Aboriginal Housing Victoria

Submission

To

The Royal Commission into Victoria's Mental Health System

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

1. The most profound driver of stigma and the most conspicuous manifestation of discrimination of people with a mental illness is their mass homelessness.

2. Perhaps the most significant responsibility which the Royal Commissioners have assumed is to first acknowledge and then address the symbiotic relationship between mental illness and homelessness in our state, both:

    a) the trauma and disorientation homelessness has in triggering first episodes of mental illness and in compounding existing acute mental health conditions, and

    b) the effect that mental illness has on destabilising housing security.

3. Last year 17,772 Victorians who presented at homeless services cited mental health as one of the reasons they sought help and over 500 people each year are discharged from acute mental health care into rooming houses, motels and other homeless situations.[1] This situation is unsafe for the community and for homeless people. The murder of a homeless young woman (Courtney Herron) in Royal Park on 26 May 2019, allegedly at the hands of a homeless young man with a mental illness, is merely the most recent evidence of the lack of safety inherent in abandoning vulnerable and ill young people to homelessness.

4. Aboriginal people are at least twice as likely to be managing mental health issues.[2] Large scale contemporary data on Aboriginal mental health in Victoria is limited. However, in 2012–13, there were 16,880 hospitalisations of Aboriginal Australians with a principal diagnosis of mental health-related conditions—amounting to 4.4% of hospitalisations of Aboriginal people and a rate of 24 hospitalisations per 1,000 population. The rate of hospitalisations of Aboriginal people for mental health-related conditions:
    *   was twice the rate for non- Aboriginal people (based on age-standardised rates)
    *   was higher than that for non- Aboriginal people in all age groups other than those aged 0–4 and those aged 65 and over, and
    *   rose by 40% between 2004–05 and 2012–13, while rates for non- Aboriginal people remained relatively steady over the same period (based on age-standardised rates).[3]

5. This over-representation in mental health morbidity continues to drive higher rates of homelessness. 11.4% of Aboriginal Australians who presented to homeless services in Australia in 2017-18 did so primarily because of a mental health issue. A further 8.6% presented with issues of mental health and family violence and a further 4.6% with issues of family violence and mental health and drugs/alcohol.[4]

6. The discrimination experienced by Aboriginal people in the private rental market is endemic and this discrimination is compounded by the stigma of mental illness and the homelessness that frequently follows.

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[1] Council to Homeless Persons 2019

[2] AIHW 2017-18

[3] AIHW *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015*

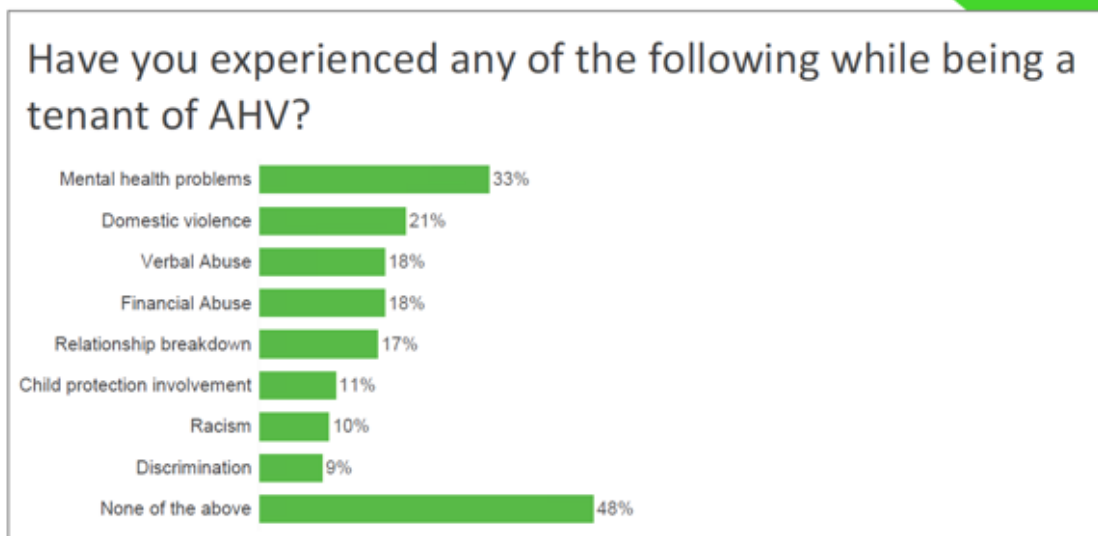[4] Productivity Commission, 2019 Report on Government Services

1. Many aspects of treatment for mental health conditions may be contested, have side effects or be inconsistent in their efficacy.

2. However, providing mentally ill people with secure housing is not contested, makes long-term treatment viable and is consistent in its efficacy in reducing symptoms, removing trauma and providing a platform for recovery.

3. Without twinning treatment with safe, secure housing the mental health service system is being set up for failure. In juxtaposition, a commitment to invest in secure housing for disadvantaged people is the surest, most effective investment the Government can make in improving mental health outcomes.

4. AHV tenancies are remarkably stable. One of the reasons for this is our recognition that social housing can be a platform for integrated service delivery to first reduce crisis and then build a pathway out of disadvantage.

5. However, our capacity to provide housing is currently capped at around 1500 households. This is despite there being around 4,000 Aboriginal people on the waiting list of the Victorian Housing Register.

6. Given the extraordinary demand we are facing, AHV commissioned Dr Noor Ahmad Khalidi to undertake population projections for the Victorian Aboriginal[5] population to 2036. Dr Khalidi is a demographer with over 26 years' experience in Indigenous demographic projection and analysis, including as a Senior Advisor in the Office of Indigenous Policy in the Department of Prime Minister and Cabinet. Dr Khalidi has used ABS data to establish the tenure and projected tenure of Aboriginal households in Victoria to 2036. Victoria's Aboriginal Households numbered 23,691 in 2016. Dr Khalidi's projections indicate that by 2036, Victoria's Aboriginal Households will grow to 50,328 (a 4.0% average annual growth rate). Dr Khalidi's data suggests that – at a minimum - a further 5,085 social housing units will be required by Aboriginal families by 2036 to obviate a further worsening of Aboriginal homelessness in Victoria. Measured by contact with homeless services, Victoria has the highest exposure to homelessness for Aboriginal people in Australia with the rate of assessed need evidencing a rising trajectory every year for at least the past six years according to the AIHW and the Productivity Commission.[6]

7. Aboriginal social housing provides stability for vulnerable people in a cost effective professional manner that protects tenants from vulnerability to mental health crisis. Further investment in Aboriginal social housing is urgently needed in Victoria.

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[5] Throughout this paper 'Aboriginal' is used to refer to both Aboriginal and Torres Strait Islander people.

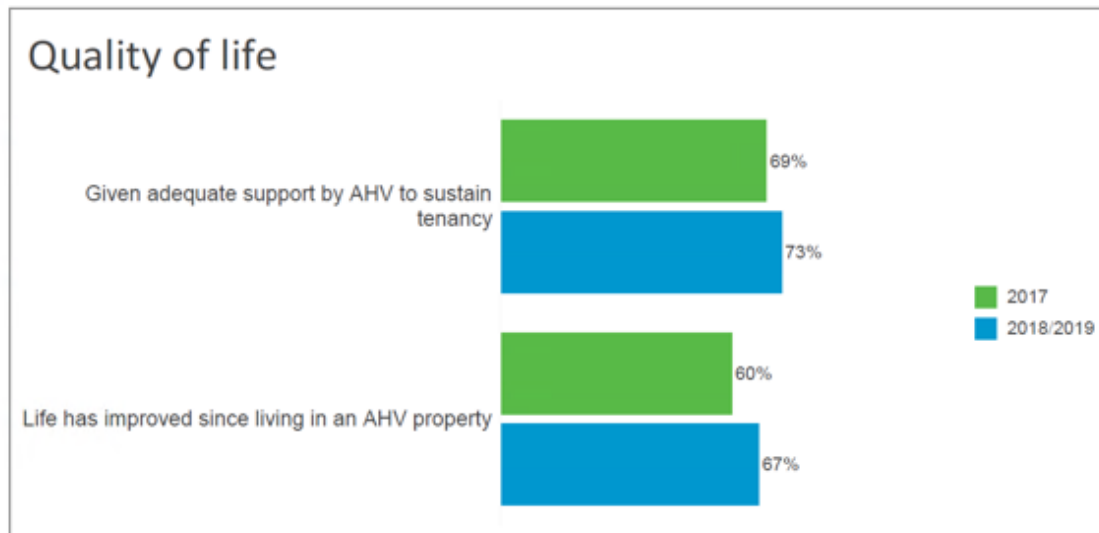[6] Productivity Commission, 2019 Report on Government Services

3. What is already working well and what can be done better to prevent suicide?

1. When social housing tenancies fail and vulnerable people become homeless, the risk of suicide rises.

2. We are conscious that mental health issues are the single largest vulnerability our tenants face. This was confirmed in our 2019 Tenant Satisfaction Survey[7] as the results summarised below indicate. Mental health problems are more common than domestic violence, relationship breakdown or any other challenge which may place a tenancy at risk. Without intensive support of their psychological wellbeing, we estimate that at least one third of our tenants may be at risk of homelessness.

Have you experienced any of the following while being a tenant of AHV?

Mental health problems	33%
Domestic violence	21%
Verbal Abuse	18%
Financial Abuse	18%
Relationship breakdown	17%
Child protection involvement	11%
Racism	10%
Discrimination	9%
None of the above	48%

3. Achieving secure housing through AHV is life changing for many of our tenants who, for the first time, can approach life confident that one of the fundamentals for being in the world is in place. Two thirds of our residents say that their life has improved significantly since living in an AHV property (see data below). However, despite our best efforts, only 73% say they receive adequate support to sustain their tenancy. With more resources, AHV could provide greater support to tenants with mental health problems which place them at risk of homelessness.

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[7] Tinter, Z and West, A Aboriginal Housing Victoria Tenant Satisfaction Survey (2019), p.27

Quality of life

Given adequate support by AHV to sustain tenancy
- 2017: 69%
- 2018/2019: 73%

Life has improved since living in an AHV property
- 2017: 60%
- 2018/2019: 67%

Legend: 2017, 2018/2019

4. Aboriginal Housing Victoria (AHV) is delivering an innovative wellbeing program that is offered to vulnerable tenants within northern metropolitan Melbourne. AHV's support for Aboriginal tenants through our *More than a landlord* program uses the platform of stable accommodation to build pathways out of disadvantage for people whose lives have previously been characterised by crisis and trauma. This significantly reduces demand for acute and tertiary Government services.

5. By delivering a targeted, coordinated and household/family based approach that facilitates access to support services, the *More than a landlord* program (MTAL) aims to maximise opportunities for Aboriginal households to enjoy the broader health and socioeconomic benefits that long-term, secure and affordable housing can provide. This insulates residents against mental health crisis and suicide risk.

6. MTAL features include:

- a focus on strengths and aspirations rather than needs/deficit
- Aboriginal community led health promotion initiatives;
- increased opportunities for social engagement and participation;
- recruitment of an Aboriginal workforce, including opportunities for AHV tenants;
- integration of activities and services from a household or family perspective, which is more consistent with Aboriginal cultural values and practices; and
- life coaching.

7. A key feature of MTAL is the delivery of life coaching. The Life Coach assists tenants and households to understand what success looks like for them and to identify goals to achieve that success; inspires them to imagine more and to achieve more; empowers them with the practical tools to do so; motivates them to sustain focus; and steers them towards success. Other resources and supports are called in as necessary.

8. Coaches also assist with service coordination and work closely with, but independent from, tenancy managers. The success of the role in facilitating positive outcomes for tenants and their families, has been largely due to AHV's ability to recruit a small but highly capable and committed Wellbeing Team.

9. Since MTAL's commencement the program has delivered some significant achievements. In particular, the concept of life coaching has proven to be transformative for participating tenants. AHV has been working with approximately 50 tenants and household members at different times, with Life Coaches supporting and encouraging program participants to achieve personal goals and aspirations. These include preparing 20 tenants to be "job ready"; supporting 12 tenants into employment (full-time and casual) and another 10 in undertaking further education. These are potentially life changing experiences for MTAL participants and underscore the importance of maintaining and expanding the program.

10. **In recognition of the significant and positive outcomes achieved through MTAL, the program was awarded the 2019 Australian Housing Institute *Professional excellence in housing* award.**

11. The significant levels of disadvantage experienced by many members of the Victorian Aboriginal community not only impact on the demand for social housing, but contribute to the inability of some Aboriginal tenants to meet their ongoing tenancy responsibilities. AHV is committed to providing safe, secure, affordable accommodation for Aboriginal Victorians, who experience entrenched cyclical homelessness and are highly vulnerable to tenancy failure. Through the MTAL program, AHV tenants are not only supported to sustain their tenancies but have the opportunity to experience a range of positive life experiences that affordable and secure housing can facilitate. These include improved physical and mental health; engagement/re-engagement with family and community; education and training; and economic participation and employment.

12. In addition to life coaching through MTAL, Life Skills (crisis support) is also available to some AHV tenancies. The focus of this support is to meet the immediate crisis needs of AHV tenants and can include basic support provision, active referrals to other support services and material aid.

13. AHV's aspiration is to provide support through MTAL and Life Skills (crisis support) to every Aboriginal social housing tenant in Victoria who requires it – across AHV properties, public housing and other social housing providers. We know these programs work but we have nowhere near the levels of resources we need to build a universal platform of support for Aboriginal social housing tenants. Further investment in these programs would deliver strong returns for the Victorian community, take pressure off mental health and tertiary services and make an appreciable difference to the mental health of Aboriginal Victorians.

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4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

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1. Significant life course events can have a major effect on housing stability and security. Many of the events which impel people towards housing distress and mental health crisis are experienced more frequently and more acutely by Aboriginal people. People who have stable, secure and high quality housing are less likely to experience life event crises and are better placed to manage them when they arise. A major seam of our work on the development of an Aboriginal Housing and Homelessness Framework is designed to better understand how housing stability can be used as a platform to improve psychological wellbeing and wider life outcomes for Aboriginal Victorians. Achieving safe, secure and affordable housing is an essential element in *Closing the Gap*. Doing so in a community-based way which reinforces cultural strength is vital to the mental health of Aboriginal Victorians.

2. Some of the life course transitions which place people at risk of mental health crisis also place them at risk of homelessness. These include:

- Young people leaving care and protection

- Elders requiring culturally sensitive aged care support (many of whom will be stolen generations)

- Young people relocating for education, training or work

- Families experiencing child removal, family breakdown or family violence

- People seeking transition from justice facilities

- People with an acquired physical, psychiatric or intellectual disability.

- People with drug dependency and/or experiencing pyschosis.

3. All of these experiences are more common in the Aboriginal community. Much more support is required for all people making these difficult transitions.

4. Professor Fiona Stanley's Telethon Institute conducted a child health survey in WA in the mid-2000s which found that more than one in five Aboriginal children aged 0-17 (22%) lived in families which had experienced 7-14 major life stress events in a single year. This pattern was true regardless of whether these Aboriginal families were living in metropolitan or regional and remote areas of WA. The results in the mainstream population were in the order of 0.2% of the population experiencing similar levels of stress. These levels of toxic stress were found to be precipitated by extreme poverty (such as homelessness), severe maternal depression, substance abuse, family violence and abuse and neglect. [8] Other data suggests that similar patterns of toxic stress continue to be experienced by Aboriginal children and families in Victoria. At the root of this psychological morbidity is acute after housing poverty, housing instability, homelessness and intergenerational trauma.

5. To take one example of the outworkings of this entrenched disadvantage, almost one in ten Aboriginal young people in Victoria (88 per 1000) live in out of home care.[9] A 2009 CREATE foundation survey of young people leaving state care found that within a year of leaving care:

- 35% were homeless

- 46% of boys were involved in the juvenile justice system

- 29% were unemployed.[10]

6. Other Australian research suggests more than 40% of this cohort are pregnant in adolescence (Care Leavers Network), extending the cycle of vulnerability to a new generation.

7. The over-representation of Aboriginal young people in out of home care and the over-representation of this cohort in the homeless population within a year of leaving (more than one in three) helps explain why more than half of the Aboriginal people in contact with homeless services in Australia are aged under 25.

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[8] https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/waachs-vol2/western_australian_aboriginal_child_health_survey_ch3.pdf

[9] Productivity Commission, Report on Government Services, 2019

[10] CREATE Foundation, 2009

8. If there is one objective the Royal Commission should set itself, it would be to reduce the psychological vulnerability of young people leaving care. Extending care to the age of 21 would be an important first step. Adopting the Canadian Government approach of providing free tertiary study for young people leaving care would be a further useful initiative.

9. More broadly, much greater support is required for vulnerable people making significant transitions. Memoranda of Understanding are required to transform human services into service systems which place people at the centre of the 'system' and recognise that the most vulnerable are least likely to be able to navigate services which fail to interconnect. Cultural safety in mainstream services is vital if Aboriginal people are to avoid breakdown of their care.

10. A case in point is the failure to provide adequate case plans for homeless Aboriginal people in Victoria. Productivity Commission data indicates that: Fewer than half of all Victorian Aboriginal homeless clients (47.2%) had a case plan in place following homeless assistance in 2017-18. This was one of the lowest rates of any Australian jurisdiction. (The Australian average was 62.5% for Aboriginal clients.) The most common reason for this failure in Victoria was that the support period was too short. This was the case for more than a third (35.8%) of Victorian Aboriginal clients, but fewer than one in four for the rest of Australian Aboriginal clients (23.2%). Victoria has underperformed the national average in this measure for at least five years.[11]

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
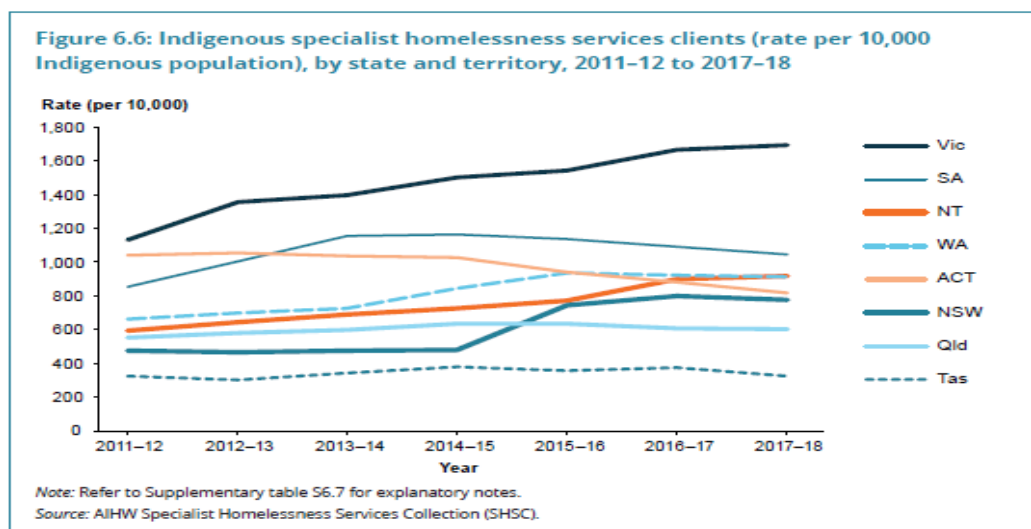
1. Aboriginal people in Victoria comprise less than 1 per cent of the Victorian population, but comprise more than 10 per cent of the homeless population. 17 per cent of Aboriginal people in Victoria had contact with homeless services last year. (1,693 per 10,000 Indigenous population). This dwarfs the state with the second highest rate - South Australia (1,044 per 10,000).[12] The table below from the Australian Institute of Health and welfare Report – *Aboriginal and Torres Strait Islander People: a focus on housing and homelessness* – graphically demonstrates the escalating crisis in Aboriginal homelessness in Victoria.

2. Mental health morbidity is significantly implicated in a trend which saw Victorian Aboriginal homeless clients accessing homeless services growing steadily over the past five years from 8327 in 2013-14 to 10,885 in 2017-18.[13] If the mainstream Victorian population experienced housing crisis at the rate of the Aboriginal community, more than one million Victorians would be seeking assistance from homeless services.

3. A major investment in social housing is required in Victoria. At least 300 houses per year to 2036 are required to accommodate Aboriginal families merely to keep pace with household population growth.

4. Engrained racism in the private rental market means this market is effectively closed to large sections of Victoria's Aboriginal population. This places enormous strains on social housing and homeless services. More particularly it is extraordinarily damaging to the mental health of Victoria's

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[11] Productivity Commission, Report on Government Services 2019

[12] Australian Institute of Health and welfare Report – *Aboriginal and Torres Strait Islander People: a focus on housing and Homelessness*

[13] Productivity Commission, Report on Government Services 2019

Aboriginal population. A campaign in partnership with the REIV, the Property Council and peak Aboriginal organisations to address racism in this part of the housing market may have merit.

Figure 6.6: Indigenous specialist homelessness services clients (rate per 10,000 Indigenous population), by state and territory, 2011–12 to 2017–18

Note: Refer to Supplementary table S6.7 for explanatory notes.
Source: AIHW Specialist Homelessness Services Collection (SHSC).

Aboriginal and Torres Strait Islander people: a focus report on housing and homelessness   61

6. What are the needs of family members and carers and what can be done better to support them?

1. Aboriginal Australians are twice as likely to have a severe or profound disability.[14]

2. Specialist homeless services have noted a significant increase in people with a disability and people with mental illness seeking housing and support services. In a number of instances this is a result of family members and carers being overwhelmed.

3. Appropriate housing and support services in Australia for people living with disability are more difficult to access than for other people. Carers of people with a psychiatric disability in Aboriginal communities are more likely to have major health issues of their own. This underlines the importance of supported accommodation being available and culturally safe for community members who need it.

4. It is a critical challenge to understand the extent to which the introduction of the National Disability Insurance Scheme (NDIS) is meeting the housing aspirations of Aboriginal Victorians. (The NDIS includes four main categories: persons with daily core needs, self-management limitations, **psychiatric disabilities**, and early intervention.)

5. Currently around 5% of NDIS clients (all service types) nationally are Aboriginal, however NACCHO believes this constitutes a significant under-representation rate.

6. *Jono Bredin (founder of Calling the Brain's Bluff) e*stimates that 127,000 of all NDIS participants in Australia will have an unmet need for affordable housing. The Commonwealth argues this is the responsibility of the mainstream housing system. (The Conversation)

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[14] AIHW *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015*

7. Understanding the barriers to NDIS specialist accommodation services is important. These may include an absence of culturally safe services, socio-economic barriers such as low income and a reluctance by Aboriginal people to identify as having a disability.

8. People experiencing mental illness or a psychiatric disability are also more likely to be homeless. 11.4% of Aboriginal Australians who present to homeless services do so primarily because of a mental health issue; a further 8.6% with issues of mental health and family violence and a further 4.6% with issues of family violence and mental health and drugs/alcohol.[15]

9. These data suggest major failures in support systems for people with mental illness which are contributing significantly to housing crisis and homelessness of some of our most vulnerable people.

10. The capacity of the NDIS to meet the needs of Aboriginal Victorians with a psychiatric disability should be carefully evaluated with a view to ensuring it is capable of providing culturally safe accommodation options. NDIS design must encourage and support family and community members who provide support and care to people with psychiatric disabilities rather than exploiting and asset stripping these people.

11. Funding and design of the social housing system should be predicated on the understanding it is expected to house a significant proportion of NDIS clients. Currently these two systems appear to be speaking different languages and there is an urgent challenge for translation.

12. More incentives and support are required for Aboriginal organisations to become NDIS service providers, including to specialise in support for people with psychiatric disabilities. (National Aboriginal Community Controlled Health Organisation (NACCHO))

13. It is incumbent that the Royal Commission into Mental Health in Victoria addresses the relationship between mental health and housing, both the effect that inadequate housing has in compounding poor mental health and the effect that mental illness has on destabilising housing security.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

1. National Aboriginal Community Controlled Health Organisation (NACCHO) has consistently argued that more incentives, training and support are required for Aboriginal organisations and people to become better equipped to provide culturally safe services as part of the mental health system at all professional levels.

2. Genuine efforts should be made to recruit, train and support Aboriginal people to attain the credentials to work in the system and to provide cultural sensitivity training for the mainstream workforce.

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[15] Productivity Commission, Report on Government Services (RoGs) 2019

3. Mental health services should be required to meet a cultural safety competency assessment. Work should be undertaken to establish cultural competency credentialing commencing in areas with significant Indigenous populations.

<table>
<tr><td>8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?</td></tr>
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1. The first condition of social and economic participation is secure, stable, affordable housing. The second condition is a living wage.

2. For Aboriginal people with a mental illness, a 'Housing First' approach must become a core principal of Government response. Without secure housing, mental health interventions are extremely unlikely to be fruitful.

3. Median household incomes of Aboriginal Victorians are lower than the general population. The median weekly personal income of Aboriginal Victorians was $479 in 2016, representing 74% of the median weekly personal income for the Victorian population as a whole ($646). Aboriginal people have lower average levels of educational attainment, unemployment is higher and rates of economic participation are lower. At the time of the 2016 census, the unemployment rate for Aboriginal Victorians was 14% compared to 6.6% for the total Victorian population.[16]

4. Australia now has almost the lowest relative unemployment benefit in the OECD. Just 6% of rental properties in Australia are affordable for people dependent on income support.[17] It has been estimated that to secure market rent without going into housing stress, the unemployment benefit would need to be raised by more than $100 per week.[18] These weaknesses in the welfare safety net are having a disproportionate impact on the psychological wellbeing of Aboriginal households and families. As Australia's welfare safety net frays, vast numbers of Aboriginal people are falling through into homelessness. Nowhere is this starker than in Victoria. Though not within the remit of the Royal Commission, the urgent need to provide a more generous allowance for people on Newstart would significantly allay psychological distress for many of the most vulnerable people in Australia. Without the resources to live safely, buy clothes and meet transport costs, the prospect of gainful employment recedes.

5. The More Than a Landlord project (see overview at 3 (above)) has demonstrated that social housing tenants when given secure housing and case management support can achieve significant aspirations to work, improve health outcomes, lift psycho-social wellbeing and begin to rebuild their lives.

6. In piloting More Than a Landlord, AHV first surveyed tenants to establish a sense of their health and wellbeing and to isolate potential impediments to them achieving social and economic aspirations. We uncovered exceptionally high levels of anxiety in working age
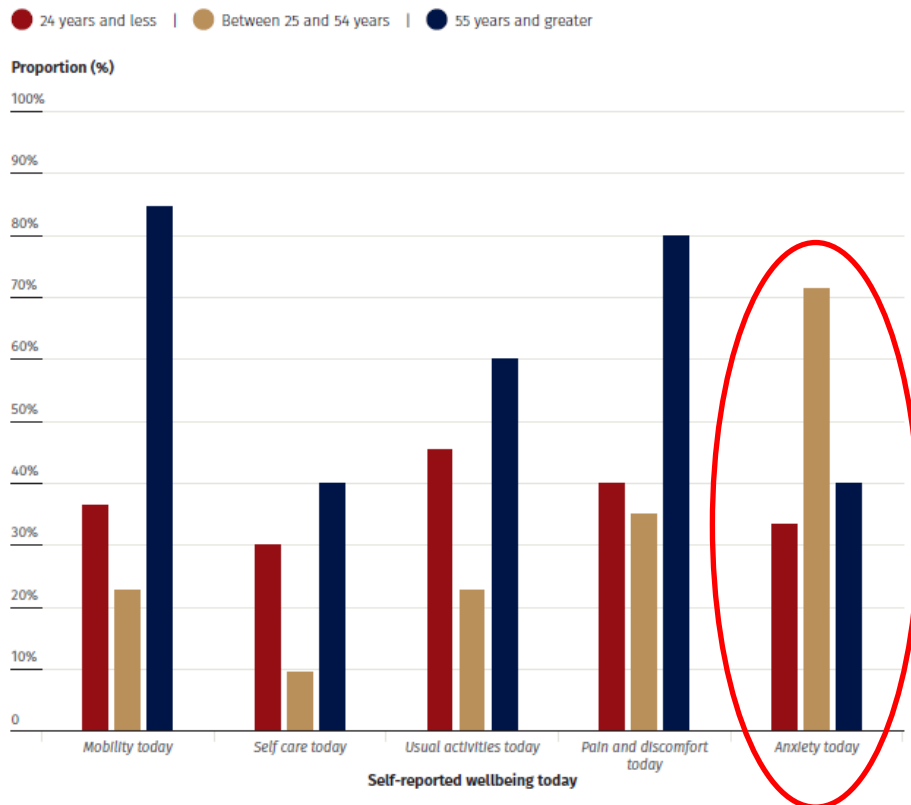
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[16] ABS, 2016 Census

[17] Anglicare Australia 2018 Rental Affordability Snapshot

[18] Saunders, Prof Peter, **_Standards for Low-Paid and Unemployed Australians New Minimum Income for Healthy Living Budget (Social Policy Research Centre, UNSW)_**

Aboriginal Victorians – with over 70 per cent of tenants surveyed aged between 25 and 54 indicating that they were experiencing anxiety on the day they completed the AHV survey. This has informed an approach whereby our life coaches seek to first understand and address the source of anxiety before then attempting to purse wider economic and employment goals. In many instances these anxieties relate to the wellbeing of dependent children. We believe this approach has been fundamental to the success of the MTAL program.

Appendix 9: Individual health and wellbeing (by age)

● 24 years and less | ● Between 25 and 54 years | ● 55 years and greater

Proportion (%)

Self-reported wellbeing today

Source: More Than A Landlord Household Pilot Study Report (June 2018)

7. If properly resourced, the More Than a Landlord program could be linked to effective employment programs to build economic participation, independence and psychological resilience of significant numbers of Aboriginal Victorians.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

1. A redirection of resources over time from corrections to social housing, mental health services and alcohol and drug treatment would make Victoria safer and more cohesive.

2. The most recent Report on Government services identified that the Australian prison estate now costs in the order of $3.4B per annum to operate.[19] The most recent state budget included a $1.8B outlay for the construction of a new prison. In juxtaposition, the numbers of social housing units in Victoria has barely shifted over the past decade as a million more Victorians have come to live in our state. In a nation with one of the lowest levels of social housing in the OECD, Victoria's outlays per capita on social housing are half the rate of the Australian average ($88/per capita compared with $166 per capita).[20] With law and order driving the 'safety' narrative in Victoria, the rate of Aboriginal prisoners in our state has doubled over the past decade from 989 per 100,000 in 2008-09 to 1898 per 100,000 in 2017-18.[21] Very large numbers of these prisoners have dual diagnosis mental illness and alcohol and drug dependency. The total number of unsentenced prisoners in Victoria rose by a staggering 30 per cent between January 2018 and January 2019.[22] The absence of rehabilitation services makes it harder for these people to meet the conditions for parole. When they do so, the absence of transitional housing locks them into incarceration for longer than is necessary.

3. The Victorian Government must adjust its investment priority from corrections towards social and transitional housing as a highest order of priority for improving mental health outcomes in Victoria.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

1. Agree a set of principles on which to build a system.

2. These should underpin cultural change and include:

    a. Housing support matched to mental health treatment plans.

    b. Place the person with a mental health issue at the centre of the system, supporting treatment with wrap-around services.

    c. Make an ongoing financial commitment to invest in mental health at a rate consistent with its share in the burden of morbidity.

    d. A commitment to cultural safety for Aboriginal people embedded in all services.

    e. Support and respect for carers of people dealing with mental illness – these people are partners to the service system and deserve its respect and support.

[19] Productivity Commission, Report on Government Services, 2019

[20] Productivity Commission, Report on Government Services, 2019

[21] Productivity Commission, Report on Government Services, 2019
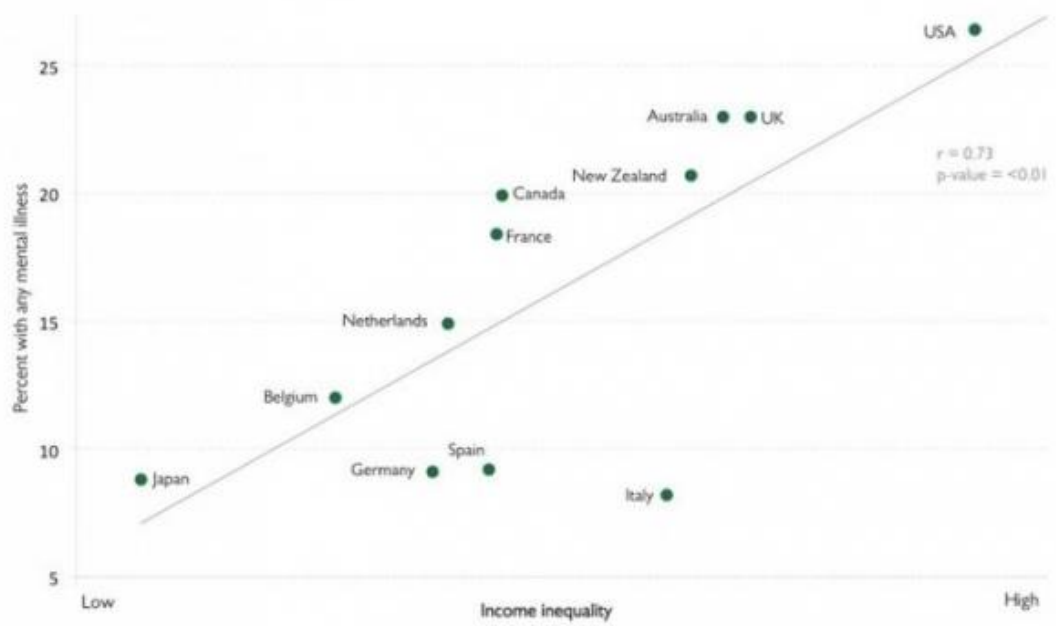
[22] Corrections Victoria, Monthly Prisoner and Offender Statistics, Table 1.07, January 2019

11. Is there anything else you would like to share with the Royal Commission?

1. More information, data and evidence on the issues highlighted through this submission is available in a series of detailed Background and Discussion papers at the following site:

   http://ahvic.org.au/communications-and-resources/vahhf

2. Through their work under the rubric of 'The Spirit Level', the UK epidemiologists Pickett and Wilkinson have demonstrated a powerful relationship between income inequality and mental illness.

3. This is summarised by the authors in the following terms:

   a. "Until recently it was hard to compare levels of mental illness between different countries because nobody had collected strictly comparable data, but recently the World Health Organisation has established world mental health surveys that are starting to provide data. They show that different societies have very different levels of mental illness. In some countries only 5 or 10% of the adult population has suffered from any mental illness in the past year, but in the USA more than 25% have."

   b. "We first showed a relationship between mental illness and income inequality in eight developed countries with WHO data - the USA, France, Netherlands, Belgium, Spain, Germany, Italy, and Japan. Since then we've been able to add data for New Zealand and for some other countries whose surveys of mental illness, although not strictly comparable, use very similar methods - Australia, the UK and Canada. As the graph below shows, mental illness is much more common in more unequal countries. Among these countries, mental illness is also more common in the richer ones." Source: Wilkinson RG, Pickett KE. The problems of relative deprivation: why some societies do better than others. *Social Science and Medicine 2007; 65: 1965-78.*

4. These findings resonate with the experience of the Victorian Aboriginal community, where being treated poorly in a rich nation impairs mental wellbeing.

5. More Information is available here - Pickett KE, James OW, Wilkinson RG. Income inequality and the prevalence of mental illness: a preliminary international analysis. *Journal of Epidemiology and Community Health* 2006;60(7):646-7.

The prevalence of mental illness is higher in more unequal rich countries