

3. GETTING IN EARLIER

3.1 Building community resilience and wellbeing

Mental health and wellbeing are fundamental to a strong, functional and resilient society which we, as individuals, make up.

The resilience that comes from good mental health and wellbeing is the foundation of:

- safer and healthier families, schools, workplaces and communities
- higher educational achievement
- improved relationships and personal dignity.^{22 23}

Poor mental health affects people of all ages yet, with the right approach, its impact can be reduced dramatically. And yet we also know that as things stand:

- 45 per cent of all Australians will be affected by a mental illness at some point in their life²⁴
- by 2023 anxiety and depression combined are expected to be the second biggest contributor to burden of disease in Australia.

The individual, social and economic costs are immense, so promoting community-wide mental health and wellbeing makes good sense. But we must start early, across the whole population and across all of life.

Promoting wellbeing for everyone means targeting those social factors that foster good mental health and the development of resilience, including access to housing, education, employment or other meaningful activity when employment is not available.²⁵ But it also includes promoting a healthy lifestyle with exercise and good diet.

Able to meet life's challenges

Generally, we as individuals don't know enough about how to improve our mental health and wellbeing. If all of us – communities, schools and workplaces – took a wider responsibility for our mental health and wellbeing and that of our loved ones, in partnership with relevant agencies where needed, we would have access to the tools needed to cope with difficult life events and to connect with others around us. We would develop resilience.

Being resilient helps mitigate risk behaviours, such as tobacco, alcohol and drug misuse; social and economic problems, such as crime, absenteeism from work and dropping out of school; and the rates and severity of physical and mental illness. Therefore the benefits of resilience are experienced not only by individuals but flow across the whole community and, indeed, to government.

Singing for social inclusion and wellbeing

Choirs are a vehicle to achieve greater social inclusion and wellbeing. Creativity Australia coordinates the With One Voice choirs in Sydney, Melbourne and Brisbane that allow members to express their creative potential and participate in a community-building activity. The choirs bring together people of all ages and walks of life, cutting across socio-economic, cultural, religious, generational and linguistic barriers. The model includes a professional conductor, volunteer support, opportunities for interaction and connection at rehearsals, and mechanisms to connect with the wider community. Choirs can also be established in specific settings such as workplaces. No singing experience is necessary.

Family and education are the keys

To develop resilience, we must start at the beginning – childhood. Our capacity for being resilient and strong undoubtedly starts with our family of origin. We can give children a good start in life by supporting mothers and families in need and protecting children in dysfunctional families by working with those families. These important issues are taken up later in this Plan.

In addition, wellbeing programs for school-aged children are an important springboard into a healthy life trajectory. Many issues can be prevented or improved through school-based approaches with a strong focus on wellbeing.²⁶

All schools should operate under a wellbeing framework that supports the development and promotion of wellbeing not only for all students but for staff. In line with OCHRE: The NSW Government Plan for Aboriginal Affairs, a strong sense of identity, belonging and self-determination for Aboriginal students must be fostered.

School-aged children and young people – a snapshot of challenges and support²⁷

At present, among about 740,000 students in NSW Government schools:

- 25 per cent access additional support from one or more of the areas of: Aboriginal education; wellbeing and disability, learning and support; or child protection
- 25 per cent are at risk of not completing Year 12 or its equivalent
- 6 per cent identify as Aboriginal and 52 per cent of those are at risk of not completing Year 12
- 12 per cent have a disability and or difficulties in learning or behaviour
- there were 12,000 contacts with the Child Wellbeing Unit in 2012
- each day, 7 per cent of students do not attend school and this figure rises to 15 per cent among Aboriginal students.

School counsellors contribute significantly to student wellbeing in public schools by providing psychological services and participating in learning and support teams. They work with and supplement available departmental expertise.

The NSW Department of Education and Communities is building on this through the development of a network of specialist support that will link all public schools by 2017. This network will draw together the expertise of the department and broader government and community-managed health and welfare providers.

In complex cases involving children and young people dealing with adverse environments and individual high-risk vulnerabilities, the network will provide schools with:

- specialist information and guidance
- support for children and young people requiring services beyond those available in the school
- support to triage individuals into the broader government and community-managed health and welfare service system.

Committing to change

Mental health and wellbeing must be central to the Government's wider prevention and early intervention responses. A focus on resilience will connect with efforts to prevent and manage the adversity of natural disasters including flood, drought and bushfire.

The commitment to fostering community resilience is consistent with the NSW 2021 plan and with the goals of keeping people healthy and out of hospital and improving mental health. This means moving the centre of responsibility to the community and more effectively educating the wider public about mental health, mental illness and wellbeing.

This can be enabled through the use of mental wellbeing impact assessment tools²⁸ whose benefits include:

- focusing attention on inequalities and the social factors that impinge negatively on mental health
- shifting resources and services so that they foster positive mental wellbeing
- stakeholders developing a shared understanding of mental wellbeing.

Actions

- 3.1.1** Establish a NSW Wellbeing Collaborative to support wellbeing initiatives among organisations, share knowledge and promote innovative and successful activities.
- 3.1.2** Implement local mental health and wellbeing promotion activities, complementary to national activity.
- 3.1.3** Promote the use of wellbeing impact assessments to determine the impact of initiatives on the wellbeing of the community.
- 3.1.4** Implement and further develop the Department of Education and Communities' *Wellbeing Framework for Education* which:
 - sets out the role of education in building and improving wellbeing
 - establishes wellbeing standards for school communities and evidence-based approaches for improving wellbeing
 - considers both students and staff, to help build their capacity to enhance the wellbeing of themselves and others
 - builds the staff's capacity to support students with more targeted needs and provide direct services to students with more complex needs
 - promotes online wellbeing and self-management tools for children and young people, such as those developed by the Young and Well Co-operative Research Centre
 - establishes local partnerships and uses community assets, such as cultural, recreational and sporting groups, to support student wellbeing
 - encourages joined-up responses from government and community organisations to support student need through networks of specialised support.

3.2 Promoting self-agency

Looking after one's self and others is part of daily living. Most of us are able to take care of most of our emotional and wellbeing needs without accessing formal services – and many of us never come into contact with services. It is about individuals taking charge of theirs – and others' – health and wellbeing whether in their homes, neighbourhoods, communities or elsewhere.

Self-agency describes what individuals do to maintain good physical and mental health, meet social and psychological needs, prevent illness or accidents, care for minor ailments and long-term conditions and maintain health and wellbeing after an acute illness or discharge from hospital. It is also about accessing self-help and self-referral options when necessary.

There is growing recognition that people who experience mental illness have enormous capacity to influence their health outcomes if they have quality information and appropriate self-management tools. They should not only have an opportunity to be involved in their mental health care and treatment because it is their right but because the delivery of care is more effective when this occurs.²⁹

Evidence-based approaches

For a number of years in NSW, Mental Health Month campaigns have taken a positive mental health promotion and self-agency approach.

Supporting this is a suite of evidence-based e-health interventions to give people who are concerned about their mental health or who have a mental illness a better understanding of their situation, and to enable them to manage their illnesses and associated physical challenges. For some, this information may be all they need.

While e-health interventions are well developed for common issues such as anxiety and depression, research and development is under way for the full spectrum of mental illness. The limited take-up of e-health interventions in this country is surprising given their proven effectiveness and given that Australians have led the way in developing the technology.^{30 31} These issues are further explored in *Better use of technology*, p104.

myCompass – Black Dog Institute

myCompass is an e-health initiative developed by the Black Dog Institute to promote mental health and wellbeing. It is intended to assess the user's symptoms. Using email and text messages, *myCompass* can provide a personalised and interactive program that includes online psychological tools, monitoring of moods and behaviours and motivational tips.

Concepts of recovery and its links to self-agency and self-care are not well understood in the NSW mental health system. This should be seen as an opportunity to change the culture towards a recovery-oriented mental health system. The National Framework for Recovery-Oriented Mental Health Services³² supports autonomy and self-determination through focusing on an individual's strengths, resilience and capacity for personal responsibility.

However, the prevailing language of clinical services is often about case management, discharge planning and relapse planning, thus reinforcing an illness model and a provider-centric risk management approach that negates the principles of recovery.

Recovery colleges

The concept of recovery education centres began with the consumer movement in the United States. Recovery colleges³³ offer programs in an environment where hope, empowerment and possibility are promoted. They deliver comprehensive education and training courses developed in partnerships between consumers, clinicians and accredited educational organisations. They help people become experts in their own self-care, and families, friends, carers and staff to better understand mental health conditions.

The South Eastern Sydney Local Health District has developed the first recovery college in NSW. It is based on the recovery college model in the United Kingdom, providing an alternative to traditional mental health treatment options.

Recovery colleges provide opportunities to consumers to live meaningful and contributing lives – and to NSW to develop its peer workforce and promote the principles of recovery within mental health services and the community.

A promotional approach

Act-Belong-Commit is an example of how positive mental health self-agency can be supported through a public campaign. It promotes behaviours that build and maintain good mental health, while encouraging wider community participation in mentally healthy activities. Developed through research at Curtin University and supported by the Western Australian Mental Health Commission, it describes an ABC of positive mental health³⁴:

- Act – keep mentally, physically and socially active
- Belong – participate in formal and informal group activities
- Commit – have meaning and purpose in life by taking up realistic challenges, setting goals, and getting involved in a cause.

A recent evaluation³⁵ found this approach had a positive impact on mental health literacy.

The internet offers the opportunity for people to find the mental health resources most appropriate to their needs, but some – particularly older people – avoid the online world because of lack of skills or confidence or fear of potential hazards such as scams and bullying. Initiatives like the national eSmart Libraries project can help build community knowledge and capacity to use online resources safely and effectively.

The strategic opportunity for reform is to create a new layer of mental health self-care and support in the community that is low cost and high impact. For change to be fully realised, there must be a concerted and disciplined effort to fully establish self-directed, and recovery-oriented self-agency.



Actions

- 3.2.1** Develop and implement a mental health promotion campaign along the lines of Act-Belong-Commit to improve mental health literacy and self-agency with a strong focus on local initiatives.
- 3.2.2** Health and other relevant services such as housing, education and justice should promote the use of online and other self-management tools as a legitimate pathway to care.
- 3.2.3** Explore the potential for social media approaches to keeping people connected and supported, drawing on lessons from other sectors such as the NSW Police *eyewatch* (Neighbourhood Watch online).
- 3.2.4** Leverage off the successful national eSmart Libraries' digital literacy and cyber safety program and support efforts to improve e-literacy for older people.

NOTE: See also actions under *Better use of technology* p. 107.

3.3 Prevention and early intervention for children and young people

Children's early years are crucial in shaping the adults they'll become. What happens in their earliest years will affect not only their immediate health and wellbeing, but will lay the foundations for their future.

2011 Australian Early Development Index National Report

Signs of vulnerability to mental health issues are often clear by the time a child turns six. Patterns of drug and alcohol misuse and eating disorders commonly start in adolescence, sometimes earlier. Half of all mental illnesses manifest before the age of 14 and three quarters by the age of 25.³⁶

Sadly, social and emotional development does not progress smoothly for a significant number of children and young people in NSW. Opportunities are being missed to intervene – and to intervene early – in circumstances that may undermine their mental health and wellbeing.

Parents' lives clearly affect their children's lives. The challenges a parent faces, such as financial hardship, domestic violence, postnatal depression and drug and alcohol misuse, expose children to greater risk of developing mental health and behaviour problems.³⁷ Patterns of disadvantage can become entrenched. Pre- and post-natal medical care, early education, specialist mental health services for children and young people, and intensive family support services, including models of family therapy, to name a few, can play a greater role in ensuring that more young people have the chance to realise the full potential of their lives.

We also know that positive participation in family, school, social and peer activities help promote resilience and wellbeing in children. We need to ensure that these are part of every child's life. Educational attainment is another protective factor and we must work to ensure that as many children and young people as possible complete the full 13 years of school education.

Risky beginnings

The process of mother, father and infant social and emotional bonding is widely recognised as laying the foundation for lifelong social and emotional wellbeing and cognitive development. The perinatal period represents a period of particular risk for mental illness for women, as a consequence of hormonal changes during and after pregnancy, increased stress, sleeplessness and renegotiation of family roles and relationships. About 15-20 per cent of women in Australia experience perinatal depression, but many women are neither diagnosed nor treated.³⁸

Mental health issues of fathers are also commonly under-recognised with many, particularly younger fathers, unable to identify their mental health needs and not seeking help or engaging with appropriate services.³⁹ Children of fathers with alcohol issues are likely to have higher rates of premature death, greater risk of mental health problems, learning difficulties, behaviour problems and physical illness. Psychiatric illness among fathers can also have a devastating impact on a child's wellbeing. However, many services are configured only to identify and support the transition to parenthood for mothers and may fail to engage with fathers.

The disruption of the parental relationship can result in delayed social and emotional development and/or significant behavioural problems for the infant.⁴⁰ This negative picture needs to be balanced by an understanding that many parents with mental illness remain capable and able to support their children. The presence of mental illness does not itself create risk, rather it is the severity, duration and related

impact of mental illness on social circumstances and, importantly, the presence or absence of other supports that can mitigate any risks.⁴¹

When families encounter difficulties that hamper the wellbeing of children, child protection services may become involved.

In 2011-12, the NSW Department of Family and Community Services received 99,283 reports of children at risk of significant harm.⁴² Physical abuse, neglect, emotional abuse and domestic violence were the top four reported issues as they were in the preceding three years.

Children or young people placed in state care can face lifelong disadvantage. A longitudinal study of wards leaving care found the lives of many were characterised by unstable and poor quality housing, unemployment, early parenthood, difficulties in making ends meet, difficulties in establishing and maintaining relationships, limited support and family contact, loneliness and mental health problems.⁴³

The school years

In 2012, 8.3 per cent of NSW children were found to be developmentally vulnerable because of their low emotional maturity when they started school.⁴⁴ Their scores for anxiety and fear, aggression, hyperactivity and inattention were high, while those for pro-social and helping behaviours were low. This is of concern not only in the early years of schooling; in 2011, 14 per cent of secondary school students exhibited signs of high psychological distress.⁴⁵

Peer leadership for young people

Batyr is a community-managed program that connects secondary and tertiary students with young speakers who have experience of mental health challenges and recovery. The speakers give the students information about the support networks and services available for people experiencing mental health problems. Batyr educates and empowers young people to speak out about mental health issues and normalises help-seeking behaviour. Batyr speakers share life experiences about issues such as depression, suicide, sexual assault, eating disorders, bullying and personal health and, through sharing their personal stories, encourage students to 'look, listen, talk and seek help'.

The prevalence of childhood and adolescent behavioural disorders is another area for concern. These disorders, particularly oppositional defiant disorder and attention deficit hyperactivity disorder (ADHD), are associated with mental illness later in life.⁴⁶ About 4.8 per cent of Australian boys aged six to 12 have been found to have conduct disorder or exhibit severe antisocial behaviour; 3.7 per cent experience depressive disorder and 19.3 per cent have ADHD.⁴⁷

What we are doing

There are a number of prevention and early intervention services and initiatives for children and young people involving Commonwealth, state and community-managed organisations. There is good evidence of the effectiveness of many of these, such as school-based social and emotional learning programs⁴⁸, but these have not been implemented in NSW in a comprehensive way.

At the Commonwealth level, *headspace* centres – aimed at those aged 12 to 25 – are expanding in NSW, both in number and the range of services provided, with a small number of Early Psychosis Prevention and Intervention Centres expected to be established soon. But despite some notable exceptions, they remain largely disconnected from state-run specialist child and adolescent mental health services.

Working together

An example of how Commonwealth and NSW services can co-operate to provide people with better access to support and services is the Children and Young People's Mental Health service on the Central Coast. This NSW-funded service is co-located with the Commonwealth-funded *headspace* office in Gosford. Here, and online, the *ycentral* service offers a free, one-stop shop for young people aged 12 to 25. It provides early intervention for mental health and emotional wellbeing issues and assesses and refers young people to the most appropriate service – including *headspace*, specialist mental health services, drug and alcohol, vocational and employment support networks, accommodation services and primary health clinics.

In NSW there is a need for greater integration among school-based programs, community-based services and specialist child and adolescent mental health services. Initiatives aiming to achieve better integration include:

- *Keep Them Safe: A shared approach to child wellbeing* is the NSW Government's five-year plan to reshape the delivery of family and community services and improve the safety, welfare and wellbeing of children and young people.
- NSW Kids and Families is a statutory health corporation established in July 2012 in response to the recommendations of the Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (the Garling Report). Its purpose is to provide leadership within NSW Health and other government agencies to address the health and wellbeing needs of children and young people and their families. NSW Kids and Families is developing a 10-year plan which will be the foundation of a co-ordinated approach to meet these needs.
- Brighter Futures and Sustained Health Home Visiting forms part of the NSW approach to family-focused prevention and early intervention and consists of about 20 home visits, primarily by the same child and family health nurse, during pregnancy and the first two years after birth.
- Intensive Family Support services provide intensive, in-home crisis intervention, practical assistance, counselling and skills development for families who have children at risk of significant harm and are at risk of placement in out-of-home care.
- The NSW Government has initiated a pilot program of Whole Family Teams in four locations to assist families with mental health, drug and alcohol and parenting difficulties.

Despite this good work, services that aim to address complex mixes of behavioural and mental health issues and trauma are in short supply. The toll on individuals, families and communities is inestimable. The economic costs to government are immense and avoidable. We must intervene earlier in young people's lives, integrate services and make sure those most in need of support get it.

Actions

3.3.1 We must build on the NSW Government's priority for improving the prevention and early intervention system for vulnerable children and their families and establish a youth alliance which:

- considers holistic prevention and early intervention approaches across mental health, trauma and behavioural issues for children and adolescents
- comprises representatives from all relevant sectors, including child and adolescent mental health services, paediatrics, alcohol and drug services, education, community services and justice
- draws on relevant expertise from specialists such as the Brain and Mind Research Institute and the Black Dog Institute, ReachOut by the Inspire Foundation and national bodies such as the Young and Well Co-operative Research Centre, beyondblue, Butterfly Foundation and *headspace*.

The youth alliance will help guide the effective targeting of prevention and early intervention efforts by examining:

- the risk factors affecting children, young people and their families at different life stages and how these risks are responded to within the present system
- how the existing system could be better aligned to eliminate gaps and have an earlier impact
- opportunities for better co-ordination of services and service innovation in practice
- how the interaction between mainstream and targeted services could be improved
- opportunities presented by other reform activity, such as data and information work, already under way.

3.4 Suicide prevention

Suicide exacts a terrible toll, not only on individuals and those closest to them, but on entire communities. The most recent Australian Bureau of Statistics data, from 2012, indicates that 707 people in NSW completed suicide⁴⁹ during that year. This is likely to be an underestimate because many deaths are not recorded as suicide if there is uncertainty about the circumstances. We also know that many more people consider suicide⁵⁰ and that each year about 9000 people are admitted to NSW hospitals for intentional self-harm.⁵¹ There is a clear need to take action to reduce these numbers and the suffering they represent.

Suicide and suicidal behaviours are varied, complex and surrounded by stigma. For a range of cultural, socio-economic and other reasons, they manifest differently among different groups of people and affect some communities more than others. Suicide is the leading cause of death for young people aged between 15 and 34 in Australia.⁵² Men complete suicide at more than 2.5 times the rate of women in Australia, and Aboriginal and Torres Strait Islander people are completing suicide at just under 1.4 times the rate of non-Indigenous people in NSW.⁵³

Some rural and regional communities experience higher rates of suicide and suicidal behaviour.⁵⁴ There are also elevated risks of suicide and self-harm in lesbian, gay, bisexual, transgender and intersex communities, among people who misuse alcohol and those with chronic illness including pain.⁵⁵

Co-ordinated responses

At present, there are clear gaps in the co-ordination and integration of suicide prevention activities and programs across all levels of government.⁵⁶ There is a need for better governance and more clearly delineated roles and accountabilities for suicide prevention.

Funding for suicide prevention is split between federal and state governments. As a consequence, efforts aimed at suicide prevention may be poorly co-ordinated and opportunities for more effective action are easily overlooked. More specifically, some parts of NSW have suicide prevention groups and bereavement support networks but others do not. This reflects a fragmented system made up of isolated programs.⁵⁷

Significant underlying issues, such as data collection and the dissemination of high-quality information and training, need to be addressed if we are to achieve a significant impact. Taking some key steps towards resolving these issues will reap direct benefits and provide a solid foundation on which we can build and refine further reform aimed at preventing suicide.

Tools for local communities

Local communities are crying out for sound information, tools and support for suicide prevention. People want to be able to help themselves and one another. They want to know how to support those bereaved by suicide and how to become more resilient. Well-informed, community-based action backed by evidence and professional expertise needs to be a cornerstone of suicide prevention activities.

Experts hold differing views about community-driven suicide prevention programs and their perceived potential to do harm.⁵⁸ Yet they also recognise that communities, particularly small towns, are keen to respond to local needs. Experts must engage with communities and build relationships that enable the implementation of evidence-based practices.

In 2012 the NSW Ministerial Advisory Committee on Suicide Prevention consulted communities in NSW about how local suicide prevention responses could be better supported. This resulted in recommendations targeting priority groups, including initiatives such as the development of strategies to prevent suicides in small towns, enhanced community engagement in suicide prevention, application of evidence-based practice, improved local data collection and workplace interventions.

Leadership in suicide prevention

Conversations Matter is a suite of online resources developed by the Hunter Institute of Mental Health which provides practical information for communities and professionals to support community discussion about suicide. The resources have been developed with the support of academics, service providers, people whose lives have been affected by suicide or suicide attempts, and community members in NSW.

Suicide Prevention Australia in partnership with the NSW Mental Health Commission has developed *Communities Matter: A toolkit for community-driven suicide prevention*. It aims to support local communities, particularly small towns, to turn conversations and interest in suicide prevention into activities that reflect local priorities and needs.

Evidence-based approaches

A challenge for suicide prevention is the need to continue to build the evidence base for effective strategies. While all funded initiatives are required to have an evaluation component, evaluation requirements are not always rigorous enough and funding is not always sufficient for meaningful evaluation, which limits their contribution to the evidence base.⁵⁹

Centre for Research Excellence in Suicide Prevention

The Centre for Research Excellence in Suicide Prevention, based at the University of NSW, brings together researchers from Australia and New Zealand to undertake research in suicide prevention. The centre was established in 2012 and is funded by the National Health and Medical Research Council. It focuses on four key areas of research: better delivery of interventions, better knowledge of causes and risks, improved help-seeking and improved prioritisation of suicide funds. The centre's research seeks to produce positive change in lowering suicide rates in Australia.

Suicide prevention needs a systems approach. This requires that all evidence-based strategies are implemented simultaneously and that accountability is clearly delineated for each of the 'systems' used. Agencies and governments must jointly identify and agree on appropriate strategies within each system and operate cohesively to bring about change.

Any attempt to address suicide and suicidal behaviours needs to recognise the differences and risk factors for different population groups and respond accordingly. People from within these groups who have survived a suicide attempt or are bereaved as the result of suicide will have a vital role in shaping prevention efforts. Better, more timely and more localised data on suicide and suicide attempts will also be essential if we are to ensure prevention initiatives address local needs and priorities.

Responses to suicide and suicidal behaviour within the health system also need improvement. All front-line staff – emergency services, community and crisis support, mental health and emergency department staff, as well as general practitioners – need training to know what to do in a crisis and where to point people for further support. Whenever and wherever a person exhibiting suicidal behaviour encounters the health system, preventive action and follow-up must be systematic and assured.

Actions

- 3.4.1** Establish a NSW Suicide Prevention Forum comprising public, industry and community sector leaders, including those with lived experience of suicide, to strengthen the planning, monitoring and co-ordination of statewide suicide prevention efforts.
- 3.4.2** Prepare a NSW Suicide Prevention Implementation Plan to:
 - strengthen the common vision for suicide prevention efforts
 - set directions based on a rigorous review of data, evidence and need;
 - strengthen connections among community, regional, statewide and national activities.
- 3.4.3** Ensure that suicide prevention efforts reflect the unique needs and higher rates of suicide in particular communities and populations, especially young people, and that the responsibilities of all agencies to support Aboriginal community responses to suicide are recognised.
- 3.4.4** Work with the Commonwealth and national suicide prevention agencies to improve the planning, co-ordination and delivery of nationally funded or delivered suicide prevention activities in NSW.
- 3.4.5** Assess the coverage of suicide prevention activities in NSW regions, cities and communities and ensure local responses are supported by local and statewide specialist supports.
- 3.4.6** Assess the data needs of local communities and service providers and provide timely reports to meet those needs, including by considering the recommendations of the National Committee for the Standardised Reporting on Suicide, working with first responders and assessing whether a suicide register should be established in NSW.
- 3.4.7** Ensure that front-line emergency, hospital, primary care and crisis personnel have access to good training about responding to suicidal behaviour, and that this training is strongly supported or mandated by employers.
- 3.4.8** Assess and improve the identification and response to suicidal people in hospital and community services, and at points of care or service transition, such as discharge from hospital.

3.5 Employment and the workplace

Mental health and wellbeing in the workplace

The economic and personal cost of poor workplace mental health management in NSW is significant. Consequently, mental disorders are one of the key priority areas in the NSW Occupational Disease and Wellbeing Strategy 2011-2015 and the Australian Work Health and Safety Strategy 2012-2022.

Between 2007 and 2010, mental health problems such as anxiety disorders, post-traumatic stress disorder and depression accounted for more than 17,000 workers' compensation claims in NSW, at an average cost of \$19,600 a claim.⁶⁰

A 2012 report into work hours and workplace culture in Australia found workers who were the most dissatisfied with the length and predictability of their working hours, job security and workplace culture were the most likely to report adverse impacts on their wellbeing.⁶¹

Other research has found that presenteeism (attending work and under-performing while unwell) and absenteeism as a result of work-related stress cost employers \$10.11 billion a year and the national economy \$14.81 billion a year.⁶²

In most workplaces, physical and mental health are viewed as separate areas of concern and the focus is very much on physical health and safety. This needs to be expanded so that practices that promote mental health and wellbeing are as embedded in workplace culture as those that surround physical health and safety.

Some progress towards this shift is under way. The Mental Health Association NSW is demonstrating leadership in workplace mental health and wellbeing in the community-managed sector. It co-ordinates the Workplace Health Promotion Network, formed in 2006.

Collaboration between government and industry will also be required if we are to foster mental health and wellbeing in all workplaces. NSW Health's Get Healthy at Work initiative, for example, will provide participating businesses with information and tools to address mental health and wellbeing in the workplace.

At the national level, the Mentally Healthy Workplace Alliance, established by the National Mental Health Commission in 2013, is an excellent example of the collaboration that will bring positive change. The alliance sponsors research into interventions to help create mentally healthy workplaces and talks directly to business to identify practices that foster mental health. The alliance plans to develop a practical guide for business on workplace mental health and wellbeing.

The NSW Minerals Council – demonstrating industry leadership

In 2014 the NSW Minerals Council released a Blueprint for Mental Health and Wellbeing. It provides high-level guidance for industry in four areas: prevention of mental illness; building capacity and culture to address mental health and mental illness; promoting the recovery of employees with mental illness; and building the research base. Indicators for success have been defined at the industry, mine and employee level and monitoring will be conducted over the next five years. The development of the blueprint was a collaboration between the council, the University of Newcastle, the Hunter Institute of Mental Health and the Newcastle Institute for Energy and Resources.

Employment of people with a mental illness

Workforce participation is an essential part of the recovery journey for many people with a mental illness. A job brings opportunities for social inclusion and financial independence, both of which support mental health. By contrast, unemployment can lead to social exclusion, economic disadvantage, poor mental and physical health, and housing instability. The positive effects of participation in work have been well documented.

Recent data indicates that psychological or psychiatric conditions are the most common reason for a person to receive the Disability Support Pension. This cohort comprises 256,380 people or 31 per cent of people receiving the Disability Support Pension.⁶³

The barriers to workforce participation among people with mental illness include: its episodic nature and the fear of losing income support and associated benefits; difficulties in accessing health, employment, rehabilitation and other services; unaddressed needs for continuing support; and stigma and discrimination. People with mental illness can also experience barriers to education and training.

But despite these barriers, many people with mental illness want to work. Participation in open competition for employment will not be the solution for everyone with mental illness and a range of options for participation and social inclusion are required.

JobAccess is a free service funded by the Commonwealth Government that offers information and advice for employees who have a disability (including a mental illness) and for employers. There are many opportunities for establishing and improving links among Commonwealth employment services and mental health services. In NSW efforts are already under way to link Commonwealth-funded Disability Employment Services with NSW mental health services through the co-location of Commonwealth and state services within Local Health Districts.

Of course there are many people who experience mental illness who have jobs at all levels of the workforce. The Australian Bureau of Statistics reports that 20 per cent of people aged between 16 and 85 will experience some form of mental disorder – including anxiety and depressive disorders – in a year. This is consistent with estimates of mental illness among the employed population.⁶⁴

Resilience@law – the power of leaders as peers

A report published in 2009 by the Brain and Mind Research Institute, *Courting the Blues: Attitudes Towards Depression in Australian Law Students and Lawyers*, found that 41 per cent of law students reported symptoms of psychological distress severe enough to warrant clinical assessment.⁶⁵ Motivated by the opportunity to raise awareness about the issue, lawyers involved in the Resilience@law program, a collaboration among five big law firms (Allens Linklaters, Ashurst, Clayton Utz, Herbert Smith Freehills and King & Wood Mallesons) and the College of Law, seek to give students the tools to foster wellbeing and the information to respond to risks to their mental health. In a DVD created for the program, lawyers, including senior partners, speak about their lived experience of mental illness.

The four objectives of Resilience@law are:

- awareness and education
- removing the stigma surrounding mental illness
- self-care strategies
- support and resources for mental health concerns.

The Commonwealth Government has provided guidance in its Australian Public Service (APS) Disability Employment Strategy. This aims to strengthen the APS's capacity as a progressive and sustainable employer of people with a disability and to improve the experience of people with a disability working in the APS. It includes resources on mental health and wellbeing for public sector workplaces.⁶⁶ The APS has also set up an Employment Assistance Fund to help with the cost of modifications and services in the workplace, including mental health awareness training.

While the Commonwealth has a lead responsibility for national policies and programs on work safety and employee rights, there are important steps to be taken at state level.

The NSW Public Service Commission is leading the implementation of significant reforms in accordance with the *Government Sector Employment Act 2013*. These reforms include making the head of a government agency responsible for workforce diversity in that agency and ensuring that diversity is integrated in its planning.

These measures will ensure that workforce diversity objectives and initiatives are set in the agencies' mainstream strategies. The arrangements allow agencies to advertise specifically for candidates from particular groups, such as people with a disability. Public service heads will be able to appoint people to non-executive roles using this mechanism and to run targeted employment programs.

The Public Service Commission is also developing a workforce diversity framework, to ensure the public sector reflects the diversity of the wider community. Improving employment outcomes for people with a disability, including those with mental illness, is a priority.

The People Matter Employee Survey is conducted by the Public Service Commission every two years and includes questions about employee perceptions of their workplace wellbeing. The NSW Government employs more than 390,000 people – about 11 per cent of the employed population. The survey can be used to identify trends at sector-wide, cluster and agency levels.

In 2012, more than 60,000 NSW public sector employees responded to the survey and 6.5 per cent identified themselves as having a disability.⁶⁷ Although we know that about 20 per cent of all people experience an episode of mental illness in a 12-month period⁶⁸, the survey does not capture this because many people with mental illness would rightly not identify their condition as a disability, particularly when it is transient or episodic. This is likely to mean that many employers do not realise the extent of mental illness among their employees and may not be doing all they can to respond appropriately.

Mental health training for Fire and Rescue NSW managers

The Black Dog Institute and the University of NSW Workplace Mental Health Team are evaluating the effectiveness of a new training program in mental health literacy for managers in the metropolitan operations of Fire and Rescue NSW. The Black Dog Institute will deliver the training and the university researchers will evaluate the program. The program combines teaching about mental illness with practical advice about how to speak to and help those who may be experiencing mental distress. The study will evaluate the effectiveness of the program in increasing mental health literacy, reducing stigma regarding mental illness, and increasing managers' confidence and skills in having difficult conversations. It will also investigate the impact of the training on sickness absence among staff. The study is part of a funded collaboration between Employers Mutual, a workers' compensation insurer, and Fire and Rescue NSW.

The right to work and to be well at work

Many of us spend most of our waking life in our workplaces. Much of our identity and many of our life experiences are connected with work. Work environments are major determinants of health and wellbeing. The cultures, practices, programs and policies of all our workplaces should reflect this and the concept that we all have the right to work and be well at work.

Ensuring that workplaces promote mental health and wellbeing has the potential to generate benefits, including economic ones, for individuals, government, business and the community as a whole.

The 2012 Commonwealth report *Work Wanted: Mental Health and Workforce Participation*⁶⁹ recommended facilitating leadership advocacy among employers and industries, creating a platform for the recognition of success, supporting the development and sharing of best practice and the development of national frameworks and standards for promoting mental health and wellbeing.

Elsewhere in this Plan, p. 100, we propose that front-line services develop a peer workforce of people with lived experience of mental illness. The employment of peer workers has great potential to shift organisational culture in relation to mental illness – and improve service delivery.

Actions

- 3.5.1** Explore the potential to reduce stigma in the workplace by developing a network of ambassadors who work at various levels across a range of agencies and industries and have a lived experience of mental illness.
- 3.5.2** Support the recruitment and retention of people who experience mental illness including:
 - Commonwealth-funded programs that provide tailored advice and support to managers and employees where an employee requires support to gain or retain employment
 - Resources that provide advice to public sector agencies about workplace adjustments and other considerations for managing employees who experience mental illness.
- 3.5.3** Ensure that public sector reforms increase workforce participation among people with a mental illness through explicit consideration of this population in agency workforce planning. This planning should ensure agencies are equipped to sensitively and appropriately manage employees who experience transient periods of mental illness.
- 3.5.4** Improve the collection of data that relates specifically to employees who experience mental illness. This should include efforts to increase self-reporting among employees who experience transient, episodic or continuing mental illness. The Public Service Commission's People Matter Employee Survey is one example of how this might be done.
- 3.5.5** Ensure that agencies that provide services to people who experience mental illness, whether directly or through the community-managed sector, respond to the individual aspirations of clients living with a mental illness for education, training and employment, including through referral to Commonwealth-funded employment services.
- 3.5.6** Develop a better understanding of the economic impact on NSW associated with mental illness in the workplace (including absenteeism and presenteeism) and under-employment.