Measuring what matters: Creating wellness in Australia

Submission to the Treasury

31 January 2023
www.neaminational.org.au

About Neami National

Neami is a values-based, national not-for-profit organisation providing community and clinical mental health, homelessness and suicide prevention services. We have more than 1200 staff working in metro, regional and rural communities, supporting more than 27,000 Australians a year to make positive changes to their mental health and well-being.

Acknowledgment of Country

The Neami Group acknowledges the Traditional Owners of all lands on which we carry out our work and we pay our respects to their Elders, past and present. We recognise the unique position of Aboriginal and Torres Strait Islander Peoples as the first sovereign nations of the Australian continent, that sovereignty has never been ceded, and that no treaty has been realised.

Acknowledgement of Lived Experience

This submission is indebted to the contributions of people who access and deliver Neami services. We thank them deeply for the expertise and time they shared with us.

Contents

Introduction

Neami National supports the federal government's commitment to developing a well-being budget and we urge the nation's economic leaders to make the shift towards prioritising *creating wellness* over building wealth.

Traditional measures used to assess Australia's prosperity are exclusionary to many and do not measure what is meaningful to most. The 27,000 people who seek out Neami's support throughout Australia each year, are those whose experiences are not afforded value under a system that prioritises economic contribution. The people we support experience a range of barriers to full and enduring participation in many areas of civic life; they include people who are homeless or living in precarious housing, people with disabilities or mental health challenges that make it difficult to maintain meaningful employment or engage in study, people with chronic health issues and overwhelmingly, Australians who are locked in a cycle of intergenerational disadvantage and marginalisation.

A well-being budget is the first step in understanding how those things that matter to the entire Australian community, are impacted by factors such as government shifts in policy, socio-environmental and economic factors and marginalisation based on social identity (e.g. ethnicity, disability, gender, and sexuality). A well-being budget would enable measurement and monitoring of what matters, delivering comparable data, and enabling Australia to forge a path to holistic national prosperity where every citizen has a share.

Echoing Cassandra Goldie from the Australian Council of Social Service ACOSS), we agree that a well-being framework should be a budgeting tool that is used to allocate public resources.[1] The tool should assist in determining value based on how initiatives contribute to Australia's well-being, as is the case in New Zealand. However, the budget is only the first step in a functioning well-being economy; Australia needs to invest in creating conditions where prosperity can extend into every community.

Neami is an organisation that has dedicated itself to supporting people to achieve well-being across all areas of their lives including mental health, housing and employment. Our model of care centres on relational practice, privileging the expertise and perspectives of the consumer and their lived experience when determining what approach and evidence matters.[2] Our approach seeks to reorient who has power in decision-making, taking a radical shift away from medical and other models that privilege clinicians' or 'experts' expertise in decision-making towards genuinely consumer-co-designed and consumer-driven support responses and programs.

Neami's organisational shift towards such as approach has not been an easy process. It has required our organisation to give up widely accepted and ingrained practices and beliefs, much like what we are asking the federal government to do, in moving from an economy that centres economic value to one where well-being is central to all economic decision-making. Improving people's well-being should be at the heart of what governments and government-funded services such as Neami, do.

The good news is that it is possible to lift the nation's well-being and generate economic benefits by addressing the social determinants of health. We join the Australian Council of Social Services,

---

[1] Doggett, J. &Barrett, A. (2022). To make a proper Wellbeing Budget, what are the essential ingredients? Croakey Health Media. <https://www.croakey.org/to-make-a-proper-wellbeing-budget-what-are-the-essential-ingredients/>

[2] Neami National. (2022). A framework for Collaborative Relational Practise. 2022. Internal document.

community-serving peak organisations and service providers in calling for the government to embrace well-being as the defining measurement of our nation's prosperity and investing in the long-term vision for national well-being.

In the following submission we have articulated what we believe are three significant barriers to national prosperity and recommendations that we hope the government will adopt as part of a longer campaign to bring forward a national well-being economy. We believe that Australia can end poverty; ensure every person has a safe and affordable home; and ensure every person has access to the mental health and well-being support they need to thrive and we are committed to working in partnership with the government and the community to see this through.

Recommendation 1: Address Poverty at the Margins

Current State

According to ACOSS, Australia has the 15th highest poverty rate of 34 Organisation for Economic Co-operation and Development (OECD) countries.[3] More than three million Australians, including children, families, people with disabilities and older people, are living below the poverty line.[4] Poverty is often intergenerational, requiring a significant circuit breaker if we are to be successful in supporting people to move beyond the poverty line.

Many people receiving mental health and well-being support from Neami live in poverty. We support people who are homeless or living in precarious, overcrowded and/or unsuitable housing and people who are unable to work because the employment system discriminates against people who have a disability or experience poor mental health.

According to a 2020 study, people who experienced poverty as children are 3.3 times more likely to be poor in adulthood. Similarly, children growing up poor are 2.5 times more likely to live in social housing and are more likely to perform poorly on indicators of mental health and health.[5] Children who grow up in poverty have poorer access to education and health care which means their future or adult career and other prospects will be limited and this affects society's progress as a whole. Thus, moving families out from below the poverty line will have a wide-reaching positive economic and social impact on all Australians.

During the 2020 wave of the pandemic, the federal government took the unprecedented step of instigating increased income support (i.e. Jobkeeper) delivering economic security for many during a time when people experienced unemployment, loss of hours and illness. Despite being in the midst of what ACOSS referred to as the 'deepest recession in almost a century', incomes rose during this time.

3 Australian Council of Social Services. (2022). Poverty in Australia 2022: A Snapshot. Viewed on 6 Jan 2023. https://povertyandinequality.acoss.org.au/a-snapshot-of-poverty-in-australia-2022/

4 Australian Council of Social Services. (2022). Poverty in Australia 2022: A Snapshot. Viewed on 6 Jan 2023. https://povertyandinequality.acoss.org.au/a-snapshot-of-poverty-in-australia-2022/

5 Vera-Toscano, E. & Wilkins, R (2020). Does poverty in childhood beget poverty in adulthood in Australia? Melbourne Institute: Applied Economic & Social Research, University of Melbourne. <https://melbourneinstitute.unimelb.edu.au/research/reports/breaking-down-barriers/research-report-pages/report-2>
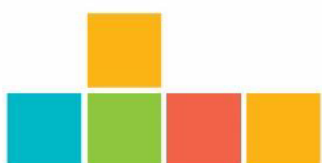
According to researchers from the Australian National University (ANU), in 2020, the coronavirus supplement contributed to the number of people in poverty falling from 11.5% to 9.9% in June 2020.[6]

One of the most compelling arguments for why raising income should be supported is offered by ACOSS and the University of NSW who found that those communities that were more affluent and who did not need to rely on income support were more resilient and able to 'bounce back' after the pandemic. Unfortunately, coronavirus income support was reduced during the Delta wave when many already vulnerable and marginalised people were still trying to get back on their feet. Further, particular groups were excluded from the increase in income support including people who were in casual roles of less than 12 months, a move that disproportionately impacted casual workers and women.

Potential Pathways

Deliver income security for people on low incomes so that Australians who live in poverty can move beyond meeting their basic living needs. The current rate of income support is barely enough (and not enough in some regions of Australia) to cover basics such as accommodation, putting food on the table and meeting everyday living expenses. If people can only ever afford the basics, they are unable to build any reserve which might assist in buffering during times of crisis. Urgent car repairs, the breakdown of a refrigerator or health expenses are traded off against school lunches and paying rent. The loss of accommodation can quickly become enduring homelessness with people being unable to pull together bond money, rent in advance and moving expenses. When people are struggling to pay for the basics, education (for themselves or their children), employment and leisure, the very factors that improve people's ability to exit poverty and improve mental health, become secondary. Neami supports the Raise the Rate campaign[7] specifically increasing income support to at least $70 a day, increasing rent assistance and ensuring indexation increases in tandem with wage increases.

Rethink employment so that more people can access paid employment options and don't penalise people who secure short-term, casual or seasonal work by reducing government income support. Access to work, even if it is casual or short-term, are opportunities to gain skills, build confidence and build a resume. Full employment should be the aim but people should not be disadvantaged for engaging in casual or short-term employment. Current systems disincentivise employment for people who are already living in poverty or are experiencing financial instability. For example, if a person is able to secure work for 13 weeks and is transparent with Centrelink about this, their income support will be cancelled and the person will be subject to a waiting period before they can re-establish income support. If Jobseeker is cancelled for not meeting mutual obligation requirements (e.g. the person may have been experiencing debilitating mental health challenges), they may need to wait at least four weeks for a further payment. Further, income support is adjusted in some cases where people earn over $150 which means that people are rarely able to get ahead or put aside money to buffer in the case of crisis or other expenses.

---

6 Davidson, P., Bradbury, B., Dorsch, P. (2021).COVID income support: Analysis of income support in the COVID lockdowns in 2020 and 2021.

7 Australian Council of Social Service. (2022). Raise the rate for good. Viewed 6 Jan 2023.
<https://raisetherate.org.au/about/>

People with disabilities including psychosocial disability, are more likely to be unemployed than those without a disability and are also likely to be unemployed for longer.[8] According to the Australian Institute of Health and Welfare, 10.3% of people with disability of working age are unemployed compared to 4.6% of those without disabilities. Thus, people who have psychosocial disabilities, are a valuable resource that is under-engaged in the workforce. Neami has undertaken surveys with employees who have lived experience of mental health challenges and they have reported that the stigma that surrounds mental ill-health makes it difficult for people to secure and retain their employment and that as a result of the stigma they often face discrimination in the workplace. Neami has recently contributed to the federal government's Jobs+Skills issues paper via submission to Mental Health Australia and further to the Queensland Alliance for Mental Health's Jobs+Skills roundtables and we have recently delivered a submission to the National Stigma and Discrimination Reduction Strategy. We have argued that there are many practical ways that we can improve the safety and inclusivity of Australian workplaces to increase the number of people who experience mental health challenges in employment. Poverty and psychological distress or poor mental health are inextricably linked and thus improving employment opportunities for people with psychosocial disabilities and mental ill-health is integral to reducing poverty and improving overall well-being.

Invest in incentives such as vocational and tertiary scholarships and paid placements in struggling sectors starting with the mental health and well-being sector. All around Australia there is a shortage of mental health roles across all levels of expertise in both clinical and non-clinical services. Exacerbated by the impact of the pandemic, increasing poverty and decreasing affordability in both housing and goods and services, people are seeking out mental health services and are often waiting in excess of six months to be seen.[9] A recent report from ACIL Allen, in preparation for their development of a National Mental Health Workforce Strategy, reported that there is a significant shortage of mental health staff across Australia and they forecast that demand over the next ten years will far outpace supply if swift action is not taken.[10]

Many factors have contributed to the shortage of workers including demand outpacing supply, the lack of respect and under-investment in the discipline of mental health work, and poor or varying remuneration between community and government-managed sectors (i.e. health sector rates of pay versus non-profit, community-managed rates). Many of these factors can be improved by developing a pathway for new or returning workers to upskill or be paid whilst training on the job and/or incentivising community-managed organisations to employ entry-level or returning workers concurrently studying an appropriate course. Further, Neami is strongly supportive of sector investment in increasing the number of people with lived experience of mental health challenges in the workforce. These initiatives will not only improve the mental health of Australians and improve employment rates but will also ensure that there is a pipeline of workers to meet the growing demand for mental health workers predicted by ACIL Allen.

Recommendation 2: End Homelessness

---

[8] Australian Institute of Health and Welfare. (2022). People with disability in Australia. Viewed 22 Dec 2022. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/employment/unemployment>

[9] According to the Australian Psychological Society, 73.5% of psychologists have waiting lists in metropolitan areas with many clients waiting more than six months to see a psychologist.< https://psychology.org.au/for-members/news-and-updates/news/2022/australians-need-psychological-help-more-than-ever>

[10] Acil Allen. (2021). National Mental Health Workforce Strategy: Background Paper. Viewed 22 Dec 2022). <https://acilallen.com.au/uploads/media/NMHWS-BackgroundPaper-040821-1628485846.pdf>

Current State

'Housing is the foundation for family wellbeing, relationships and good health. Without access to safe, secure and affordable housing, we can't fully participate in education, employment or our local communities.'[11]

Homelessness in Australia is a steadily increasing problem with many experts stating that Australia's housing situation has reached a 'crisis' point.[12][13] In 2022, the national vacancy rate reached a critical low of 0.9% and whilst this figure is currently sitting at 1.3% this is still significantly lower than the ideal of 3% which is considered to represent a balanced rental market.

Neami delivers housing and homelessness services that target people who experience mental health challenges including serious and persistent mental ill-health. The people we support are often impacted by other factors that affect housing stability including high levels of unemployment, being engaged in the justice system and chronic health issues. Whilst a lack of appropriate housing stock has been a perennial problem for people using our services, the advent of COVID-19 as well as the impact of flooding and bushfires across large regions of Australia, has exacerbated many concerning elements of the housing sector including contributing to growing rates of poverty as a result of loss of employment and rent increases, increasing rates of mental illness, and growing numbers of vulnerable people falling into homelessness.[14] As is widely reported, and certainly witnessed by our housing teams, the waitlist for public housing is excessive and there isn't enough social and affordable housing to meet the needs of people who are homeless or at risk of homelessness. Neami is deeply concerned that despite a population increase of 35% since 1994, there has been an ongoing decline in the amount of social housing (from 6% to almost 4%) with levels 'chronically' low at the start of the pandemic.[15][16] Neami would like to see a national strategy that commits to clear social and affordable housing targets.

Despite the challenges we see, we believe that it is possible to end homelessness and our beliefs are echoed by the International Public Policy Observatory which has stated that ending homelessness is a 'realistic public policy goal'.[17] During the pandemic, we saw an end to functional homelessness in many areas where there were high numbers of people street-sleeping. With local and state governments tackling homelessness through the lens of a public health emergency, people rough sleeping were supported into a range of accommodation options where they could be safely

---

11 Parsell, C., Kuskoff, E. & Reddel, T. (2022). Australia's housing crisis: How did we get here and where to now? Contact Magazine. < https://stories.uq.edu.au/contact-magazine/2023/australias-housing-crisis-how-did-we-get-here-where-to-now/index.html>

12 Australian Housing and Urban Research Institute. (2022). Why does Australia have a rental crisis, and what can be done about it. 16 November 2022.

<https://www.ahuri.edu.au/research/brief/why-does-australia-have-rental-crisis-and-what-can-be-done-about-it>

13 Parsell, C., Kuskoff, E. & Reddel, T. (2022). Australia's housing crisis: How did we get here and where to now? Contact Magazine. < https://stories.uq.edu.au/contact-magazine/2023/australias-housing-crisis-how-did-we-get-here-where-to-now/index.html>

14 Everybody's Home. (2022). Everybody's home budget position paper: A plan to fix Australia's Housing Crisis. https://everybodyshome.com.au/federal-election-2020-what-we-are-calling-for/

15 Everybody's Home. (2022). Everybody's home budget position paper: A plan to fix Australia's Housing Crisis. https://everybodyshome.com.au/federal-election-2020-what-we-are-calling-for/

16 Australian Housing and Urban Research Institute. (2020). Examining housing policy responses to COVID-19 Policy Evidence Summary. November 2020. https://www.ahuri.edu.au/sites/default/files/migration/documents/PES-FR343-Policy-coordination-and-housing-outcomes-during-COVID-19.pdf

17 Williams, J. (2022). Five lessons the pandemic taught us about ending homelessness permanently. The Conversation. < https://theconversation.com/five-lessons-the-pandemic-taught-us-about-ending-homelessness-permanently-179994>

monitored and isolated in the case of COVID. Australia was not an isolated case with 40,000 people moving from short to long-term accommodation in the UK over a period of 20 months during the pandemic and similar initiatives yielding results in many other countries.[18]

Potential Pathways

Deliver the National Housing and Homelessness Strategy. Operating alongside and integrated with the National Housing and Homelessness Agreement (NHHA), a comprehensive, federal government-led strategy will provide a roadmap for all stakeholders, out of homelessness and housing insecurity. Neami strongly supports the recommendation of the Standing Committee on Social Policy and Legal Affairs[19] for a national strategy on homelessness. Their recommendation includes housing policy reform that will see the federal government take on a greater coordination role, supporting states and territories to work towards a national strategy to address homelessness and housing insecurity. This echoes the Centre for Social Impact's (CSI) call for a national homelessness strategy with clear targets, investment in comprehensive (including real-time) data monitoring, underpinned by a robust NHHA that delivers a nationwide roadmap to end homelessness with the flexibility to enable states and territories to address local needs in innovative ways.

We recommend that a national strategy on housing and homelessness endorse a Housing First approach that will see all people in safe and secure housing. The strategy must consider homelessness prevention and early intervention to support people at risk of homelessness to sustain their tenancies and commit to rapid rehousing and support for people who are homeless or at risk of becoming homeless. Neami welcomes a strategy that articulates clear targets for increasing the number and range of housing types which is backed by adequate, ongoing funding. The strategy must ensure it listens to the voice of service users with a lived experience of homelessness, acknowledging their preference for choice and control over where they live and putting privacy, safety and security central to housing development.[20]

Investment in national housing and homelessness monitoring and data analysis to drive informed housing policies and assist service providers to deliver services that target the drivers of homelessness and develop a comprehensive understanding of the programs and services being delivered in their communities and beyond. To end homelessness, the sector requires a genuine understanding of homelessness, not simply how it occurs, but how people move within the system, their experience at each point on the continuum, and the unique drivers of homelessness within diverse contexts. Armed with a practical and contextual understanding of the problem, we can adequately map the current policy and practice environment and consider how this aligns with people's housing goals and experiences at each point of the system.[21]

Neami would like to see government investment in improving and expanding the collection and monitoring of homeless sector data to prioritise vulnerable people with improved acuity and enable

---

[18] See Grey, T. (2022). Homelessness and the pandemic-Emergency measures during Covid-19: What worked in global cities. Centre for homelessness Impact & International Public Policy Observatory.

19 Parliament of Australia. (2021). Parliamentary strategy calls for a new national strategy on homelessness. 4th August 2021.
<https://www.aph.gov.au/About_Parliament/House_of_Representatives/About_the_House_News/Media_Releases/Parliamentary_committee_calls_for_a_new_national_strategy_on_homelessness>.

20 Fossey, E., Harvey, C. & McDermott, F. (2020). Housing and Support Narratives of People Experiencing Mental Health Issues: Making My Place, My Home. Front. Psychiatry 10:939. doi: 10.3389/fpsyt.2019.00939

21 Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. & Callis, Z. (2021). Ending homelessness in Australia: An evidence and policy deep dive. Bulletin No 1 Ending homelessness in Australia: Understanding homelessness; taking action. Perth: Centre for Social Impact, The University of Western Australia and the University of New South Wales. https://doi.org/10.25916/ntba-f006.
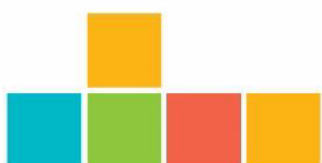
system-wide continuous improvement beyond individual organisations or programs and ensure that resources are being targeted where they are most required. Neami supports the Centre for Social Impact's call for widespread government adoption of the <u>Advance to Zero</u> campaign[22] and urges federal and states/territories to consider options for how the NHHA nationally consistent housing and homelessness data set can work alongside the proposed person-centred, data-driven approach outlined in the Centre for Social Impacts' *Ending Homelessness in Australia* report.

Investment in a range of accommodation and support types to ensure adequate support and housing at each point of the homelessness continuum. As identified above we believe that there is a deficit in appropriate housing options for vulnerable and low-income earners. We would like to see government investment in social and affordable housing to ensure an adequate supply. We would also like to see investment in programs that work with people to sustain their tenancy. Support to advocate for a tenancy, learn how to look after a property appropriately and pay off housing and other debts, are cost-effective programs that teach people life skills and enable them to keep a roof above their heads. Programs such as those delivered by Neami, Bridge Housing and the NSW Department of Communities and Justice, deliver wraparound support via long-term housing placements through a head lease housing model. This partnership enables the program to offer subsidized rental housing in the absence of appropriate social or public housing options.

We also recommend greater investment in the development of accessible housing. In a recent report by the University of Melbourne, 73.6% of respondents with mobility limitations reported that they resided in housing that either partly met their accessibility needs or did not meet their accessibility needs at all. The research found that respondents with lower incomes or residing in private rental were more likely to live in housing that was not considered 'accessible'. [23] These barriers are further compounded by a highly competitive rental market; people who require accessible properties or who require modifications to their properties may be considered less desirable as a tenant in a market saturated by demand. The University of Melbourne study found that more than 70% of people with high support needs and 50% with low support needs reported that living in an inaccessible house negatively impacted their mental health and well-being.[24]

There is also a need for housing that is culturally appropriate; Australia's dominant housing model is based on historical assumptions of the standard Australian tenant profile and this has not been reviewed in line with the changing Australian demographic. [25] Whilst it is important to ensure we do not adopt a one-size-fits-all approach to any group, there is much research that suggests there is a need to increase the number of properties that suit the needs of larger families or to accommodate the social and living needs of diverse cultural groups. Neami recommends that in the development of a national housing and homelessness strategy, the government must invest in developing housing that meets the needs of a diverse range of communities and cultural groups.

---

22 See the Advance to Zero homelessness campaign. https://aaeh.org.au/atoz

23 Wiesel, I. (2020). Living with disability in inaccessible housing: social, health and economic impacts. Melbourne University; School of Geography. 22 October 2020.

24 Wiesel, I. (2020). Living with disability in inaccessible housing: social, health and economic impacts. Melbourne University; School of Geography. 22 October 2020.

25 Findlay, M. (2011). Social housing for cultural diversity. Australian Planner. 48:1, 2-11, DOI: 10.1080/07293682.2011.530584

19 Findlay, M. (2011). Social housing for cultural diversity. Australian Planner. 48:1, 2-11, DOI: 10.1080/07293682.2011.530584

Recommendation 3: Address the Determinants of Mental Health

Current State

The Australian Institute of Health and Welfare reported that 44% of people aged 16-85 have experienced a mental health disorder.[26] Some communities see greater rates of mental health challenges including Aboriginal and Torres Strait Islander Peoples, young people and people from the LGBTIQA+ community. The reasons for poor mental health are diverse and variable and include:

- Socio, economic and environmental impacts
- History of colonisation and dispossession of Aboriginal and Torres Strait Islander Peoples
- Poverty including intergenerational poverty
- Co-occurring health issues including chronic health issues and substance use disorders
- Stigma and discrimination
- Racism and cultural shock

As prefaced in our introduction, we welcome the federal government's commitment to delivering a well-being economy and we encourage the government to direct their efforts to 'Creating wellness'. Creating wellness refers to establishing the conditions that foster improved mental health and well-being, ideally at a community or population level, rather than focussing on treating or diagnosing illness in individuals. The American Substance Abuse and Mental Health Service Administration have identified eight dimensions of wellness that represent the holistic elements that contribute to well-being. [27] [28] They include:

- social
- emotional
- environmental
- physical
- emotional
- spiritual occupational
- intellectual
- financial.

Creating wellness in our communities means building the community's resilience and capacity. When we build our resilience as individuals or as a community or nation, it allows us to cope better when we are experiencing crisis or are impacted by factors such as housing insecurity, poverty and unemployment.[29] A nation that does not invest in its people's well-being is likely to see homelessness, increased hospital admissions and self-harm and increasing rates of suicide.

A key barrier to instigating well-being initiatives is the shortage of appropriately skilled mental health workers across Australia. As identified above, a critical shortage of clinical and non-clinical roles, and a demand for mental health workers with a lived or living experience of mental health challenges, is

---

26 Australian Institute of Health and Welfare. (2022). Mental health: Prevalence and impact. <https://www.aihw.gov.au/reports/mental-health-services/mental-health>

27 Substance Abuse and Mental Health Services Administration. (2016). Creating a healthier life: A step-by-step guide to wellness. Viewed 31 Jan 2023. <https://store.samhsa.gov/product/Creating-a-Healthier-Life/SMA16-4958>

28 Stoewen DL. (2017). Dimensions of wellness: Change your habits, change your life. Can Vet J. 2017 Aug;58(8):861-862. PMID: 28761196; PMCID: PMC5508938. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508938/>

29 Helliwell J, F. (2019). Determinants of Well-Being and Their Implications for Health Care. Ann Nutr Metab 2019;74(suppl 2):8-14. doi: 10.1159/000499141. <https://www.karger.com/Article/FullText/499141>
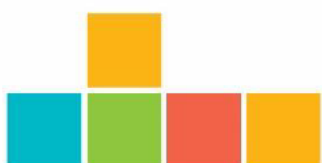
currently not being met and the National Mental Health Workforce Strategy has not yet been released. Thus, in attempting to establish a well-being economy, investment will need to be targeted towards addressing the ongoing mental health workforce issues which include:

- Lack of employees to fill critical roles, particularly in rural and regional areas.
- Poor remuneration and different remuneration rates between health and non-profit-funded bodies.
- Lack of respect for mental health as a discipline and lack of agreed qualification/accreditation /role clarity and career pathways – the same can be said for Lived Experience Mental Health Workers.

Potential Pathways

Establish a well-being standard that takes into account the eight dimensions of wellness and measure annually. This will enable the country to assess and compare year-on-year, our progress towards national well-being. This may be based on or integrated with existing measures of well-being such as the Australian Unity Wellbeing Index or the World Happiness Reports. Ultimately the measure should reach into diverse communities, particularly those that are hard to reach. It should be based on universally understood definitions and be easy to understand and follow. The measure should possess the flexibility to assess well-being within the relevant context (i.e. able to adapt to the different cultural or social understandings of wellness).

Address stigma and discrimination based on mental ill-health. People who experience mental health challenges report that their mental health is subject to stigma and that this results in discrimination in the community and institutions such as workplaces and educational settings.[30] Neami welcomes the development of a national Stigma and Discrimination Reduction Strategy as part of the nation's significant mental health reform agenda. We have developed a response to the draft strategy which includes strengthening human rights and workplace protections to improve safety and inclusivity in workplaces and other community settings. Further, we have recommended universal workplace flexibility and reasonable adjustment, removing the onus on people who experience mental health challenges to disclose sensitive information in return for workplace flexibility. Our submission also supports the establishment of an Australian Human Rights Charter as we believe that in addition to reducing discrimination, a charter will ensure that basic human rights such as access to safe and secure housing, are provided.

Invest in preventative initiatives to improve well-being including more community-based alternatives to hospital and emergency departments. Consumers of Neami services and employees with lived experience of mental health challenges overwhelmingly tell us that they prefer investment in safe and therapeutic environments that maintain their ability to retain choice and control in the event of a mental health crisis. Emergency settings such as emergency departments and hospitals are not set up to support people who are experiencing a mental health crisis. Specifically, these environments rely on medical interventions (i.e. pharmaceutical responses) and are not recovery-oriented. Patients are more likely to be supported by a medical professional (doctor, nurse) than someone with a lived experience, or a person who may not have lived experience of mental ill-health, but who has appropriate recovery values and mental health training. Neami is one of the few providers operating

---

[30] Neami has undertaken a number of qualitative surveys with employees with lived experience in 2022-2023,

community-based mental health centres around Australia as part of the mental health reform. These centres are reporting consumer satisfaction owing to the following characteristics:

- Peer-first, peer-last journey – guests are supported by a trained mental health professional with lived experience of mental ill-health throughout their stay
- Service philosophy based on recovery values
- A welcoming, quiet therapeutic environment where guests can be supported to stabilise and talk through their distress
- Supported access to the emergency department (no lights and sirens) in the case where a person cannot be supported to stabilise or makes the choice to receive hospital care.

Mental health centres such as these also operate as navigation points, linking people to a range of supports and services in the community including financial counselling, housing and homelessness services and domestic and family violence services. Unlike hospital settings, adult mental health centres can and do host a range of professionals including peer workers, Aboriginal mental health workers, culturally and linguistically diverse workers, nurses and psychiatrists.

Embrace and promote social prescribing and other community-based well-being supports. Services such as the new mental health and wellbeing centres described above, community health centres and general practitioners, perform the important role of connecting individuals with services and support options in their community. This is a relatively inexpensive activity that could be harnessed to deliver a joined-up community sector, responsive to the needs of community members and create connections within local areas. Investment should be directed towards working with these valuable conduits to identify community needs (e.g. via survey) and to target funding towards establishing services or programs where there is an identified need. The difficulty with establishing networks such as these is that without ongoing funding and leadership, they tend to fall by the wayside, particularly if funding bodies are not assured of the value of such initiatives. Neami would like to see federal investment in research to determine the financial and well-being cost-benefit of investing in preventative and wellness-creating initiatives.

Conclusion

Neami's vision is full citizenship for all people living with mental health issues in Australian society and thus the Treasury's commitment to measuring what matters to all Australians is enthusiastically received. Safe and secure housing and an income that allows people to meet their basic needs and to maintain resilience in the event of a crisis—financial or otherwise are the enduring foundations, that if laid appropriately ensure that people can begin to address other areas of need in their lives. Housing and income support are significant issues that many experts feel have reached crisis proportions.

However, we understand that whilst people in crisis must receive the support and resources they need to bridge the gap, we cannot forget those who may not be at crisis point but are, as we all are, vulnerable to a range of factors if adequate supports are not available. Neami strongly supports initiatives such as social prescribing, community mental health and wellbeing hubs and more community-based services that are widely accessible and low or no cost. We believe the benefits of these services including building community members' resilience and capacity and creating open dialogue about mental health and well-being, will prove to be economically beneficial as well.
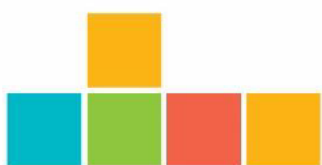
More information about this submission

Email: policy@neaminational.org.au

████████████████
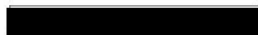
Neami National Head Office

4-8 Water Road, Preston, Victoria, 3072

P: 03 8691 5300

Other enquiries

Neami National
Head Office
4-8 Water Rd
Preston Vic 3060
p 03 8691 5300
f 03 8678 1106
admin@neaminational.org.au

Copyright © Neami National 2023

Inquiries regarding conditions for reproducing any material in this publication are welcome.