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Select Committee on Mental Health and Suicide Prevention

Online Submission

Inquiry into Mental Health and Suicide Prevention - Submission

Relationships Australia welcomes the opportunity to provide a submission to the Inquiry into Mental Health and Suicide Prevention. We thank you for your patience in agreeing to a short extension of time for us to make our submission.

Relationships Australia's work in the Mental Health sector

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. We aim to support all people in Australia to live with positive and respectful relationships.

Relationships Australia provides a range of services, including counselling, dispute resolution, children's contact services, services for victims and perpetrators of family violence, services for people living with disability, services for older Australians, problem gambling support and relationship and professional education. We are nation-wide, with outreach programs that target rural, remote and Aboriginal and Torres Strait Islander communities. We aim to support all people to live with positive and respectful relationships.

Relationships Australia understands there is a bi-directional relationship between healthy relationships and good mental health. A person's mental health is intrinsically linked to the health of their social connections. Family and relationship services offer one source of community-based preventions and interventions. These can help individuals and families to strengthen and repair their relationships and ultimately support mental health and wellbeing. As such, we consider our family and relationship services to be an integral part of the mental healthcare landscape of Australia.

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The role of community-based treatment, care and support

Calls for a system-wide overhaul currently occurring across the Australian mental health landscape recognise the central role community-based treatment, care and support should play in Australia's future. For example:

- The flagship of Victoria's Royal Commission reforms is the design of a future mental health and wellbeing system based in the community (2021).
- The Productivity Commission's Inquiry into Mental Health emphasised the expansion of community-based mental healthcare as a key aspect of improving people's experiences with the mental healthcare system in general (2020).
- The interim report by the National Suicide Prevention Officer emphasised that prevention requires a whole of government *and community* approach. In particular, they spoke of a compassionate response to suicide that includes services delivered in community with a focus on providing supports at home or in 'safe spaces' (2020).
- Lastly, the need for a workforce able to respond to the psychosocial needs of Australians was also reflected in the National Mental Health Workforce Strategy publications. This strategy acknowledges the vital role those working in community-based treatment will play in the broader mental health workforce (2020).

Relationships Australia welcomes this shift to more actively include community-based prevention and care in the overall mental health landscape. We believe that many of the key issues that permeate these reports can be addressed, at least in part, by community-based mental healthcare. For example, some of the key issues addressed in previous inquiries include:

- the need for prevention and early intervention;
- fragmentation;
- greater knowledge of, and access to, care;
- the need for outcome-driven service delivery;
- a whole-of-government approach to reform; and
- developing and building the capacity of the workforce.

Some solutions provided by community-based treatment include:

- Community-based support services see clients for a myriad of reasons. This means we have access to a wide variety of presenting clients and can use screening tools and other approaches to concurrently address their mental health and wellbeing. When more medicalised care is required we can bridge the service gaps by providing warm referrals and/or being located within hub-based care models.
- Re-orienting services and supports beyond healthcare reduces pressure on Australia's medical services and prevents demand by intervening early to provide people with the skills to care for their mental health and wellbeing outside of the medical system or before reaching that level of acute care need.
- Incorporating the concept of mental health and wellbeing into other community education programs assists in efforts to de-stigmatise mental illness, improves mental health literacy,

increases understanding of the mental health services, and ultimately, improves community engagement with mental health services in general.

- Wrap-around support services, which include community and relationship-focused care, place the individual at the centre, and address the mental health and wellbeing of their community.
- Community-based mental health care supports the client, their family, friends, colleagues and carers in spaces that are familiar and feel safe to the client. In our experience, community mental health services are better received by clients in regional and remote areas, as well as those from vulnerable or disadvantaged client groups.
- In community-based care models, outcomes can be defined by lifespan goals, as opposed to discrete experiences within the lifecourse. For example, assisting someone to be happy and fulfilled in their community, rather than to overcome a discrete dispute or issue. We believe that moving to more expansive outcome-based care will begin to address fragmentation and siloed service models.
- Acknowledging community services as an integral aspect of the larger mental health and wellbeing landscape enables a whole-of-government approach. We believe that part of what has led to the current fragmented design and delivery of mental health services is the lack of recognition that mental healthcare services should be understood as anything that supports the mental health and wellbeing of the individuals, families and the community.

Australia's current medicalised model is in dire need of services which can support tertiary care through preventative measures. We believe that while there is clearly a place for medical models of mental health intervention and treatment, there is also real and unmet need for properly-resourced community models of mental health. Relationships Australia also recognises the foundational role that strong family and social relationships play in the mental health of Australians. Without the services in place to support people to engage in positive and fulfilling relationships, people's likelihood of relapse is increased. Relationship services are a form of emotional resilience building in the wider community and they create continuity between community-based care and other mental healthcare in Australia. We believe that supporting people to achieve healthy and respectful relationships is a key aspect to any prevention, intervention and recovery model.

Protective Factors

Relationships Australia acknowledges the comprehensive work that has occurred in recent years to investigate, understand and resolve the issues with the current mental health system. Attempts have also been made to re-design these systems. In particular, the four inquiries and reports discussed above exhibit widespread recognition that mental health and wellbeing is as complex and diverse as humanity itself and therefore, a single or simple model of intervention will be ineffective. Supporting a mental health and wellbeing system that is holistic and preventative requires an understanding of the factors which support mental health and wellbeing. As such, this submission will focus on some of the protective factors against mental ill-health that mitigate relapse and enhance wellbeing. "Protective factors give people resilience in the face of adversity and moderate the impact of stress and transient symptoms on social and emotional wellbeing" (Commonwealth Department of Health and Aged Care 2000, p.13). This submission will explore the following protective factors and the role the community-based care systems play in achieving these:

- strong social relationships and networks;
- positive family functioning;
- supportive communities;
- employment and a supportive work environment; and
- alcohol and problem-gambling reduction.

This is not an exhaustive list of protective factors, however it begins to represent the integral role community-based treatment plays in a robust and thriving mental health system. Understanding these factors provides us with a foundation upon which Australia can design and select appropriate interventions and support systems.

Strong social relationships and networks

The ability to create and sustain strong and positive relationships is a foundational aspect of good mental health (Foresight Mental Capital and Wellbeing Project, 2008). Conversely, a lack of supportive relationships can exacerbate mental ill-health (Beyond Blue 2014). For example, poor social connectedness is correlated with higher levels of depression and anxiety (beyondblue 2014; Wang et al., 2018; McDonald 2018; Davidson 2013; Rubin & Mills, 1998; Nangle et. al., 2003) lower levels of self-worth (Qualter & Munn, 2002), life satisfaction (Goodwin, Cook & Yung, 2001) and poor subjective wellbeing (Chipuer, Bramston & Pretty, 2003). In recent years there has been significant work to highlight how certain groups in the Australian community are supported by increased social connection and the tangible effect this has had on mental health (Beyond Blue 2014; Mance 2018; McIntosh 2016). This suggests that a strong mental health system must recognise the integral role relationships play in mental health and wellbeing and incorporate support systems for strong relationships as a key aspect of design.

Social disconnection in Australian men

Social disconnection is prevalent among Australian men. Expansive research conducted by Beyond Blue found that 69% of Australian men scored low to medium on social support indicators and are at risk of isolation. Further, 1 in 4 men said they have no one outside their immediate family whom they can rely on (Beyond Blue 2014). Problematically, they found that social disconnectedness is not understood as an important social issue by men and consequently, the connection to other social issues like mental health and suicide is not readily made. This makes men less likely to access mental health services (Beyond Blue 2014).

Relationships Australia hosts a series of programs aimed at supporting men's relationships at different stages of life. This includes men's behaviour change and anger management programs, raising children and teens courses, life transition courses and change management and counselling services. These recognise the pivotal role strong social connections play in achieving mental health and wellbeing. While the courses are not advertised directly as mental health orientated, they harness the importance of one's connections by exploring the effect an improved sense of self can have on one's relationships with others. While stigma and ignorance continues to impede many men from accessing mental health branded services, other services, which focus on relationships rather than the individual, provide increased access to hard-to-reach groups.

Social disconnection in older Australians

Older Australians are also disproportionately affected by loneliness and social isolation. Relationships Australia's 2018 study, based on HILDA data, found that almost 20% of those aged 75+ report feelings of loneliness (Mance 2018). Relationships Australia recognises that there is a strong correlation between loneliness, disconnection, elder abuse and poor mental health and wellbeing. While we acknowledge that elder abuse arises from complex social and relational dynamics, Relationships Australia's work providing a variety of senior relationship services leads us to conclude that abuse will continue without a multi-pronged, relationship-informed approach. Specifically, understanding the relationships an older person has with those around them is key to creating long-term and sustainable change. Many clients have made clear to us that legal and other 'solutions' which damage their existing relationships (including relationships with perpetrators) are unacceptable. Relationships Australia believes that elder abuse stems from a variety of systemic challenges including ageism, lack of awareness of 'elder abuse' as a concept, the digital divide and a lack of accessible services to support older Australians. This nescience is further represented by the relative lack of discussion of elder abuse in the various reviews and reforms taking place in the mental health sector. Relationships Australia believes that in order to address the mental health and wellbeing of every Australian, the risks associated with elder abuse, such as isolation and loneliness, and service to combat this, needs urgent attention.

Positive family functioning

Detecting family functioning in clients accessing services

While there is no simple definition of positive family functioning, the mental health and wellbeing benefits are widely understood (DSS 2010). Positive family functioning leads to healthier, more productive and socially competent populations (DSS 2010). While family functioning affects the mental health and wellbeing of everyone in the family, children are not explicitly able to control their family environment and therefore positive family functioning relies on creating and supporting strong relationships between the parents, children and their support networks.

Relationships Australia is involved in supporting positive family functioning across all of our programs. Specifically, we manage a series of Family Relationship Centres (FRC) across Australia, where families can access information and advice on:

- building and strengthening relationships;
- early intervention and prevention services;
- child-friendly services for families in conflict;
- family dispute resolution services;
- parenting plans;
- re-partnering and stepfamily arrangements; and
- information and referral to other services.

Changes in family circumstances, such as separation and divorce are critical events that increase the risk of mental health problems which can, in turn, lead to family and domestic violence. Separation and divorce are processes designed in their healthiest form to liberate and reduce the daily stress of dysfunctional relationships. However, the process nonetheless can bring stress

and noxious, concomitant risks to the wellbeing of every family member. Although clients in FRC have taken the challenging first steps to see a professional, many parents are not confident to disclose these risks or are not asked, according to AIFS research (Kaspiew et al., 2015).

DOORS (Detection Of Overall Risk Screen Framework), is a three-part screening framework, designed to support professionals to evaluate and respond to safety and wellbeing risks in families. It is an evidence-based universal screening framework built from the original Family Law DOORS tool (McIntosh 2016). The tool was piloted at Relationships Australia South Australia. Due to its success, it is now used across many services as an early intervention risk-screening tool. It has the capacity to detect a series of risk and protective factors associated with mental health and wellbeing, including:

- mental health history and personality functioning;
- current mental health status;
- impulse control/ego maturity;
- social support/isolation;
- prior traumas and their resolution;
- family-of-origin history of violence and abuse;
- parenting attunement/sensitivity;
- coping and resolution skills;
- conflict management skills;
- power (im)balances;
- drug and alcohol use; and
- past and current employment history.

DOORS recognises the need for prevention and early intervention and provides practitioners with the information to intervene before high-risk and potentially lethal outcomes occur. Although family functioning remains a complex concept, Relationships Australia believes the use of screening tools has the capacity to de-mystify the complex relationships of presenting clients and ultimately improve and enhance the effectiveness of community-based mental health interventions.

Accessing hard-to-reach populations

FRCs were established under the 2006 law reforms and highlight a shift away from litigation towards more cooperative parenting (Parkinson 2013). Reviews of FRCs found that parents develop a strong focus on their children's needs and concerns and consequently, the programs help children to voice their own views (Brown & Campbell 2013; Henry & Hamilton 2011). Including the voice of the child in family processes is integral to positive family functioning and consequently, is an important aspect of children's mental health and wellbeing. Additionally, mental illness often emerges in childhood or adolescence, however children and young people face substantial barriers to accessing treatment and support (Productivity Commission 2020 p.194). Although it has been noted that throughout FRC programs, parents can remain gatekeepers to their children's participation, it was found that when FRC staff effectively engage

with parents to invite children to participate, this provides children with access to a range of services to address their wellbeing and mental health concerns (Campbell 2008; Brown & Campbell 2013).

Relationships Australia provides a variety of other services which support positive family functioning, including, but not limited to:

- counselling for children, adults, couples and families;
- family dispute resolution and mediation;
- family law support services;
- parenting and relationship education;
- support for families experiencing separation or violence;
- family safety programs;
- children's contact services; and
- Headspace facilities (in Bairnsdale, Bunbury, Hawthorn, Wagga Wagga, Wonthaggi, Batemans Bay and Sale)

Despite this, accessing those most in need of support remains a challenge for all social services. Relationships Australia believes that an important aspect of the community-based mental healthcare landscape would be the widespread implementation of multidisciplinary mental health care hubs including, for example, in schools and early childhood education centres. In Relationships Australia's submission to the Productivity Commission's Inquiry into mental health, we supported the establishment of integrated service hubs to address the fragmentation of mental health services (Relationships Australia sub. 103). We addressed the challenges and costs associated with establishing multidisciplinary hubs, and concluded that they can be overcome through the pragmatic qualities of successful hubs as outlined by the Productivity Commission, including:

- commitment from leadership;
- Staff buy-in and willingness to embrace change;
- regular monitoring and evaluation of service effectiveness;
- learning from previous co-location initiatives; and
- agreements to clarify roles and responsibilities (Productivity Commission 2020, p.363).

Furthermore, Relationships Australia recognises that hubs can address a myriad of issues currently facing the mental healthcare sector, including:

- universal and equal access;
- lack of regional funding and autonomy;
- competitive funding discouraging co-operation;
- siloed care; and
- a continued lack of low-intensity solutions.

Additionally, placing hubs in schools would use pre-existing infrastructure situated in a familiar environment. They would provide access to hard-to-reach communities, such as children from CALD and Aboriginal and Torres Strait Islander backgrounds, children experiencing family

violence and children and young people unaware of, or unable to access, other mental health services such as Headspace centres. Relationships Australia encourages the Select Committee to consider the benefits of school-based hub models for increasing mental health literacy in children and families, reducing stigma and increasing understanding of the mental health services available. For these reasons, Relationships Australia believes that they would be an invaluable support to the work already done to assist positive family functioning in other community-based mental health services such as Family Relationship Centres.

Encouraging blended models of care in the pursuit of universal access

During 2020, we moved a significant proportion of Relationships Australia's service offerings online to adhere to physical distancing guidelines. While many of our programs have offered blended models of care for some time, some services are more challenging to offer in safe online versions. With the closing of Children's Contact Centres in 2020, providers were faced with a particular challenge to ensure that children had a safe and supported way to maintain relationships with their family members and ensure ongoing mental health and wellbeing for all involved.

Relationships Australia addressed this concern via a number of digital platforms, including in Relationships Australia WA, who utilised digital platforms to offer virtual visitation, otherwise known as 'virtual parenting time'. This communication allowed the facilitation of contact between children and their parents or other family members that they no longer live with. Children visited a designated centre with their residential parent and were set up in a room with a supervisor and computer. A number of crucial steps were taken to ensure the safety of all involved.

Despite the many challenges, 2020 illustrated the continued need for creativity and thoughtfulness to ensure blended offerings of services wherever safely possible. For these reasons, Relationships Australia believes the Select Committee should consider the ways in which community-based services which support mental health and wellbeing, such as CCSs, can be supported to continue to deliver safe and high quality care online and in-person. Furthermore, Relationships Australia believes that the rapid digitalisation brought about by the pandemic has given greater credence to digital forms of mental healthcare. Research has shown that access to services during Covid-19 was essential to building resilience among people who access psychosocial support services (Wellways 2021). Despite this, many of the barrier issues Relationships Australia has raised in previous submissions remain, some of which include:

- lack of knowledge about what is on offer and how to access it;
- digital divides in at-risk populations including older Australians, CALD communities and Aboriginal and Torres Strait Islander communities;
- distrust and/or dislike of digital services for communities with entrenched stigma around mental healthcare; and
- a lack of private and safe spaces to use mental health services, especially for those experiencing family and domestic violence.

Despite this, Relationships Australia recognises that digital offerings are essential. We believe that the best approach is a blended model of care. In a previous poll conducted by Relationships Australia, we found that just over half of respondents would prefer to use more than one form of support when seeking mental healthcare (2018). As such, Relationships Australia supports a

wide-variety of community-based mental health and wellbeing initiatives in digital and offline settings.

When implemented correctly, online programs have an unmatched reach and efficiency. For example, easily accessible interventions such as Family Connect, an online step-by-step skills and discussion based program, teaches children and parents social competence, problem-solving skills and autonomy. Uplifting Australia's programs provide evidence-based strategies that are easily accessible online and which families can work through independently. These are evidenced-backed programs which enhance relationships through skills-based learning to prepare children for dealing with life's challenges (Family Connect 2021). Relationships Australia believes that digital tools, such as Family Connect, are especially adept at increasing mental health literacy and ultimately act as a prevention tool. Relationships Australia recognises digital tools such as Family Connect as an integral addition to other, more acute, mental health services. Relationships Australia has found that digital services are at their best when they are understood as a supplementary support for robust in-person offerings, rather than an alternative solution to entrenched healthcare issues.

Supportive communities

It is well established that there are significant mental health and wellbeing benefits gained from living in, and engaging with, a supportive community (Stafford, De Silva, Stansfeld & Marmot, 2008; Ziersch, Baum, MacDougall & Putland, 2005). Research has shown that community engagement enhances subjective wellbeing and that neighbourhoods with an outgoing, sociable culture enhance collective wellbeing (Evans & Kelley 2002). This is because social capital, a measure of the quality and quantity of social relationships, is a protective factor in the wellbeing of individuals and communities (De Silva, McKenzie, Harpham & Huttly, 2005). Social capital is also an umbrella term that encompasses concepts such as trust, reciprocity, and social cohesion (Whitley & McKenzie, 2005). Numerous studies have found a positive association between social capital, mental health and the wellbeing of individuals, families and communities (Álvarez & Romaní, 2017; Oshio, 2015; Stafford et al., 2008).

Most of the interventions previously mentioned in this submission refer to individual and family-based programs. Neighbour Day, a social connection campaign managed by Relationships Australia, is a nation-wide intervention which develops social capital and inclusion in neighbourhoods across Australia. Evaluations of the Neighbour Day Campaign have found enduring evidence of greater social connection, increased wellbeing and reduced loneliness following involvement in the campaign (Cruwys et al., 2021; Cruwys et al., 2020; Cruwys et al., 2019; Long & Lim 2018). Over several years, these evaluations have demonstrated that greater neighbourhood identification is associated with better mental wellbeing. This occurred in part due to greater perceived access to neighbours' support and a reduced sense of loneliness. While not traditionally considered a mental health intervention, social connection campaigns such as Neighbour Day provide innovative, low-intensity opportunities for people to increase their community-based social connection with tangible outcomes.

Relationships Australia believes that an important frontier in the mental health landscape is interventions and group-based programs which build supportive and connected communities. Some other examples include our group work in the following areas:

- suicide prevention community networks;
- activity programs with fathers and children;

- community information sessions on the abuse of older people;
- cultural engagement for Aboriginal and Torres Strait Islander people;
- services for Forgotten Australians;
- redress Scheme support services;
- forced adoption support services;
- post adoption support services;
- find & connect support services ; and
- support groups for those involved in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Of particular note is the popularity and effectiveness of Relationships Australia's adoption-based groups, including monthly adoptee support groups, mentoring programs for adoptees, school holiday programs and activity sessions, parenting support and discussions groups, community education groups and workshops. These services often complement the individual counselling and support services Relationships Australia provides. For example, the Therapeutic Parenting Program, run by Relationships Australia South Australia, has received particular attention for its ability to assist and support families through adoption beyond the initial period. It assists parents to meet the needs of their adopted child and creates long-term transformative changes for the adoptee and their parents. This program also recognises that parenting children who have experienced significant early trauma and loss requires different parenting tools than what people may ordinarily be familiar with. Many of the mental health and wellbeing outcomes arising from this style of support are unique to the group setting.

While the therapeutic environment across all of these spaces varies widely, the subjective and collective mental health and wellbeing benefits of group work and community-based interventions are similar. They work by increasing individual's social capital, and consequently, their trust, reciprocity and social cohesion. These outcomes are elemental in all group and community-based work Relationships Australia does. We encourage the Select Committee to consider the value of offering a myriad of supports, including individual, family, community and population-based services, to ensure that mental health and wellbeing is supported at an individual and collective level.

Employment and a supportive work environment

Relationships Australia recognises the important role work environments and secure employment plays in the mental health of all Australians. Research shows that opportunities to socialise in the workplace can positively affect mental health (Tinson 2020; Productivity Commission, p.172). The disruptions to work-life during COVID-19 brought about economic losses and changes to work-based relationships which challenged people socially and emotionally. Relationship Australia's poll found that 63% of respondents experienced changes to their mental health in response to changes in their working conditions during April of 2020 (Fisher 2020). Furthermore, Relationships Australia found that those respondents who agreed that their workplace was part of their social life were far more likely to experience changes to their mental health following these workplace disruptions. Before the effects of the pandemic took place, research showed that workplace social networks were found to be so effective that they improve the perceptions people have of their jobs (Tinson 2020).

Supporting mentally healthy workplaces requires a combination of approaches. Good mental health in the workplace is affected by the health of one's relationships, both at work and in other aspects of life. In Relationships Australia's submission to the consultation on the draft of the National Workplace Initiative, we emphasised the need for a two-pronged approach, by creating:

1. Workplace cultures that understands mental ill-health – including awareness, intervention, support and recovery.
2. Workplace cultures that recognise the benefits of mentally healthy workers and prioritise mental health – including ensuring accessibility and support for people living with a disability, promoting diversity and other initiatives designed to enshrine inclusion.

We see the National Workplace Initiative as an opportunity to address Australia's current mental health challenges and establish future goals. Relationships Australia believes the benefit of this document is its ability to unify and clarify people's understanding of mentally healthy workplaces, giving them a language to speak about the subject consistently and confidently. Although it is improving, people's understanding of their own mental health and the concept more generally remains confused and somewhat taboo. Bringing the discussion into the workplace will help to demystify these concepts and normalise the discussion of mental health.

Workplaces often operate as a 'meeting place' where people go on a routine basis and interact with regularity. As mentioned, one of the most challenging parts of addressing mental ill-health is reaching those who need care. For this reason, like schools, workplaces have a great capacity to become spaces people turn for support and advice before issues become more acute. This relies on solid foundations and a strong workplace culture that promotes mental health discussions and encourages social support among its workers. Relationships Australia believes that the Select Committee should consider the role workplaces can play as hubs and should consider how it can further support these environments to become a source of support.

Alcohol, drugs and problem-gambling reduction

The effects of alcohol and problem-gambling on mental health and wellbeing are known (Thomas & Jackson 2008; Productivity Commission 2010; Problem Gambling Research and Treatment Centre 2010; Productivity Commission 1999). The relationship between gambling and mental ill-health is strong. Research demonstrates that 36% of problem gamblers experience severe mental illness, compared to around 3% of the general population, with problem gamblers being 2.4 times more likely to experience depression than non-gamblers (Thomas & Jackson 2008). Further, problem gamblers have an elevated risk of suicide, experiencing more suicidal ideation and suicide attempts than the general population (Productivity Commission 1999). This is exacerbated by comorbidities such as drug and alcohol misuse. Up to 70% of problem gamblers have an alcohol dependency and up to 15% of people receiving treatment for drug use are also problem gamblers (Thomas & Jackson 2008).

Relationships Australia provides a plethora of services to address alcohol and drug use and problem-gambling across the country. These behaviours have a bi-directional relationship with mental health as many turn to these outlets as a way to alleviate the symptoms of poor mental health (Brown 2009). Furthermore, some forms of addiction become a substantial barrier preventing individuals from initiating or nurturing their social connections. These individuals can become increasingly isolated, leaving them vulnerable to a range of harms that accompany social exclusion and loneliness. As such, Relationships Australia believes that any reforms addressing

mental health and wellbeing should consider the services supporting people challenged by alcohol, drugs and gambling.

While Relationships Australia acknowledges that the effects of problem-gambling have been a central focus for some time, we believe that the recent digital developments and the effects of COVID-19 restrictions requires us now to focus on these issues afresh. Research has shown that compared to offline gamblers, there are greater levels of problem gambling severity among online gamblers (Gainsbury et al., 2014; Griffiths et al., 2009; Wood & Williams, 2011). In 2011, the problem-gambling rate among online gamblers was three times higher than for offline gamblers (Gainsbury, Russell, Hing et al., 2014). Australia is estimated to account for 5% of the global online gambling market (Gainsbury, 2012).

While online gambling shares most hallmarks of other gambling activities, the unbridled accessibility provided online has a significant effect on gamblers' addictiveness (Gainsbury, 2015). Clients report that the increased privacy and anonymity provided when gambling in the physical comfort of their home is an attraction. Online gambling is not bound by place, time or even money. Many of Relationships Australia's clients report that they do not feel like they are playing with actual money. In some cases, they are not. The unregulated use of credit betting to attract online gamblers is extremely problematic.

These factors intersect with mental health and wellbeing in troubling ways. Online gambling can be an escapist activity. Relationships Australia knows that the pursuit of mood modifying experiences is characteristic of addictions and online gambling can provide an emotional or mental escape. Our clients also tell us that having immediate access is particularly problematic when they are feeling emotionally vulnerable (e.g. stressed, depressed, anxious), as they find it especially difficult to regulate and make constructive decisions at such times, with the stress of losses posing an even greater challenge.

The medium of the internet seems to provide feelings of dissociation and immersion, which can be welcome diversions. This was especially true during COVID -19, which saw online gambling rates increase significantly. The Australian Institute of Family Studies found that almost 1 in 3 survey participants signed up for a new online betting account during COVID-19, and 1 in 20 started gambling online and the proportion who gambled 4 or more times a week increased from 23% to 32% (Jenkinson et al., 2020). Our clients have described experiences of losing track of time, feeling like they are someone else and even blacking out. They often cannot recall how they got somewhere or what they did, or describe being in a trance. Research reveals that such experiences are wilfully induced by the structural characteristics designed into online games (Griffiths & Nuyens, 2017; Griffiths & Wood, 2000). As online gambling utilises the same technology, its scope to facilitate dissociative experiences may actually be far greater than it has been for offline forms of gambling. In especially stressful times, such as during COVID-19 restrictions, the allure of these escapist experiences was shown to increase significantly (Jenkinson et al., 2020).

Relationships Australia recognises that online gambling is an enormous challenge that threatens the mental health and wellbeing of Australians, young men in particular (Jenkinson et al., 2020). Given that this cohort is less likely to engage in social, mental health or wellbeing services in general, this makes them a particularly difficult population to reach. Relationships Australia

believes that this is where mental health hubs in workplaces,¹ or other institutions where ‘hard-to-reach’ cohorts already engaged, becomes important. Hubs can be digital or in-person and essentially represent a multi-sector, collaborative, risk-driven intervention. While workplaces provide a good launching point for more institution-embedded care, Relationships Australia sees this as only one solution to a complex problem.

The climate disaster and COVID-19

Online gambling provides a pertinent example of how COVID-19 has exacerbated social isolation and concurrently led to mental health and wellbeing challenges. This has led to increases in behaviours that place pressure on relationships, further aggravating mental health issues. The climate disaster and COVID-19 have led to direct increases in stress, anxiety and depression symptoms in people (Cianconi, Betro & Janiri 2020; Taquet et al., 2020). They also further exacerbate mental ill-health and challenge people’s wellbeing by limiting ability to access traditional support networks such as social networks, communities and work. This, in turn, leads to increases in negative family functioning and alcohol, drug and problem-gambling issues. The pandemic has also restricted people from accessing institutions and services where, organisations such as Relationships Australia, would usually intercept and intervene.

The interconnection between the protective factors discussed throughout this submission was brought to light during the pandemic. COVID-19 and the increase in disaster events brought about by climate change impacts the ability of support services to work with individuals, families and the community to enhance and build these protective factors. Damage done to relationships during pandemics and disasters have long-term effects on mental health and wellbeing. A longitudinal study found that ten years on from the 2009 Black Saturday bushfires, people continue to face increased depression, PTSD, anxiety and other mental health challenges (Gibbs et al., 2016). Additionally, strong social networks and involvement in community groups and organisations were part of the key to recovery. Importantly, those who have recovered still require support from social services.

This was further exemplified in a recent survey of over 700 Australians. A collection of service providers found that a third of respondents reported not being able to access a support group during the pandemic, which had adversely impacted their mental health (Wellways 2021). The same survey found that community-based services were vital for building mental health resilience during Covid-19, as these psychosocial supports enable the community connections and networks that reduce isolation and sustain wellbeing in the *absence* of services. This includes recovery-oriented support and peer support to increase confidence, self-efficacy and skills in connecting with family, friends and professionals (Wellways 2021).

Protective factors are interrelated and complex and the science illustrating their effect on mental health is still emerging. However, resilience is considered the most important preventative factor against psychological distress (Beyond Blue 2014; Productivity Commission 2020). Community-based mental health services build resilience. They support other protective factors which lead to greater resilience in individuals, families and communities. Relationships Australia believes that addressing the evolving challenges that the pandemic and climate crisis present will require

¹ Covid-19 also challenges this form of outreach. The section on Employment and a supportive work environment addressed how the Covid-19 restrictions also had an effect on people’s ability to access support through workplace relationships.

greater resilience through the continuation and innovation of the provision of community-based mental healthcare.

The effects of the climate crisis will continue to pose challenges to Australia's mental health and wellbeing. In response, Australia need to address the following issues:

- Finding new ways to access hard-to-reach communities;
- Provide interventions that address the mental health and wellbeing of all involved, not just the presenting-client;
- Innovative solutions to provide blended services;
- Exploring group-based and community-wide interventions to entrenched issues; and
- Properly resource effective and outcome-driven social and community services.

To continue to support and conserve the protective factors which mitigate mental ill-health and alleviate the effects of future disasters, Australia needs universally accessible community-based mental healthcare.

Concluding remarks

Thank you again for the opportunity to participate in this inquiry. We look forward to seeing the outcome of this inquiry in the final report. Should you require any clarification of any aspect of this submission, or would like more information on the services that Relationships Australia provides, please contact me (ntebbey@relationships.org.au) or Claire Fisher (cfisher@relationships.org.au).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Nick Tebbey', with a stylized flourish at the end.

Nick Tebbey
National Executive Officer

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