



Mental Health Commission
of New South Wales

Inquiry into the delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities

***Submission to the Commonwealth Senate Standing
Committees on Community Affairs by the Mental Health
Commission of New South Wales***

April 2017



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Submission to the Commonwealth Senate Standing Committees on Community Affairs on the inquiry into the delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AccessibleCommunities

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The Mental Health Commission of NSW

The Mental Health Commission of New South Wales (NSW) is an independent statutory agency responsible for monitoring, reviewing and improving the mental health system and the mental health and wellbeing of the people of NSW. The Commission works with government and the community to achieve this goal.

In all its work, the Commission is guided by the lived experience of people with mental illness, and their families and carers. The Commission promotes policies and practices that recognise the autonomy of people who experience mental illness and support their recovery, emphasising their personal and social needs and preferences.

Inclusive and accessible communities

The first policy outcome of the *National Disability Strategy 2010 – 2020* (the Strategy) is that

“People with disability live in accessible and well designed communities with opportunity for full inclusion in social, economic, sporting and cultural life.”¹

The Strategy recognises that physical barriers in the built environment may limit the ability of people with disability to fully participate in social and cultural events and to participate in civic, political and economic opportunities. The Strategy also recognises that, for some, the barriers are social and attitudinal². These ‘invisible’ barriers are more difficult to overcome and it is these barriers that represent some of the biggest obstacles for people who experience psychosocial disability.

In the 2014 progress report on the National Disability Strategy to COAG it is stated that

“Of the six policy outcome areas in the overall strategy, the success indicators and achievements of this outcome are most visible in the general community...Removing barriers to the physical environment and ensuring information is accessible opens up access and inclusion to an infinite range of other mainstream opportunities”³.

This is undoubtedly true and the Commission commends the work to date in removing these barriers and particularly in the widespread adoption of universal design principles. However, in the case of psychosocial disability many of the changes required are not physical but attitudinal. And much more can be done in this respect.

Given the remit of the Commission, our focus is necessarily on psychosocial disability, but many of the changes advocated here will benefit all people with disabilities and have a positive impact across all of society. We all thrive and grow in diverse communities that are accepting and accommodating of difference.

¹ Commonwealth of Australia (2011), *National Disability Strategy 2010 – 2020*, p 29, accessed via https://www.dss.gov.au/sites/default/files/documents/05_2012/national_disability_strategy_2010_2020.pdf

² Ibid, p 31

³ Commonwealth Department of Social Services (2014), *2010 – 2020 National Disability Strategy: Progress Report to the Council of Australian Governments*, p 27, accessed via https://www.dss.gov.au/sites/default/files/documents/12_2015/nds_progress_report_2014.pdf

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From the perspective of psychosocial disability, some of the greatest barriers to creating inclusive, accessible communities that are yet to be tackled by the strategy are:

1. stigma and discrimination;
2. failure to identify and respond to the needs of people who experience psychosocial disability; and,
3. lack of understanding about trauma informed care.

The rest of this submission first looks at psychosocial disability more broadly and then looks at each of these barriers and identifies some approaches to help overcome them.

Psychosocial disability

Psychosocial disability is defined by Mental Health Australia as

“Psychosocial disability relates to the ‘social consequences of disability’ - the effects on someone’s ability to participate fully in life as result of mental ill-health. Those affected are prevented from engaging in opportunities such as education, training, cultural activities, and achieving their goals and aspirations”⁴.

Creating a more inclusive community for people who experience psychosocial disability is about cultural change. It requires leadership to change attitudes and overcome stigma and it will be much slower than the gains that have already been made in this policy area regarding physical barriers.

Perhaps one of the biggest barriers in relation to psychosocial disability is that it is not well understood. As a result, it is not recognised in many cases and therefore, not responded to well. This situation is exacerbated by a lack of research which could better inform our response to the needs of people who experience psychosocial disability. One area where the National Disability Strategy could make some real progress is in clearly identifying what can be done to ensure that our community is more inclusive for people who experience psychosocial disability, just as clearly articulating the principles of universal design has created positive change that can be adopted across Australia.

Stigma and discrimination

Stigma and discrimination in relation to people who experience psychosocial disability is, unfortunately, common. It works in multiple ways to compound isolation and loneliness both through the negative affect of low expectations and by making people who experience psychosocial disability feel unwelcome, or worse, ashamed.

There are a number of public campaigns to reduce stigma associated with mental illness and in particular the Commission acknowledges the work of *beyondblue*, ReachOut.com, Batyr and others in relation to depression and anxiety. However, there is no campaign for severe and persistent mental illness, including psychotic disorders typically associated with psychosocial disability. Compounding this, disability awareness campaigns do not include psychosocial disability, further marginalising the issue. Australia is the only OECD nation not to have a national campaign aimed at reducing stigma for severe and persistent mental illness.

⁴ Mental Health Australia (2014), “Getting the NDIS right for people with psychosocial disability”, accessed via <https://mhaustralia.org/general/getting-ndis-right-people-psychosocial-disability>

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There are some good initiatives aimed at minimising stigma and discrimination which could be adopted more broadly. These include:

Check Up From The Neck Up: A public engagement activity designed to draw attention to the importance of mental wellbeing and make people aware of the fact that by focussing on our wellbeing, whether we have a mental illness or not, we can improve both our own lives and our community. The target is the whole community. However, within the community there will naturally be people with a variety of mental wellbeing concerns for whom it has particular application.

The Commission has run this activity three times since October last year including in Sydney's Martin Place, Chatswood and the Royal Easter Show. The activity was inspired by a successful program run in the City of Philadelphia, USA. Organisers in Philadelphia found the initiative reached many people who wanted information but lacked confidence to ask traditional health services.

It is important to understand that this is not an exercise in diagnosis or treatment. It is about educating the public, reducing stigma around the issue of mental health, and providing personal insights for individuals about the state of their own mental wellbeing.

Mental Health First Aid: Mental Health First Aid (MHFA) builds confidence among members of the community to help someone who is experiencing mental health problems. It is also effective at dispelling many of the myths and misconceptions that give rise to stigma.

"Mental Health First Aid (MHFA) is the help provided to a person who is developing a mental health problem, experiencing a worsening of a mental health problem or in a mental health crisis. The first aid is given until appropriate professional help is received or the crisis resolves"⁵.

The training package was developed in Australia, however, the largest roll out of the program is taking place in New York City as part of the *ThriveNYC* initiative. The City has undertaken to train 250,000 people in MHFA over five years, providing free training to all residents of New York, with priority going to City employees and contractors in the first two years⁶. A similar initiative Australia-wide could make significant inroads to creating more inclusive and accessible communities for people who experience psychosocial disability.

Responsive spaces and opportunities

A significant barrier to inclusive, accessible communities for people who experience psychosocial disability is spaces or services that are not responsive to their needs. An example from the National Mental Health Consumer and Carer Forum is that many people who have mental health conditions are easily distracted by environmental stimuli and find it difficult to screen out background noises making it difficult to focus. This means that people might not be able to concentrate in a noisy or high traffic area, for example in a Centrelink office⁷.

The best way to ensure that the planning, design, management and regulation of the built and natural environment best meets the needs of people who experience psychosocial disability is to ensure that they are included at every point in the planning process.

⁵ Mental Health First Aid Australia, 'Our Activities', accessed via <https://mhfa.com.au/about/our-activities/what-we-do-mental-health-first-aid>

⁶ The City of New York Mayor Bill de Blasio et al (undated) *Thrive NYC: A Mental Health Road Map for All*, p 42, accessed via <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2017/02/ThriveNYC.pdf>

⁷ National Mental Health Consumer & Carer Forum (2011), *Unravelling Psychosocial Disability, A Position Statement by the National Mental Health Consumer & Carer Forum on Psychosocial Disability Associated with*

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At present, a range of barriers prevents participation by people who experience psychosocial disability from participating in the design and delivery of community spaces and events. These include a lack of status and power, geographic isolation and stigma. The biggest barriers may be the absence of formal systems that enable service co-design⁸.

Different communities have different needs and capacities and formal, flexible arrangements for people with disability to participate need to be developed. . Aboriginal people, lesbian, gay, bisexual, transgender and intersex people, people from culturally and linguistically diverse backgrounds, the young, the elderly, and people who live in rural and remote areas all have a right to participate. Effective ways to engage everyone need to be found⁹.

It is encouraging to see that the National Awards for Local Government now also include a disability access and inclusion category which recognises, among other things, “strategies and actions that give people with disability a voice in the community and the capacity to influence the design of services, programmes and infrastructure that impact their lives.”¹⁰

Trauma informed care

The impact of trauma can be long lasting and pervasive, profoundly impacting the way people engage with the community around them. A significant number of people who experience psychosocial disability will have experienced trauma in their lifetime.

Trauma can be the result of a single incident such as a natural disaster or an accident. However, as evidenced in the Royal Commission into Institutional Responses to Child Sexual Abuse, trauma can also be the result of a continuing series of incidents. The cumulative and compounding effect of multiple traumatic incidents can affect all aspects of a person’s functioning. The more severe and prolonged the trauma, the more severe the psychological and physical health consequences¹¹. In the context of service delivery, trauma and its effects are often unrecognised, meaning the services available do not meet the individual’s needs, which in turn risks re-traumatisation leading to the escalation and entrenchment of mental and physical health issues.

The impact of trauma throughout society will be underscored when the Royal Commission into Institutional Responses to Child Sexual Abuse hands down its findings at the end of this year. Through the work of the Royal Commission, the prevalence of trauma in the community is now far better understood. The process of the Royal Commission will have raised victims’ expectations that appropriate services will be provided to meet their needs. This is not restricted to services for victims, but encompasses services across the whole of society.

As noted in *Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024*, services are becoming more aware of the gaps in their understanding of clients. One example given in the Strategic Plan is the work being undertaken by Housing NSW to train front-line staff in public

Mental Health Conditions, p 28, accessed via http://nmhccf.org.au/sites/default/files/docs/nmhccf_psychosocial_disability_booklet_web_version_27oct11.pdf

⁸ NSW Mental Health Commission (2014), *Living Well: A Strategic Plan for Mental Health in NSW*, Sydney, NSW Mental Health Commission, p 51

⁹ Ibid

¹⁰ Department of Infrastructure and Regional Development, National Awards for Local Government, Disability and Access, accessed via http://regional.gov.au/local/awards/2017/factsheet_disability.aspx

¹¹ NSW Mental Health Commission (2014), *Living Well: A Strategic Plan for Mental Health in NSW*, Sydney, NSW Mental Health Commission, p 51

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housing, community housing and specialist homelessness services in working with people with mental health issues¹². However, this is not sufficient for the scale and complexity of the issue.

All government agencies and community-managed organisations that serve the public need to know what proportion of their clients experience psychosocial disability and how those people are affected by the way services are delivered. A commitment to improving the service offered by frontline staff could make services more accessible and easier to navigate¹³.

¹² NSW Mental Health Commission (2014), *Living Well: A Strategic Plan for Mental Health in NSW*, Sydney, NSW Mental Health Commission, p 52

¹³ NSW Mental Health Commission (2014), *Living Well: A Strategic Plan for Mental Health in NSW*, Sydney, NSW Mental Health Commission, p 53