# Productivity Commission Issues Paper: The Social and Economic Benefits of Improving Mental Health

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### FARE’s submission to the Productivity Commission inquiry into Mental Health and response to the Issues Paper on the Social and Economic Benefits of Improving Mental Health.

FARE’s submission highlights the inextricable link between alcohol consumption and mental ill-health and suicide, and the need for preventive measures to reduce consumption among at risk populations with subsequent improvements in population mental health.

FARE’s submission has four sections that respond to the Productivity Commission’s Issues Paper, concentrated on the areas for which alcohol consumption is most relevant.

Section one explores suicide prevention and outlines how addressing alcohol use is an important suicide prevention initiative. Section two explores comorbidities between alcohol and mental ill-health and makes recommendations on how to address alcohol in order to improve mental health in Australia. Section three focuses on the links between housing difficulties and homelessness, alcohol use, and mental ill-health. Sections four explore the impacts of Fetal Alcohol Spectrum Disorders (FASD) on mental health and rates of suicide, and make recommendations on how to aid prevention.

## Recommendations

1. Recommend that preventive health become a key area for government policy action and reform.
2. Explicitly recognises the role of alcohol in suicide, and that suicide prevention activities should also encompass alcohol harm prevention initiatives in the final report of this inquiry.
3. Recommend action to reduce the availability of alcohol are undertaken in order to reduce instances of suicide and that measures that reduce the availability of packaged liquor for home consumption late at night, such as restricting the hours that retail alcohol outlets and online alcohol delivery providers can operate, are considered.
4. Support the recommendations from Shifting the Dial and that the alcohol taxation system, is reformed specifically by replacing the ad valorem wine equalisation tax (WET) with a volumetric tax.
5. Recommend a proportion of revenue generated from alcohol taxation reform be quarantined to fund health programs.
6. Implement the success factors identified in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project report Solutions that work: what the evidence and our people tell us are incorporated into suicide prevention programs for Aboriginal and Torres Strait Islander peoples.
7. Introduce selective interventions aimed at groups at higher risk of suicide including Indigenous children and young persons, are included in the government approach to suicide prevention.
8. Support the recommendations from the Coronial inquest into the deaths of thirteen children and young persons in the Kimberley region of Western Australia are adopted, in particular:
   * Recommendation 8: introduce restrictions on the purchase of take away alcohol across the entire Kimberley region
   * Recommendation 9: assess the feasibility of a Banned Drinker Register that is modelled on therapeutic support for those who are placed on it
   * Recommendation 10: that police be sufficiently resourced to enforce the proscription on “sly grogging” in the Liquor Control Amendment Act 2018 [WA]
   * Recommendation 11: That there be recurrent, or long-term funding to town based patrols in the Kimberley for the provision of diversionary services to those who are abusing alcohol.
9. Establish and fund a national public education campaign to raise awareness on the long-term health harms of alcohol consumption and the contribution of alcohol to mental ill-health.
10. Improve the linkages and coordination between mental health, alcohol and other drug, and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.
11. Review the commissioning of alcohol and other drug treatment services by Primary Health Networks to establish if these are meeting clients’ needs and recognising comorbid issues.
12. Include the collection of mental disorders on the Alcohol and Other Drug Treatment Services National Minimum Data Set. Undertake regular surveys of the Australian population for addiction and mental health issues.
13. Develop a strategy to ensure that there are no exits into homelessness from alcohol and other drug services and mental health, treatment facilities, including hospitals.
14. Invest in appropriate and secure housing, including transitional housing, to provide sufficient supply for those exiting treatment facilities.
15. Consider establishing a social well-being agency to tackle social determinants of health through a whole-of-government lens. At minimum, require the social determinants of health and their links with mental health to be considered in mental health strategies.
16. Recommend that FASD be listed as a neurological disability rather than an intellectual disability in the National Mental Health Plan and recognised as such by the Productivity Commission.
    * Adequate recognition of FASD as neurological disability would allow for the appropriate early intervention in childhood thereby lessening the impact of secondary effects of FASD.
17. Recognise FASD, rather than Fetal Alcohol Syndrome, in the National Disability Insurance Scheme and by the National Disability Insurance Agency, with appropriate support provided to support people with FASD.
    * The correct diagnostic terminology for FASD should be used in Australia, this broadening would allow appropriate early intervention services to be provided and thus lessen the impact of secondary effects of FASD.
18. A range of early intervention programs for children with FASD or suspected FASD are implemented, funded and evaluated across Australia to determine which are effective.
19. Training on FASD, how to recognise signs of FASD and where to refer for assessment, be developed and rolled out across Australia to professionals working in the fields of: education, police, justice, child protection and justice systems; both juvenile and adult.
20. Continue funding the successful awareness campaigns, such as FARE’s Women Want to Know and Pregnant Pause campaigns, to continue to educate health professionals about the risks of alcohol consumption during pregnancy and support pregnant women to be alcohol free.
21. Effective mandatory pregnancy warning labels by implemented across all alcohol products in Australia to ensure that the women receive consistent messages about the risks of alcohol consumption during pregnancy.

[view the submission](https://fare.org.au/wp-content/uploads/PC_MentalHealth_Final.pdf)

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