WAAMH

Western Australian Association for Mental Health

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Submission: First Interim State Public Health Plan for Western Australia

December 2017

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1. Background

The Western Australian Association for Mental Health (WAAMH) welcomes the opportunity to comment on the First Interim State Public Health Plan for Western Australia (the Plan).

WAAMH is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery and citizenship.

WAAMH recognises a continuum of supports - built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion and cultural connection - are essential to the promotion, protection and restoration of mental wellbeing. WAAMH promotes, advocates for and further develops this network of supports.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership. WAAMH also engages a wide network of collaborative relationships at a state and national level with individuals, organisations and community members which share its values and objectives.

WAAMH would like to commend the Plan's focus on empowering and protecting communities, and for its focus on Aboriginal health as a priority.

However, WAAMH is disappointed to note that the Plan fails to address mental health. The reasoning for this is not completely clear given the magnitude of mental health as a public health issue in both WA and nationally.

Not only is mental health not acknowledged in the Plan's health scoping for WA in Part 1 of the Plan, but most importantly it is not included anywhere in the key objectives and policies priorities for 2017-2020 identified in Part 2. It was also noted that the Plan is not linked with any existing plans or strategies that thoroughly address mental health in WA, meaning that mental health is almost completely ignored in this important document.

The following submission outlines some of WAAMH's key concerns in more detail, and offers recommendations for the inclusion of mental health in the First Interim Public Health Plan for Western Australia. Recommendations are listed below (Table 1), and in full at the end of the paper.

Table 1: Recommendations

1.	That mental health should be included as key public health focus area in the health status report in Part 1 of the First Interim Public Health Plan for Western Australia.
2.	That mental health outcomes and activities be included in the Objectives and Policy Priorities in Part 2 of the First Interim Public Health Plan for Western Australia.
3.	That the First Interim Public Health Plan for Western Australia should complement and link with existing plans and strategies in WA which have a mental health focus.

2. Mental health as a public health issue in Western Australia

Public mental health is recognised as being fundamental to public health in general, as a determinant and consequence of physical health and as a resource for living (Faculty of Public Health of the Royal Colleges of Physicians of London, Edinburgh and Glasgow, 2016). Worldwide, mental, neurological and substance use disorders are responsible for nine out of the 20 leading causes of years lived with disability, and 10% of the global burden of disease (World Health Organization, 2013). The World Health Organisation (2013) recognises mental health as a primary concern for public health, and calls for renewed public policy commitment to promote, protect and restore the mental health of populations.

Locally, mental health is a significant public health issue in Australia and Western Australia. Mental health conditions rank third after cardiovascular disease and cancer as the most significant contributor to the number of healthy life years lost due to living with a disability (Willcox, 2015). Data from 2015-2016 showed that an estimated 13.8% of adults in WA reported being diagnosed with a mental health condition in the last 12 months (Department of Health Western Australia (DoHWA), 2016). According to recent data from the Australian Institute of Health and Welfare (AIHW), WA had the greatest expenditure per person per annum for mental health during the 2014-2015 period; per person expenditure on specialised mental health services was $281 per person in Western Australia, compared to the national average of $219 per person during this time (AIHW, 2016).

As identified by the National Mental Health Consumer & Carer Forum (NMHCCF) (2011), mental health conditions affect peoples' lives in many ways, and may have a significant impact on the quality of life for many people. Mental health conditions can lead to a range of functional impairments, including "the loss or limitation of physical, mental or sensory function on a long-term or permanent basis" (p 25). While many people may not be affected significantly by their mental health condition, others report experiencing challenges such as difficulty concentrating; reduced stamina and energy, difficulty with prioritising and time management; trouble functioning in social situations, leading to isolation and loveliness, and sensitivity to stress. Side effects from medications may also lead to impairments and physical health problems that interfere with daily functioning (NMHCCF, 2011). Social exclusion, lack of appropriate housing options and homelessness, low income, interrupted education and poor labour force participation, stigma and poor physical health are all associated with the lived experience of mental health conditions (NMHCCF, 2011).

Despite this evidence and the impact of mental health conditions on people, the Plan fails to recognise mental health as a public health priority. While the Plan acknowledges that mental illness is one of the top three health concerns in Australia, there is no further discussion of mental health as a public health issue. Similarly, while suicide is mentioned as a leading cause of death and hospitalisation from injury in WA (and specifically, as an area of significantly poorer outcomes in WA than the rest of Australia), there is no further connection of suicide to mental health, nor any further elaboration about this as a public health issue or as a focus for the objectives and actions of the Plan.

Given the magnitude of the problem of mental health and suicide in WA, it is disappointing that mental health and welling has not been identified as a key focus area for the Plan. WAAMH believes that mental health should be acknowledged as a key focus area in the

health status report in Part 1 of the Plan, and should be included in the Objectives and Policy Priorities in Part 2 of the Plan.

3. Siloes and stigma

WAAMH is concerned that the absence of mental health in the Plan will reinforce a 'siloed' system where mental health is separated from physical health, and will contribute to a culture of stigma surrounding mental health.

The World Health Organisation (2016) has suggested that mental health is an integral part of health, and that there is "no health without mental health". Poor mental health is associated with a range of social determinants of health including higher rates of smoking, alcohol and drug abuse, lower educational outcomes, poorer employment prospects, and is linked to the development of an array of chronic health conditions such as cardiovascular disease, diabetes and chronic lung diseases (Naylor et al., 2016).

Despite these understandings, in Australia there has been a long tradition of separating mental and physical healthcare (The Australian Prevention Partnership Centre (TAPPC), 2016). However, it is now recognised that there is a need to integrate physical and mental healthcare as a priority in Australia and internationally (National Mental Health Commission (NMHC), 2016; TAPPC, 2016).

Similarly, the importance of incorporating mental health into public health programmes is recognised internationally, as poor mental health is a major risk factor implicated in the development of physical health conditions, and is a major public health issue in its own right (Naylor et al., 2016), and it is understood that governments play a key role in facilitating the link between physical and mental health (Duggan, 2015). It is also understood that public health has a key role in addressing the inequalities that lead to poor physical outcomes for people with mental illness (NMHC, 2016).

The link between mental and physical health and wellbeing is equally, if not more important for the Aboriginal and Torres strait islander population, which the Plan has a key focus in Objective 3. It is recognised that social and emotional wellbeing is the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples, and that Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. It is also generally understood that when these interrelations are disrupted, Aboriginal and Torres Strait Islander ill health may persist (Commonwealth of Australia, 2017).

WAAMH is concerned that the Plan fails to acknowledge the link between physical and mental health. This sends an implicit message to the community that mental health is not relevant to good public health, and reinforces the concept of mental health as separate to physical health. WAAMH believes that it will be difficult to achieve optimum public health outcomes for WA if mental health is not incorporated into the Plan, and this may have particular relevance to Objective 3 of the Plan, which concerns Aboriginal and Torres Strait Islander health.

In addition, the failure to recognise mental health in the Plan has the potential to reinforce a culture of stigma surrounding mental health and wellbeing, by giving the impression that mental health is not an important issue in the community, or for public health action.

It is understood that approximately 45% of the Australian population will experience a mental illness at some time during their life (Queensland Government, 2014). However, many people experience stigma surrounding their mental illness, which can lead to feelings of shame and embarrassment, and can result in symptoms being ignored, poor recovery, and a lower quality of life due to isolation (SANE Australia, 2014).

Structural stigma occurs when the policies of private and governmental institutions and cultural norms restrict the opportunities, resources and wellbeing of people with depression and anxiety (Beyondblue, 2015), and other mental illnesses. WAAMH is concerned that the absence of mental health from the Plan may reinforce structural stigma surrounding mental health in WA, by sending the implicit message that mental health is not a public health priority, despite clear evidence that it is one of the leading health issues for the WA community.

Stigma toward mental health conditions, and associated community ignorance, compounds the impact of psychosocial disabilities. Stigma contributes to poor self-esteem, social isolation and discrimination for people with a psychosocial disability and their carers, and it can influence not only community behaviours towards mental health but also the development of community institutions, processes and public policy (NMHCCF, 2016).

The NMHCCF (2016) has stated that mental health consumers with psychosocial disability and their carers require systemic policy approaches to redress community stigma and social exclusion. Policies must focus on recovery and aim to maximise the capabilities of each consumer and carer (NMHCCF, 2016), and as suggested by Professor Michael Slade, Professor of Mental Health Recovery and Social Inclusion, Faculty of Medicine & Health Sciences at the University of Nottingham, this approach should be viewed as an integral part of primary prevention for mental health and wellbeing (Coopes, 2017).Tackling stigma should occur on a community-wide basis, and failing to include mental health in the Plan represents a lost opportunity to help tackle existing stigma surrounding mental health, and to help create a community which recognises mental health as a key component of good general health.

WAAMH acknowledges that other strategies exist in WA that address mental health, however the same applies for the other health issues that are addressed in the Plan. WAAMH believes that it is important to include mental health in the Plan, to send a clear message to local governments and the community that, a) mental health is understood to be important for the health of WA, and b) that mental health and wellbeing should be a priority in the planning of local governments and other organisations to effectively address the health of the WA population.

4. Local governments and mental health

WAAMH is concerned that despite local governments in WA expressing a desire to have mental health included in the Plan, mental health has been explicitly ignored. With the Plan being specifically aimed at local governments, it would seem disadvantageous to omit this key priority issue.

In a recent survey of Local Government officers, the public health issues of environmental health, mental health and alcohol and drugs were identified as the top three priority issues that local governments would like to see identified in the Plan (WA Local Government

Association (WALGA), 2017). WALGA recognises that local Government can, "contribute to mental health in the community as providing events and programs which encourage connection, providing mental health education to the community, and partnering with mental health organisations to provide wellbeing programs" (WALGA, 2017, p 31). Despite this feedback from local governments, the Plan fails to recognise mental health as a key public health issue.

Local governments are ideally placed to engage with communities and create place-based programs which enhance mental health and wellbeing (Victorian Health Promotion Foundation (VHPA), 2015) by addressing the built, social, economic and natural environments, and social and environmental determinants of health (Keleher & Armstrong, 2005).

Importantly, local governments play a lead role in facilitating and supporting partnerships in the community that increase social inclusion and tackle social exclusion, and in turn aim to improve mental health and wellbeing (Keleher & Armstrong, 2005), and enhance citizenship for people with mental health challenges by creating opportunities for people to participate in the life of the community (Department of Health, 2010).

Local governments also play a vital role in prevention and health promotion strategies aimed at mental health and wellbeing, and can positively impact the mental wellbeing of individuals, families and communities by creating safe, respectful and equitable communities that foster resilience, and providing opportunities to increase residents' social connectedness (VHPA, 2016).

The Plan (page 27) states that, "The Public Health Act states that a Local PH Plan must be consistent with the State PH Plan. This provides an opportunity for local government to align with the State Government and establish locally based objectives and policy priorities that are consistent with those of the State, whenever they may be applicable and relevant to their local government district".

WAAMH is concerned that by omitting mental health from the Plan, there is a risk that local governments will need to sacrifice mental health initiatives to prioritise activities and programs which comply with the other focus areas and objectives outlined in the Plan. This will create lost opportunities for local government to contribute to community mental health and public health, despite the express desire from local governments to focus on mental health as a priority, and the ideal placement of local governments to address mental health at the public health level.

5. Supporting strategies

While the Plan fails to mention mental health in any detail as a public health issue, it also fails to make any mention or connection to other mental-health related plans or strategies that currently exist in WA.

The Plan (page 38) states, "This Interim State PH Plan complements and links with existing plans". However, none of the plans and strategies listed address mental health in depth. If government decides not to include it in the Plan, the Plan should then include, at minimum, a clearly articulated reason for why mental health is not included, and a guide to other strategies and plans available in WA which do address mental health. If the Plan itself does

not give local governments and organisations guidance as to how best they can address mental health in their activities, then there should be clear links made to other plans and strategies which can assist them (such as the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025).

6. The role of WAAMH in supporting the First Interim Public Health Plan

WAAMH is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery and citizenship. WAAMH believes that there is scope for the association to contribute to achieving the objectives and priorities of the Plan, particularly if mental health was to be incorporated more thoroughly into the Plan and its objectives and priorities.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, and WAAMH has a wide network of collaborative relationships at a state and national level with individuals, organisations and community members which share its values and objectives.

The association would be well placed to assist in advising on suitable policy priorities and actions related to mental health that could be incorporated into the Plan. There could also be scope for WAAAMH to advise on appropriate content and delivery of public-health focused mental health initiatives associated with the Plan. As a peak training body for the community mental health sector, there would also be potential scope for WAAMH to assist in the upskilling of local governments and organisations to ensure an appropriately trained and skilled workforce in relation to mental health.

7. Conclusion and Recommendations

As outlined above, WAAMH has several concerns with the Plan, primarily regarding the lack of mental health within the Plan and the failure to connect the Plan to any existing mental health plans or strategies in WA. WAAMH believes that the absence of mental health and wellbeing in the Plan has the potential to reinforce a siloed system which separates mental and physical health, and to contribute to a culture of stigma surrounding mental health, while explicitly ignoring the needs of local governments (at which the Plan is aimed). Based on these concerns, WAAMH makes the following recommendations for changes to the current First Interim Public Health Plan for Western Australia:

Recommendations:

1. That mental health should be included as key public health focus area in the health status report in Part 1 of the First Interim Public Health Plan for Western Australia.

2. That mental health outcomes and activities be included in the Objectives and Policy Priorities in Part 2 of the First Interim Public Health Plan for Western Australia.

3. That the First Interim Public Health Plan for Western Australia should complement and link with existing plans and strategies in WA which have a mental health focus.

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