent review of this service and of other evidence concluded that:

“*Integrated physical and mental health service models that focus on building local service provider relationships and are responsive to community needs and outcomes may be more beneficial in rural settings than top down approaches that focus on policies, formal structures, and governance*”¹⁶.

¹² See footnote 4 p358

¹³ Perkins, D., Hamilton, M., Saurman, E., Luland, T., Alpren, C., & Lyle, D. (2010). GP Clinic: promoting access to primary health care for mental health service clients. *Australian Journal of Rural Health*, 18(6), 217-222.

¹⁴ Fitzpatrick, S. J., Perkins, D., Handley, T., Brown, D., Luland, T., & Corvan, E. (2018). Coordinating Mental and Physical Health Care in Rural Australia: An Integrated Model for Primary Care Settings. *International Journal of integrated care*, 18.

¹⁵ Australian Rural Doctor July 2011

¹⁶ See footnote 9

Example 2. Recovery Colleges

Initially developed in the UK, but now spreading to other countries, including Australia, Recovery Colleges are being used by a wide range of people with mental illness including those with severe, persistent and complex mental illnesses. *“Recovery principles such as hope, connectedness, identity, meaning, purpose and empowerment underpin Recovery College curricula (Federation of Ethnic Communities’ Councils of Australia 2015). The strength of this approach is the focus on rebuilding lives, rather than reducing symptoms, and the development of a partnership between equals, rather than patients and experts”*¹⁷.

While there are some technical issues relating to evaluating the impact of Recovery Colleges, there is evidence to suggest many positive outcomes. A recent comprehensive literature review on Recovery Colleges found:

- student outcomes almost universally positive
- transformative changes in mental health staff and organisations
- use of mental health and other services reduced
- some positive cost benefits achieved¹⁸.

Example 3. Hospital lengths of stay¹⁹

A recent Tasmania study compared hospital lengths of stay for people with mental illness and those without for 5 chronic health conditions (lung or colorectal cancer, chronic obstructive pulmonary disease (COPD), type II diabetes, ischaemic heart disease (IHD) and stroke). Findings included that those patients with mental illness were younger and had longer lengths of stay. *“In cancer and stroke cohorts, co-morbidity of mental illness unfavourably affected the LOS variation by as high as 97% (CI: 49.9%–159%) and 109% (78%–146%), respectively”*

The researchers concluded that there were potentially substantial savings in bed-days from improved approaches to in-patient care for people with serious mental illness with these comorbidities.

I. Reducing Stigma and Discrimination

*“Mental illness-related stigma, including that which exists in the healthcare system and among healthcare providers, creates serious barriers to access and quality care”*²⁰.

*“Stigma in health facilities undermines diagnosis, treatment, and successful health outcomes. Addressing stigma is fundamental to delivering quality healthcare and achieving optimal health”*²¹.

Stigma and discrimination are substantial barriers to people with serious mental illness accessing physical health care. Fear of this can inhibit people with mental illness from seeking physical health care²², or have a negative impact on medical and health professionals’ attitudes when physical health care is sought²³. One manifestation of this is the phenomena of “diagnostic overshadowing” whereby medical staff interpret all symptoms as related to mental illness when a person with mental illness seeks treatment. This can mean delayed diagnosis and thus worse prognosis for life threatening conditions such as cancer and cardiovascular disease²⁴.

¹⁷ Western Australia Mental Health Commission Literature review to inform the development of Recovery Colleges in Western Australia March 2018. p46

¹⁸ See footnote 17

¹⁹ www.researchgate.net/publication/326008787_Hospital_length_of_stay_variation_and_comorbidity_of_mental_illness_A_retrospective_study_of_five_common_chronic_medical_conditions [accessed Nov 4 2018]

²⁰ *Health Manage Forum*. 2017 Mar; 30(2): 111–116. Published online 2017 Feb 16. Mental illness-related stigma in healthcare Barriers to access and care and evidence-based solutions. [Stephanie Knaak](#), PhD, [Ed Mantler](#), RPN, MSA, CHE, and [Andrew Szeto](#), PhD1,

²¹ *BMC Med*. 2019; 17: 25. Published online 2019 Feb. Stigma in health facilities: why it matters and how we can change it [Laura Nyblade](#), [Melissa A. Stockton](#), [Kayla Giger](#), [Virginia Bond](#), [Maria L. Ekstrand](#), [Roger McLean](#), [Ellen M. H. Mitchell](#), [La Ron E. Nelson](#), [Jaime C. Sapag](#), [Taweessap Siraprapasiri](#), [Janet Turan](#), and [Edwin Wouters](#)

²² See footnote 6

²³ See footnote 4

²⁴ See footnote 4

A Canadian 2017 study identified the main sources of stigma as:

- negative attitudes and behaviour
- lack of awareness and unconscious biases
- therapeutic pessimism
- lack of skills
- stigma in workplace culture

and the consequences of stigma for people with mental illness seeking health care as:

- delays in help seeking
- discontinuation of treatment
- suboptimal therapeutic relationships
- patient safety concerns
- poorer quality mental and physical healthcare.²⁵

The study identified a range of potential approaches to reducing stigma and recommended “[approaching the problem of stigmatization from an organizational culture perspective and a quality of care perspective](#)”.

A recently published study examined interventions to reduce stigma in health care, covering 7 conditions, including mental illness and substance abuse. It concluded that “[the current state of knowledge regarding stigma reduction interventions provides a solid foundation to further develop interventions that address the gaps identified in this manuscript](#)”²⁶.

Recommendation 10

That health service organisations and health professional bodies work with people with complex and enduring mental illness and their carers to develop and introduce programs to reduce stigma and discrimination based on available evidence about best practice.

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²⁵ See footnote 21

²⁶ See footnote 22