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House of Representatives Select Committee on Mental Health and
Suicide Prevention
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Dear Committee Secretary

Inquiry into Mental Health and Suicide Prevention

Anglicare Australia is pleased to participate in this wide-ranging inquiry. The Anglicare Australia Network supports thousands of people to manage their mental health across Australia. Our members provide dedicated mental health services, ranging from community-based services to residential support. We also work with people who have psycho-social disabilities as part of the National Disability Insurance Scheme (NDIS).

There is a strong relationship between mental ill health and other experiences of disadvantage. For example, our members have found that people with experiences of trauma, unemployment, and homelessness are also more likely to experience mental illness. These relationships between mental health and disadvantage can exacerbate each other. This submission explores these factors, and draws the Committee's attention to Anglicare Australia pieces that explore these issues in greater detail.

Mental health and community wellbeing

Along with consumers of mental health services, workers, and other experts, Anglicare Australia recognises that principles of community wellbeing must underpin a recovery-based approach to mental illness and ill-health. These principles include freedom from poverty; a safe home; being valued in a community, and meaningful connections to others.

Those principles would address the issues of inclusion, stigma, awareness, recovery, and access which have been identified in this inquiry's terms of reference. Recent government policies have meant that those most vulnerable are trapped in poverty, without a secure home nor a valued place in our society. Their connections to others are neither recognised nor supported.

This speaks of a failure to envisage a mentally well society with a universal system of mental health services.ⁱ In turn, it reflects decisions by successive governments to neither recognise nor act on the social determinants of health.

Social determinants of health

Anglicare Australia supports a strengths-based approach to wellbeing, connection and care. This means adopting a universal approach to community mental health support and strong housing, income support, employment and social inclusion guarantees. We ask the Committee to consider our initial submission to the Productivity Commission's inquiry into The Social and Economic Benefits of Improving Mental Health, which explores these issues in greater detail and draws on the expert knowledge, innovative programs, and partnerships of the Anglicare Australia Network.ⁱⁱ

There are many barriers to adopting these approaches. Mental health services have suffered from ad-hoc development and needless complexity, stemming from a lack of government leadership and investment over many years. We ask the Committee to reflect on policy settings that impact the social determinants of health, to offer additional support for community-based mental health services, and to call for support regardless of diagnosis. These issues explored in greater detail in our response to the Productivity Commission's Draft Report on Mental Health.ⁱⁱⁱ

An adequate income

The social determinants of health must begin with an adequate income. A society that traps people in poverty does damage that lasts for generations. Anglicare Australia's Submission to the Senate Inquiry into the Adequacy of Newstart and Related Payments makes this point.^{iv} It also explores the hardship and isolation faced by people living with disability, including psychosocial disability, while managing an inadequate income and insecure housing.

A secure and suitable home

A lack of a secure housing compounds and creates mental illness and ill health. It would take many pages to do justice to the evidence in this area, although we note that this was recently recognised by the Productivity Commission. Our own evidence to the Commission listed housing as high on the priority needs for people living with psychosocial disability, and the organisations that support them. The links between anxiety, depression and insecure housing are clear and well documented. The lack of a national housing plan for people who are isolated and excluded from mainstream Australia is outrageous and unacceptable.

Anglicare Australia's recent submission to the recent House of Representatives Committee Inquiry into Homelessness in Australia built on this work, drawing together a body of intelligence from across our Network.^v It highlighted the long standing, well acknowledged shortage of accessible, affordable and secure housing for those at the greatest risk of homelessness. Including people living with mental ill health. It also noted that the long-term consequences of the COVID-19 pandemic on those who are homeless or living in unsafe and insecure housing.

Having a place, and value, in our community

Nothing has made the Government's view of the place and value of the people in need clearer than the Robodebt disaster. It seems inarguable that the Government was willing to compromise the mental health and wellbeing of people living in hardship and poverty through illegal and discriminatory policy and practice, simply to demonstrate its disregard for those who need its help.

Anglicare Australia's submission to the Senate Community Affairs Committee Inquiry on Centrelink's Compliance Program^{vi} incorporated case studies collected from frontline staff and clients across Australia.^{vii} Many of these cases illustrate the consequence of the flaws in the Robodebt program design, implementation and technical support. These include:

- The confusion, stress and financial hardship caused by debt notices and forced repayments;
- The high number of false debts stemming from flaws in the data matching;
- The sense of powerlessness it generated in people who were already disadvantaged; and
- The high barriers to people being able to contact Centrelink and resolve their debt issue.

The Robodebt saga showed that people in receipt of income support were neither seen nor treated as full citizens. The case studies submitted by Anglicare Australia highlighted the consequences of that approach. A key lesson from this unfortunate chapter is that the Government must always place the mental health and wellbeing of people who are vulnerable at the centre of their policy responses. Other aspects of the social security system, including the reliance on careless for-profit Jobactive providers, the use of aggressive private debt-collectors, and policies that breach and punish people in need of help must be reassessed with the wellbeing and mental health of people in mind.

Social connection and belonging

Anglicare Australia's evidence to the Select committee on Intergenerational welfare dependence^{viii} identified the strength and recovery that can come to people living with mental illness when they are a valued part of a true community organisation and have access to universal and non-judgmental services. This was partly informed by our 2015 *Who is Being Left Behind* State of the Family report, which examined how access to wide ranging community services such as financial counselling can provide the pivot point for someone dealing with mental illness, domestic abuse and a first-time motherhood.^{ix} It is the open doors of the universal services that can show the ways to recovery.

The same volume looks at the results of a joint research project between Anglicare Southern Queensland and the University of Queensland, conducted at a mental health community house called A Place to Belong. That work is further explored in *The Ripple Effect*, an appreciative inquiry into A Place to Belong, published in Anglicare Australia's 2019 *Our Better Selves* State of the Family Report.^x It speaks to the power of connection and belonging, and it offers a model – which neither the NDIS nor mental health services generally support – for socially transformative investment and care. We urge the Committee to explore this model.

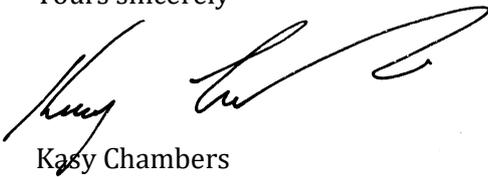
The big picture

There is much more research and analysis conducted by Anglicare Australia, its member organisations, and many others in the sector which directly address this Inquiry's terms of reference. The problem at heart of mental health in Australia is governments and their political leaders are not investing in, nor taking seriously, the social determinants of health.

If there is one clear message that Anglicare Australia would like to deliver to this Inquiry, it is that we need a strong and inclusive society that is underpinned by universal and non-judgmental access to everyday services and support. Building this inclusive and positive approach to mental health must be a priority for our nation.

If there is anything further we can do to assist the Inquiry, or if the Committee would like to hear directly from any of the Anglicare Australia programs listed in this submission, do not hesitate to contact us.

Yours sincerely



Kasy Chambers
Executive Director

ⁱ Anglicare Australia (2019) [Submission to the Productivity Commission Inquiry into The Social and Economic Benefits of Improving Mental Health](#).

ⁱⁱ Ibid

ⁱⁱⁱ Anglicare Australia (2020) [Response to the Draft Report Productivity Commission Inquiry into Mental Health](#).

^{iv} Anglicare Australia (2019) [Submission to the Senate Inquiry into the Adequacy of Newstart and Related Payments](#).

^v Anglicare Australia (2020) [Submission to the House of Representatives Committee Inquiry into Homelessness in Australia](#).

^{vi} Anglicare Australia (2020) [Submission to Senate Inquiry into Centrelink Compliance](#).

^{vii} Anglicare Australia (2020) [Attachment 1 to Submission to Senate Inquiry into Centrelink Compliance](#).

^{viii} Anglicare Australia (2018) [Evidence to the Select Committee on Intergenerational Welfare Dependence](#).

^{ix} Anglicare Australia (2015) [Who is Being Left Behind: State of the Family report](#).

^x Anglicare Australia (2019) [Our Better Selves: State of the Family report](#).