Submission to the Australian Department of Health consultation on the Productivity Commission’s report on Mental Health

February 2021
Consultation on Productivity Commission’s report on Mental Health

Overview

➢ In line with the Australian Department of Health’s consultation questions, we highlight volunteering as a ‘critical gap’ in the Productivity Commission’s recommendations. The Productivity Commission’s report provides evidence that “volunteering is beneficial to mental health.” However, the recommendations make no reference to the role of volunteering in mental health prevention or recovery, nor the role of volunteers in the mental health workforce.

➢ The Productivity Commission’s recommendations need to be adapted to include the role of volunteering in securing the nation’s mental health. This means recognising that volunteering contributes in three main ways:
  - Sustaining good mental health - Every year, millions of volunteers benefit individually from the protective mental health value of volunteering.
  - Recovering from mental illness - Volunteering is beneficial for people living with mental illness and can be important as part of a mental health recovery journey.
  - Supporting mental health services - Volunteers are a vital part of the mental health workforce, contributing to the mental health system and the wider community.

➢ The proposed new mental health strategy needs to include how volunteering can sustain and enhance its contribution. Increasing opportunities for volunteering (generally and as part of the mental health workforce) should be part of the Australian Government’s strategic focus and action on mental health. Volunteering is facing many challenges, including the ongoing impact of COVID-19 and a longer-term decline in volunteering rates. If we are concerned with the nation’s mental health, we need to be concerned with reinvigorating volunteering.

Introduction

About the Productivity Commission inquiry into Mental Health

The Productivity Commission’s final report of its mental health inquiry was published on 16 November 2020. The report provides 21 recommendations with 103 associated actions spanning the five key themes below:
  - prevention and early help for people;
  - improve people’s experiences with mental healthcare;
  - improve people’s experiences with services beyond the health system;
  - equip workplaces to be mentally healthy; and
  - instil incentives and accountability for improved outcomes.

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1 Section heading ‘Volunteering is beneficial to mental health’, page 291, Volume 2, of https://www.pc.gov.au/inquiries/completed/mental-health#report
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The Australian Government has welcomed the final report of the Productivity Commission inquiry and is now consulting on its recommendations.

About this submission

We welcome the opportunity to provide a submission to the consultation on the Productivity Commission’s recommendations. This submission was drafted by Volunteering Australia (the national peak body for volunteering) in collaboration with the State and Territory peak volunteering bodies.

The Department of Health’s consultation process involves a series of questions about the Productivity Commission’s recommendations. This submission responds to the final question: Do you believe there are any critical gaps or areas of concern in what is recommended by the Productivity Commission?

Analysis of recommendations

Our analysis of the Productivity Commission’s report reveals volunteering to be a ‘critical gap’ in the inquiry recommendations. The Productivity Commission’s report sets out evidence that “volunteering is beneficial to mental health.” However, the recommendations make no reference to the role of volunteering in mental health prevention or recovery, nor the role of volunteers in the mental health workforce.

Volunteering has much to offer in protecting the nation’s mental health and in supporting the mental health workforce. In this submission, we highlight three key contributions that volunteering makes in the context of mental health. Under each contribution, we set out evidence of the role of volunteering and provide examples of how the recommendations might be adapted to leverage the value of volunteering.

The three key contributions of volunteering that should be included in taking forward the work of the Productivity Commission are:

1. The protective value of volunteering in sustaining good mental health.
2. The role of volunteering in mental health recovery.
3. The contribution of volunteers to the mental health workforce.

Overall, in taking forward the development of a new mental health strategy (as recommended by the Productivity Commission), the Australian Government should include how the development of volunteering and the volunteering sector can play an important role in securing a mentally healthy Australia.

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3 See Annex of this submission.
4 See page 291, Volume 2 of PC report.
1. The protective value of volunteering

Evidence

A substantial and growing evidence base demonstrates the mental health and wellbeing benefits of volunteering.

A summary of evidence of the beneficial nature of volunteering was set out in the Productivity Commission inquiry’s final report (page 291). Our recent submission to the development of the National Preventative Health Strategy sets out further evidence. This includes recent ANU analysis, commissioned by Volunteering Australia, that examined volunteering behaviour and its impact during COVID-19 restrictions. This found that volunteers experienced lower levels of psychological distress and loneliness (between February and April 2020) than those who stopped volunteering and those who had never volunteered in the first place. Most recently, the What Works Centre of Wellbeing in the UK has reviewed the international evidence base on the link between wellbeing and volunteering. The report concludes that most of the evidence demonstrates a positive relationship between volunteering and wellbeing, including improved life satisfaction, increased happiness and reduced symptoms of depression.

This evidence base has led to volunteering being promoted as contributing to good health. For example, the Australian Government’s Health Direct service promotes the benefits of volunteering and the Head to Health website includes volunteering as one of the ‘purposeful activities’ that can support good mental health. In the UK, volunteering is one of the activities that doctors can recommend as part of ‘social prescribing’ initiatives which connect people with non-medical help in communities.

Millions of people across Australia are benefitting from the mental health and wellbeing value of volunteering. Across Australia, nearly 6 million (5.897 million) people volunteered through an organisation in 2019. This is almost one third (29.5%) of people aged 15 years and over. In 2019,

7 https://whatworkswellbeing.org/resources/volunteer-wellbeing-what-works-and-who-benefits/
10 https://www.england.nhs.uk/personalisedcare/social-prescribing/
12 Australia’s definition of volunteering is “time willingly given for the common good and without financial gain.” This encapsulates ‘formal volunteering’ (unpaid voluntary work through an organisation) and ‘informal volunteering’ (the provision of unpaid work/support to non-family members outside of the household.)
the ABS also collected data for the first time on informal volunteering in the community. In the four weeks prior to the 2019 GSS survey, over 6.5 million (6.676 million) people aged 15 years and over provided informal volunteering support in their community. This is 33.4% of the population.

However, volunteering is facing many challenges, and this jeopardises the protective mental health and wellbeing contribution of volunteering into the future. These challenges include the recent profound impact of COVID19 (with two thirds of volunteers ceasing volunteering) and ongoing problems resulting from, inter alia, weak resourcing of volunteer management, poor recognition of volunteering, and an overall lack of strategic development and investment. The rate of formal volunteering has been declining over time, falling from 36.2% in 2010 to 28.8% in 2019.

If we are concerned about the future mental health of the nation, we need to be concerned about the future of volunteering.

Adaptation of recommendations

Several of the Productivity Commission’s recommendations can be and should be adapted to reflect the preventative mental health contribution of volunteering. Examples are listed below:

Recommendation 5 – focus on children’s wellbeing across the education and health systems.

This recommendation needs to reflect that children and young people benefit from structured volunteering programs in schools and learning about volunteering can form an important part of a wellbeing agenda in schools. Volunteering Australia produces resources to support teachers to plan and deliver learning about volunteering in schools. A renewed focus on children’s wellbeing across education and health systems should consider the part that volunteering activity can play.

Recommendation 6 – support the mental health of tertiary students.

Volunteering programs are delivered across Australia’s tertiary education system. For example, ANU+ is a program delivered at the Australian National University to formally recognise students’ experience and contribution achieved through volunteering. Each year, National Student Volunteer

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16 https://www.anu.edu.au/students/careers-opportunities/volunteering/anu
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Week\(^7\) promotes and celebrates student volunteering across Australia. The role of volunteering in supporting the mental health of tertiary students should be considered and invested in further.

The Productivity Commission’s concern with the mental health of young people is particularly welcome. Volunteering Australia\(^8\) has called upon the Australian Government to fund a national youth volunteering initiative to help protect the mental health of young people in the coming years. Particularly when paid jobs are scarce, volunteering can provide meaningful activity and help develop skills and capabilities that support a pathway to paid employment\(^9\).

Recommendation 7 – equip workplaces to be mentally healthy.

In advancing this recommendation, it is critical that volunteers are explicitly recognised as ‘workers’. References to ‘employees’ (for example, Action 7.6) should be replaced with ‘employees and volunteers’. This is consistent with work, health and safety laws and with Safe Work Australia guidance\(^10\). In the not-for-profit sector in particular, volunteers make up substantial proportion of the workforce. The latest ACNC Australian Charities Report (2018)\(^11\) reported that charities engage 1.3 million employees and 3.7 million volunteers. Half of Australia’s 55,000 charities operate without any paid staff.

An additional reform to be considered is how to enable more workplaces to offer employee volunteer programs. These can be an important element of promoting workplace wellbeing\(^12\).

Recommendation 18 – support for families and carers.

We welcome the recommendation to further assist families and carers and specifically the reform (Action 18.3) to eligibility for Carer Payment and Carer Allowance (evaluating hours over a month rather than a week and lifting restrictions on study and volunteering) that will enable carers to undertake their own economic and social activity, including volunteering.

Many carers and volunteers are older people. Evidence on the link between volunteering and improved health and wellbeing is particularly strong for older age groups. The results of a recent longitudinal study in the US demonstrated that adults over 50 who volunteer for at least 100 hours a year (about two hours per week) have a substantially reduced risk of mortality and developing physical limitations, higher levels of subsequent physical activity, and an improved sense of wellbeing later on compared to individuals who do not volunteer. Based on this and previous studies,

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17 https://nationalstudentvolunteerweek.org.au/
19 See recent summary of research evidence in https://knowledge.unv.org/evidence-library/volunteer-work-and-its-links-to-the-labour-market-experiences-of-young-people
the authors suggest that government policies should encourage more volunteerism. As they highlight, volunteering policies and programs can “simultaneously enhance society and foster a trajectory of healthy ageing in the rapidly growing population of older adults.”

2. The role of volunteering in mental health recovery

Evidence

Volunteering can play an important role in the lives of people with a mental health condition and on a mental health recovery journey.

The latest official volunteering data (ABS GSS 2019) estimated that, in 2019, nearly 600,000 people with a mental health condition volunteered through an organisation. This is 10% of all volunteers. Over 900,000 people with a mental health condition volunteered informally in their community in the four weeks prior to the survey. This is 14% of informal volunteers.

The Productivity Commission recommends, as a priority reform, a whole-of-government commitment to a new national mental health strategy, stating it should comprehensively integrate the roles played by health and non-health sectors. As the Productivity Commission highlights “Recovering from mental illness is about so much more than clinical care; it means rebuilding relationships, strengthening skills, finding and maintaining secure housing and employment.”

Volunteering and the volunteering sector has an important role to play here.

The volunteering sector operate ‘inclusive volunteering programs’ which include providing support to people on a mental health recovery journey. Current initiatives include:

- The ‘Inclusive Volunteering Program’ run by Volunteering ACT is designed to help people with barriers to volunteering find meaningful volunteering opportunities. Volunteering ACT work with organisations to create inclusive volunteering environments for participants of the program.
- The ‘Inclusive Volunteering Pathways to Employment Program’ is offered by The Centre for Volunteering (NSW), Volunteering ACT and Volunteering Tasmania. It aims to reduce and remove barriers to volunteering and employment. The Program supports participants to engage in volunteering as a pathway to employment and works with organisations to help them become more inclusive.
- ‘Volunteerability’ is a new program recently launched in South Australia, run by Volunteering SA&NT in partnership with Orana Disability Services. The program will support

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people to find meaningful volunteering opportunities, with the support of trained volunteer buddies. Every stakeholder will have access to free training, support, and resources.

In addition to these specific initiatives, all the State and Territory peak volunteering bodies provide guidance, support, and resources\(^\text{27}\) to volunteer involving organisations to support inclusive volunteering practices and to enable more people living with mental illness to access volunteering.

**Adaptation of recommendations**

The following recommendations should be adapted to enable more people on a mental health recovery journey to experience the benefits of volunteering:

**Recommendation 8** – support the social inclusion of people living with mental illness.

As detailed above, ‘inclusive volunteering programs’ support the social inclusion of people living with mental illness. These initiatives should be rolled out nationally and with longer-term funding.

**Recommendation 15** – link consumers with the services they need.

As now, Head to Health should promote volunteering as a purposeful activity that can support good mental health (in relation to Action 15.1). There is much scope to develop this platform. For example, it could link directly to GoVolunteer\(^\text{28}\) (an initiative of Volunteering Australia) which enables individuals to find volunteering opportunities across the country to support their needs and aspirations.

**Recommendation 17** – improve the availability of psychosocial supports.

The recommendation to improve psychosocial supports is warmly welcomed. For example, extending the length of contracts (Action 17.1) will go some way to supporting community mental health programs. As the Productivity Commission highlighted the delivery of psychosocial supports (which includes services to rebuild and maintain social connections, build social skills and participate in education and employment) has been hampered by inefficient funding arrangements and service gaps.

However, as Mental Health Australia\(^\text{29}\) has articulated well, there is “a disconnect between the (Productivity Commission) report’s enthusiastic support for psychosocial services and its relative lack


of commitment to build the workforce necessary to deliver this care.” Workforce issues are considered further below.

In the context of Recommendation 17, a further action could be to explore the potential of social prescribing to broader the range of non-clinical mental health interventions.

## 3. The contribution of volunteers to the mental health workforce.

### Evidence

Volunteers are an important element of the mental health workforce. The National Mental Health and Wellbeing Pandemic Response Plan[^30] (page 33) recognised the role of the unpaid workforce and importance of “attracting, training, accrediting and retaining key professional and volunteer workforces…”

Official data on the volunteer workforce is much needed but the limited data that does exist suggests a significant contribution of volunteers in mental health services and supports. The ABS (GSS 2019) estimates that 11% of volunteers work in a health or welfare organisation; this is over 680,000 volunteers. Other organisational categories may also capture mental health-related volunteering. For example, ABS data shows over 700,000 people volunteer in ‘parenting, children and youth’ services and over 680,000 people volunteer in organisations that support ‘community/ethnic groups’. We also know that certain mental health services, for example Lifeline, rely heavily on volunteers to deliver services[^31].

### Adaptation of recommendations

Recommendation 16 – increase the efficacy of Australia’s mental health workforce.

The forthcoming National Mental Health Workforce Strategy[^32] should include the breadth and diversity of the mental health workforce and this includes consideration of volunteers alongside paid workers. Principle 8 of Charter 2020[^33] articulates the diversity of the mental health workforce well, highlighting the need to: “Invest in systematic workforce development, including peer workers, volunteers, paid and unpaid carers, community workers and clinicians.”

A comprehensive workforce strategy would support the Productivity Commission’s priority reform to develop a new national mental health strategy, which they argue should comprehensively integrate the roles played by health and non-health sectors. As Mental Health Australia has contended, it is critical that the community mental health capability is strategically considered and supported, and


[^31]: For example, Lifeline Canberra has 23 FTE paid staff and 350 volunteers (ACNC Annual Information Statement 2020).


[^33]: [https://mhaustralia.org/sites/default/files/docs/mhaustralia-charter2020_a1_final_oct.pdf](https://mhaustralia.org/sites/default/files/docs/mhaustralia-charter2020_a1_final_oct.pdf)
that the National Mental Health Workforce Strategy does not focus solely on the traditional clinical workforce.

In Australia, we have built a social support system that relies on the contribution of volunteers. Community programs are often developed to prevent people falling through the gaps of traditional services. Going forward, community mental health programs need to be recognised as integral components of the system.

Further, volunteering cannot be taken for granted. Volunteering is time freely given, but enabling volunteering is not free. Like paid workers, volunteers need induction, training, and ongoing management. Funding needs to be available to support volunteering programs and to comply with sector standards and legislative requirements.

Conclusion

Increasingly, volunteerism is being understood on the global stage as central to achieving health and well-being, for example in the context of the Sustainable Development Goals (SDGs) which apply in Australia and overseas\textsuperscript{34}. Volunteering is being promoted as a powerful way of engaging people in civic activities and realising the individual and community benefits this brings. The Australian Government’s review of the SDGs\textsuperscript{35} articulated the importance of volunteering to health and wellbeing in the Australian context, for example highlighting successful volunteering programs in Indigenous communities. This recognition of the value of volunteering to health and wellbeing needs now to better recognised at the domestic level.

Volunteering has held this country together through fires, floods, and a myriad of disasters including the COVID-19 pandemic. The mental health of the country is in debt to volunteerism and one of the critical gaps is not giving it due recognition.

Volunteering has an important role to play in securing the nation’s mental health going forward. The challenges that volunteering and the sector are facing need concerted and strategic action. In our 2021-22 Pre-Budget Submission\textsuperscript{36}, we called on the Australian Government to invest in a Reinvigorating Volunteering Action Plan and the development of a whole of government National Volunteering Strategy. This will help ensure the contribution of volunteering into the future is effective, inclusive and sustainable.

In taking forward the Productivity Commission’s recommendations, the Australian Department of Health needs to address the ‘critical gap’ of volunteering. The proposed new national mental health strategy will be the better for this and the nation’s mental health will fundamentally benefit.

\textsuperscript{34} https://www.sdgdata.gov.au/
\textsuperscript{35} https://www.sdgdata.gov.au/about/voluntary-national-review
\textsuperscript{36} https://www.volunteeringaustralia.org/wp-content/uploads/Pre-Budget-Submission-2021_22-FINAL.pdf
Annex

**Department of Health Consultation Questions**

Critical Recommendations

Of the recommendations made, which do you see as critical for the Government to address in the short term and why?

Of the recommendations made, which do you see as critical for the Government to address in the longer term and why?

Implementation Issues

Of the critical recommendations identified in the previous questions, are there any significant implementation issues or costs you believe would need to be considered and addressed?

What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers?

Are there clear steps you believe need to be taken to ensure the recommendations are successfully implemented?

Critical Gaps

Do you believe there are any critical gaps or areas of concern in what is recommended by the PC?
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Authorisation
This submission has been authorised by the Chief Executive Officer of Volunteering Australia.

Mr Mark Pearce
Chief Executive Officer

Endorsements
This position statement has been endorsed by the seven State and Territory volunteering peak bodies.

About Volunteering Australia
Volunteering Australia is the national peak body for volunteering, working to advance volunteering in the Australian community. The seven State and Territory volunteering peak bodies work to advance and promote volunteering in their respective jurisdictions and are Foundation Members of Volunteering Australia.

Volunteering Australia’s vision is to promote strong, connected communities through volunteering. Our mission is to lead, strengthen, promote and celebrate volunteering in Australia.
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