POVERTY AND MENTAL HEALTH: REDUCING SYSTEMIC HARM TO IMPROVE WELLBEING

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AnglicareWA™

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POVERTY AND MENTAL HEALTH: WE CAN DO BETTER

Mental wellbeing does not exist in a vacuum. It is strongly associated with a host of social, economic and environmental factors, the confluence of which can shape both a person's susceptibility to mental ill-health and their resilience in the face of it. Poverty counts as one of these influencing factors.

However, poverty, like mental wellbeing, is not a siloed issue. It can neither be viewed, nor treated, through a singular economic lens. The impacts of poverty are both material and non-material, and spill over every aspect of life. Poverty is a difficult, deeply distressing experience that can result in complex trauma, not just for the individual who is directly affected by it, but for generations that follow.

Eliminating poverty, striving for economic justice and promoting community wellbeing is the right thing to do, however our systemic efforts to manage these issues are imperfect and our current systems and policies often inadvertently contribute to trauma.

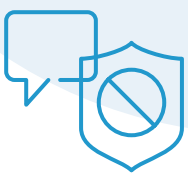
The purpose of this paper is to highlight the relationship between mental health and poverty. It is also intended to raise awareness around harmful systems and policies and propose solutions to improve economic equity and community mental health. Together, we can create environments that support people's wellbeing and mental health and enable their full socio-economic participation.

Anglicare WA and the WA Association for Mental Health are stakeholders in a broader service system and occupy the shared space between socioeconomic and mental wellbeing. We know that there is a widespread desire to dismantle barriers, rewrite narratives, and improve the lives of those facing the nexus of poverty and mental health challenges. Through unity, empathy and a focus on the collective good we have an opportunity to transform our communities into ones where everyone has a fair chance to thrive.

WE KNOW WHAT WORKS:

- Improving socio-economic equity through adequate income, reduced living costs and housing supports.
- Investing in solutions to deal with entrenched disadvantage and mental ill-health and providing people with pathways out of poverty and mental ill-health.

- Embedding trauma informed practice and lived experience leadership into all levels of service delivery and policy making.
- Investing in prevention and early intervention.



THE LINK BETWEEN POVERTY AND MENTAL HEALTH

The Money and Mental Health Research Report[1], commissioned by ASIC and Beyond Blue, draws together an analysis of existing literature, Household, Income and Labour Dynamics in Australia (HILDA) data, lived experience and practitioner surveys. The report indicates that people experiencing financial problems are twice as likely to be experiencing mental health challenges as those who are not. Similarly, people experiencing mental health challenges are twice as likely to be experiencing financial challenges as those who are not.

Financial difficulties contribute to poor mental health

Decades of research shows that anxiety, depression, suicidal thoughts and other mental health challenges are associated with a wide range of financial difficulties, such as credit card and other debt;[2] low income or low material standard of living;[3] long term unemployment or being on income support;[4] and financial stress.[5]

The research tells us there is a causal relationship between mental ill-health and financial hardship not just a correlation.[6] The many material and non-material symptoms of poverty that contribute to poor mental health include but are not limited to: anxiety resulting from unpredictable income and expenses; substandard living conditions, such as overcrowding or exposure to extreme temperatures; poor nutrition in-utero or early childhood affecting development; increased likelihood of poor physical health; exposure to trauma and violence, and stigma associated with low social status.

Despite people living in disadvantage bearing the higher burden of poor mental health, living in poverty also makes it harder to access meaningful wellbeing support, especially for those living on a Disability Support Pension or other income support payments. For example, one study found that 46% of people with a severe mental health condition are unable to afford treatment and medication and 96% struggle to afford necessities such as housing, food, and utilities.[7]

...and poor mental health can result in financial difficulties

The harmful effects of financial difficulties and mental health challenges can build up gradually and can interact with each other, creating a cycle that leads to worsened, entrenched problems. Mental health challenges can quickly, and unexpectedly lead to economic hardship. Some estimates suggest that one third of people living with a mental health condition live in poverty as a direct result of their mental ill-health.[8]

A broad literature review shows that depression and anxiety can affect the way people think and make decisions about work, investments, and spending; mental illness can reduce concentration, limit the capacity to retain information, affect communication and emotional regulation, increase fatigue, and lead to lower work productivity, thus increasing the risk of job loss and/or limiting employment or education opportunities. The stigma around mental illness can also hurt job prospects.[9]

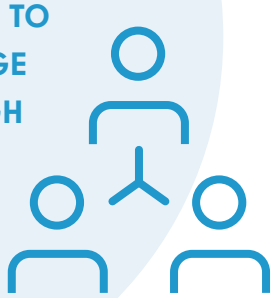
Children: a particular concern

It is widely recognised that adverse childhood experiences (ACEs), such as abuse, neglect and family disfunction are harmful to mental health.[10] Exposure to these multiple adverse events can result in complex trauma that has lifelong impact on a child's development, relationships, and sense of self.

Many studies with long-term data suggest that poverty increases the likelihood of experiencing ACE's or neglect,[11] however some researchers contend that poverty in itself is a form of ACE.[12] This aligns with strong international evidence that disparate health outcomes are driven by socioeconomic inequity.[13]

Children who experience poverty early in life experience higher rates of almost every diagnosed mental health condition in adulthood, as well as other adverse health and developmental outcomes.[14] These negative effects of poverty can be generated in utero, by exposing pregnant women to malnutrition or stress.[15] Subsequent exposure to adverse shocks while children's brains are highly plastic can profoundly impact their development. For example, living in poverty is associated with changes to structural and functional brain development among children and adolescents in areas related to cognitive processes that are critical for learning, communication, and academic achievement, including social emotional processing, memory, language, and executive functioning.[16]

THE COMBINED EFFECTS OF CHILDHOOD TRAUMA AND IMPAIRED COGNITIVE, SOCIAL AND EMOTIONAL DEVELOPMENT CONTRIBUTE TO ENTRENCHED DISADVANTAGE THAT TRANSCENDS THROUGH GENERATIONS.



Inequity hurts us all

Rates of depression, anxiety, suicide, and serious mental health conditions worsen with increased poverty and deprivation.[17] Michael Marmot refers to this phenomenon as the 'status syndrome,' wherein a gradient of deteriorating mental and physical health corresponds with one's economic and social standing in society, which is linked to control over life and social engagement.[18]

Independently of poverty, economic inequality also affects mental health. Economic inequality is bad for everyone, regardless of whether they are rich or poor. The ground-breaking work of Kate Pickett and Richard Wilkinson[19] over two decades demonstrates that income inequality, which has dramatically increased in industrialised economies, including Australia, is directly associated with higher rates of stress, social instability and mental ill-health when compared to countries with greater equality. Causal hypotheses for this relationship include the breakdown of social capital (which includes social trust, safety and a sense of belonging), status anxiety, and perceptions of unfair income distribution.[20]

It is important to note that economic inequality often intersects with other forms of disadvantage, such as racism and discrimination, resulting in multiple disadvantages – and consequently, multiple assaults on mental health and wellbeing.

Economic arrangements are a major cause of poverty and mental ill-health

The increasing levels of poverty and mental distress in Australia are linked to the way our economic and social systems are organised and operated.[21] The dominant pursuit of economic growth often harms individuals and communities. [22] [23]

People living in poverty and with mental health issues are often the collateral damage of these economic policies. For example, the current cost-of-living crisis in Australia disproportionately affects people with mental health issues on low incomes contributing to high levels of anxiety, worry and fear of not being able to afford essentials.[24] This crisis is a significant risk factor for suicide, with an unprecedented surge in the number of Australians seeking emergency mental health support due to financial pressures.[25]

Suicide Prevention Australia ranked the top three risks for suicide in the next 12 months as cost-of-living and personal debt, housing access and affordability, and unemployment and job security.

Ironically, as more people come to experience poverty and struggle with mental ill-health, governments are forced to spend money to respond to these harms. This is known as 'failure demand' - the need for governments to respond to the damage, with its inevitable costs, created by the current economic system.[26]

WE NEED TO SHIFT OUR FOCUS FROM PRIMARILY ECONOMIC GROWTH TO COLLECTIVE WELLBEING AND ADDRESS THE DETRIMENTAL EFFECTS OF ECONOMIC POLICY ON THOSE EXPERIENCING POVERTY OR MENTAL HEALTH PROBLEMS

THE PRICE OF INAPPROPRIATE RESPONSES

Governments and other organisations set out with the best intention to manage the challenges of poverty and poor mental health. However, all too often imperfect systems have an adverse effect on individuals, resulting in unfair treatment, loss of rights, or harm to their wellbeing.

In academic literature, this scenario is referred to as systemic or structural harm[27] [29] or structural violence,[30] and the adverse impacts of imperfect policies and procedures are often filed away as 'unintended consequences'. However, some would argue often the harm is anticipated,[31] but accepted. This is particularly evident in policies around workforce conditionality.

Systemic harm can take various forms, including discriminatory practices based on race, gender, religion, or disability; unjust denial of services or benefits; procedural errors or delays; excessive regulatory burden that places undue hardship on individuals; privacy infringements, or lack of accountability that erodes trust or diminishes the recourse available to individuals.

Following are four examples of how current policies and systems are harming those living with poverty and/or mental health challenges.

Insufficient income supports that keep people below the poverty line

The current rates of income support sit well below the poverty line, leaving recipients unable to meet basic costs of living.

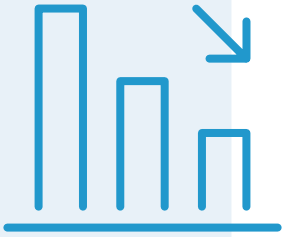
As an example, a single person on JobSeeker receives $374.60 per week and a maximum of $92.40 per week as Commonwealth Rent Assistance, giving them a maximum possible combined weekly income of $467. If we assume they pay $300 in rent, after covering their housing cost they will have $167 left to live off each week – or, a mere $23.86 a day. It is important to note here that this is a 'good' scenario: the payment cut-in and eligibility criteria for the CRA mean that only one in four income support recipients are able to access this payment, and most renters would be lucky to find accommodation that only costs $300 per week.

In a country as wealthy as Australia, capping income supports to levels at which recipients are unable to afford the most basic human necessities serves to punish and humiliate people who rely on public support. Here, the systems that are ostensibly designed to support people in times of need, serve instead to plunge them deeper into poverty and force them to make difficult choices about rent, food and bills.[32] For individuals living with such scarcity, attending to mental health needs – whether this means accessing formal supports such as counselling or medication, or informal supports as simple as a coffee outing with a friend – often gets relegated to the back seat. The inability to plan, save, afford training and education and otherwise improve the situation breeds social isolation, hopelessness and helplessness.[33]

It would be easy to file these adverse mental health impacts of current welfare policy under the umbrella of 'unfortunate, unintended consequences' – had it not been for the fact that we have seen clear evidence of how a switch in policy can improve wellbeing.

In March 2020, the Federal Government introduced a raft of temporary crisis support payments to help people through the COVID-19 lockdowns. A subsequent analysis of the impact of these measures by the Australian Council of Social Services indicates that:[34]

- Between 2019 and the middle of 2020, the percentage of people in **poverty fell from 11.8% to 9.9%** despite the recession.
- Among people in households on the JobSeeker Payment, **poverty fell by four-fifths**, from 76% in 2019 to just 15% in June 2020.
- Among sole parent families (both adults and children) **poverty was reduced by almost half, from 34% to 19%.**



While the COVID-related welfare supplements were short-lived, they provided a glimpse into how an increase in income has a deep and meaningful impact on families' financial security, as well as their broader physical, social and emotional wellbeing. As a nation, we have witnessed that both poverty and mental ill-health can be reduced when Governments commit to making it a priority and take action to increase rates of income support above the poverty line.

Inappropriate employment support and burdensome conditions

Meaningful work improves both financial and mental health. The majority of people with mental health issues want to work, viewing it as a crucial part of their recovery.[35] However, the low rates of income support significantly limit a recipient's ability to cover many of the expenses that improve chances of getting a job, e.g. transport, digital access or certifications such as First Aid, Working with Children Cards or other employment permits.

Workforce Australia is the system designed to help unemployed people find a job. However, it does not adequately support people with mental health issues, in particular those experiencing episodic disorders.[36] [37] The system's excessively burdensome, complex, and punitive mutual obligations place undue hardship on job seekers, leading to increased stress, reduced agency and confidence, and hindering their ability to find and retain work.[38] Seeking medical exemptions from obligations imposed by Workforce Australia is complicated and challenging and, with a decrease in bulk billing GPs, comes with its own financial hurdles.

A recent report by the Anti-Poverty Centre and Get Up[39] shows how the mutual obligation compliance system is a cause of mental ill-health among participants and pushes people deeper into hardship and poverty, whilst not helping them find work. The report notes that 93% of a sample of 600 income support recipients surveyed reported that the system of mutual obligation harmed their mental or physical health. From 278 responses, anxiety was mentioned 135 times, stress 112 times and depression 78 times. More than 40% said they experienced bullying or abuse by a provider, 53% said they had been mistreated and 34.81% said they had experienced discrimination. Just 7% said their job agency had helped them to find a job and 2% said mutual obligations were useful. The report authors argue that the system punishes people for being poor and exists to deter people from accessing income support, rather than helping them find a job.

To receive the income support payment in the first place, job seekers must fulfil strict criteria that include meeting minimum search quotas, participating in education or training and attending mandatory meetings. Such focus on personal conduct rather than on circumstances shapes perceptions of welfare recipients as being responsible for their situations and subjects them to state surveillance and criticism. This narrative has been perpetuated by Australian politicians and the media, which often portray job seekers as lazy or fraudulent,[40] [41] thus contributing to social stigma and isolation.

The focus and blame on individual behaviour ignores the structural factors that contribute to unemployment, such as labour market conditions, and removes accountability for government to address poverty and disadvantage.[42] Despite Australia's current low unemployment rate, there is a shortage of jobs available to those with barriers to employment, in particular entry level work.[43] In this context, mutual obligation requirements are pointless and demoralising for many job seekers: people are being forced to submit applications for jobs they will never get, or to complete training that will do little to improve their job prospects.

Evidence suggests that people subject to mutual obligations take longer to find employment, end up in lower quality jobs, and face reduced wages compared to other Australians[44] – and yet, failure to meet these obligations can result in suspension of payments.

Overall, the strict and punitive welfare conditionality has a detrimental effect on recipients, causing emotional, psychological, material, and physical harm, leading to anxiety, depression and significant distress.[45] [46] [47] [48]

Missed opportunities to prevent harm

As a society we recognise that 'prevention is better than the cure', and yet, the bulk of government inquiries and consultations focus on how to manage challenging social issues, rather than how to prevent them. Our lack of focus on prevention and early intervention means that vulnerable groups are needlessly exposed to hardship and stress across their lifespan.

Many inequities start in early childhood, building in complexity and severity across the lifespan, with disadvantage perpetuating through subsequent generations.[49] Children and young people living in disadvantage have multiple, often intersecting needs – in particular those whose challenges are rooted in histories of abuse and neglect, parental mental health struggles, substance misuse, and domestic violence.[50] Early intervention can play a crucial role in redirecting life trajectories and breaking the cycles of disadvantage and trauma,[51] but addressing the complexity of needs requires integrated, expert supports beyond what can be provided by primary care providers like GPs.

There simply aren't enough of these services. Extensive wait lists mean that the process of getting a child to a specialist, and obtaining a diagnosis that allows access and funding for appropriate medication, classroom or allied health support can take months, and even years.[52] Such delays from first contact to commencement of care means that the already critical health concerns evident at the time of referral will likely be exacerbated.

Poor affordability and accessibility of services make it difficult for children born into disadvantage to leave it. For example, 37% of children living in most disadvantaged areas do not attend the recommended 15 hours of preschool, compared to only 3.5% of children in the most advantaged areas, thus leaving them more developmentally vulnerable.[53] Often, this is due to cost – even with subsidies, out-of-pocket costs deter low income families from using early childhood education and care.[54] Likewise, private fees associated with psychological assessments, counselling or other therapies outside of the stretched government services make these services totally out of reach of families struggling to meet the most basic costs of living.[55] For those living in remote or regional areas, all these issues are further compounded by a grave lack of mental and allied health supports.[56]

The missed opportunities for prevention and early intervention not only harm individuals, but harm us as a society in the form of increased costs of remediation, social supports for families, mental and physical health treatment, policing and justice services.[57]

Traumatising service system

A shared reality for people living in poverty and those experiencing mental ill-health is the harm and trauma that results. The experience of mental ill-health and poverty place tremendous emotional, psychological, and physical burden and strain on people, both for clients and the workforce faced with a system under pressure.

There is clear evidence that the challenges, distress and worry involved in dealing with the complexities of various systems - the mental health system, the income support and mutual obligation system, and various aspects of the poverty system (food relief, housing support, employment support, financial support) have a significant negative impact on people's mental health and wellbeing. The way these systems are administered, funded and delivered can make people feel dehumanised and either intentionally or unintentionally inflict considerable stigma, harm and trauma.[58]

Traditional approaches to address mental health and poverty have tended to be individualistic and treat each issue in isolation.[59] Mental health services and social and community services that support people living in poverty tend to operate as separate silos and are not well integrated around the needs of the person and their family and not always guided by contemporary trauma-informed practice but rather by funding, staffing and resource requirements. Where service systems are able to work collaboratively and 'wrap' services and support around people there is a greater likelihood of successful outcomes.

The Australian mental health system is heavily overburdened, with limited resources leading to rationing where only the most severely ill patients are able to access treatment and support. Patients who need inpatient or hospital admission may not get in and patients who need longer stays in hospital may be discharged too early.[60] There is also often a lack of appropriate discharge planning for people leaving government institutions such as hospitals, mental institutions and prisons.[61] Specialised accommodation that supports people living with mental health challenges is limited and often has a high threshold to entry. Accommodation services are also stretched beyond capacity, with agencies unable to meet about 75 per cent of the demand for support.[62]

These funding pressures create a revolving door of trauma, where people whose mental health is still unstable are pushed out of the hospital into living in sub-par accommodation, homelessness or, at the very least, significant housing stress, which in turn exacerbates their mental health challenges and throws them into cycles of repeated crisis.

When supported accommodation is available, there are challenges, barriers and resource pressures that make it more difficult for people to access mental health support or other support they might need such as drug and alcohol support, financial counselling, family and personal counselling, or employment support to find and retain employment. Typically, funding originates from separate sources - crisis housing from one department, mental health support from another, and substance abuse support from another. This results in limited access to in-house professionals, available only during the stay. Once clients depart, they lose these supplementary services, causing disruptions in care and compounding trauma.[63]

In recent years, the 100 Families WA project,[64] a collaborative, longitudinal study that tracked families living in entrenched disadvantage, offered insights into the interplay between systems, circumstances and wellbeing. Among other findings, the study exposed feelings of disillusionment and indignity in navigating support systems, experiences of stigma and a societal 'anti-poverty' bias.

It's crucial for governments and organisations to reshape the narrative around poverty and trauma, and to reimagine a system that holds human dignity at its core. The link between mental health and poverty shows that both are part of the same human experience – an experience that needs to be addressed in a humane way.

WE KNOW WHAT WORKS: FOCUSING ON DIGNITY, COHSION AND PREVENTION

Based on the findings outlined in this paper, and the collective experience of our agencies and the sectors we represent we suggest the following areas of action.

Recommendation 1: Improve socio-economic equity through adequate income, reduced living costs and housing supports

To bring about change, it is essential to acknowledge that human dignity is inextricably linked to an adequate income. Adequate income minimises the need to forgo food or healthcare, beg for favours, borrow, or access relief services, which can all undermine self-worth and a sense of wellbeing. Raising the rate of income support is the single biggest action that the Federal Government could take to decrease rates of poverty, and associated poor mental health outcomes, across the country. We saw the positive impact on poverty and wellbeing when rates were lifted, temporarily, in 2020.

In tandem, human dignity is underpinned by access to safe, secure and affordable housing – particularly so for those already navigating through trauma and mental health challenges. Extensive cross-sector consultation has seen the State Government commit to Housing First principles.[65] It is time for a similar commitment at a national level, combined with a clear plan for implementation of this strategy. This requires urgent action to address the current housing crisis by investing more in social and affordable housing as well as increasing rent assistance to low-income households. There is also an urgent need to strengthen protection for private renters through ending no-cause evictions and increasing tenant's rights.

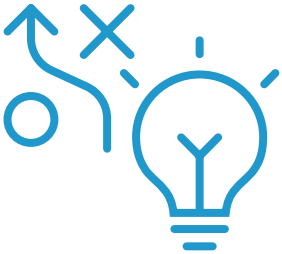
CASE STUDY

Positive impact of increased welfare payments on wellbeing

In June 2020, Anglicare WA asked 55 parents about the impact the Coronavirus supplement on their lives. Their feedback shows that the additional income had significant mental health benefits both for the parents and their children.

65% of respondents reported that the supplement was helping them catch up on bills including rent, utilities, paying off fines, and reducing debt. One respondent said, 'I've been able to sleep better at night and my personal relationships and mental state have improved so much. I no longer have to sacrifice meals, phone credit or bills'. Others remarked that they could 'breathe a bit better' and that the additional income 'Lifted [their] spirits' and let them 'feeling better within themselves'.

24% of respondents mentioned that the supplement allowed their children to participate in recreational activities, such as team sports and being able to go on family outings. Several others explained how the additional income allowed them to improve social connections. For example, one parent said they now could 'let the kids go to birthday parties as I can afford to buy a gift and not go empty handed', and another respondent mentioned being able to invite their family over for dinner, a small pleasure they hadn't been able to do since they couldn't previously afford it.



Recommendation 2: Invest in solutions to deal with entrenched disadvantage and mental ill-health and provide people with pathways out of poverty and mental ill-health

People's lives can be complex and messy. One-size-fits-all approaches fail to meet the multiple needs of those facing sticky barriers that limit opportunities to thriving. Thus, it is essential that we embrace tailored interventions that meet individuals where they stand, and advocate for holistic wellbeing.

CASE STUDY

Individual Placement and Support

IPS WORKS is a dedicated unit within the Western Australian Association for Mental Health, which uses a tailored approach to support individuals to achieve meaningful paid employment in the open labour market.

Individual Placement and Support (IPS) was originally developed in the USA in early 90s to assist people with severe and persistent mental illness into competitive employment. It is evidence-based and widely published, but still relatively limited in Australia compared to USA, Europe and UK. It has now been implemented across the world, including Australia, and has been adapted into various settings. Currently, the WAAMH IPS Team provides specialist support to the work and study teams in 50 Headspace sites across Australia and several adult mental health services in WA and SA. Where the IPS program has been implemented and successfully managed, employment outcomes for people with a lived experience of mental illness have been as high as 54 per cent, compared to traditional employment methods of just 24 per cent.

CASE STUDY

Positive impact of well integrated, outcomes focused practice – Foyer Oxford

Foyer Oxford is a program providing housing and support for young people aged 16-24 experiencing - or at risk of - homelessness. Residents stay for up to 2 years, receiving weekly case management support to help with education, training, and life skills.

Foyer Oxford focuses on creating a diverse community, nurturing young people's skills, providing inspiring living environments, and offering a comprehensive service package covering housing, independence, finance, health, education, and employment. They also collaborate with mainstream and community partners and emphasize learning and impact evaluation.

Annually, Foyer Oxford supports approximately 150-180 young people from diverse backgrounds, many of whom have complex challenges. During the first 6 months of 2023, 52% of Foyer's residents exited into private rentals, 27% were re-unified with family and even one young person purchased their own property. Furthermore, 88% were engaged in employment, education, or training. A 12-month follow-up showed that these positive outcomes were sustained long-term.

Many Foyer residents also face mental health issues, with around 80% having a mental health diagnosis. To address this, Foyer Oxford, with the support of the Mental Health Commission, now has a Therapeutic Specialist improving access to mental health support and external services. For 26% of young people, this was their first engagement with mental health support.

Recommendation 3: Embed trauma informed practice and recovery-oriented approaches into all levels of service delivery and policy making

The National Framework for Recovery-Oriented Mental Health Services[66] specifies that government, private and non-government services beyond the mental health system have a role in helping people to maximise their quality of life.

Recovery-oriented approaches recognise people's strengths, lived experience and values, bringing it together with the expertise, knowledge and skills of practitioners to co-create supports to suit the user.

The complex relationship between poverty and mental health means that these issues are everyone's business. For meaningful change to happen, we need to take a 'wellbeing in all policies, all departments' approach, recognising mental health straddles across different areas of government responsibility. We also need to embed trauma-informed practices and recovery-oriented approaches in all levels of policy making, funding arrangements and service delivery.

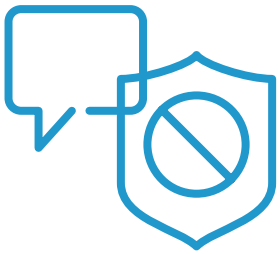
CASE STUDY

What does trauma-informed mean at Anglicare WA?

For Anglicare WA, trauma-informed practice means that our workforce is person-centred and responsive to trauma in our service users, their families/carers and communities. We also integrate the knowledge of trauma and its impact across all our policies, procedures and practices - beyond just frontline service delivery.

The pillars of trauma informed practice are:

- **Safety:** Ensuring psychological and emotional safety of staff, service users, their families and carers.
- **Choice:** Offering choice and control in every aspect of the support received.
- **Collaboration:** Working with service users, their families and carers when practicable and other support agencies.
- **Trustworthiness:** Providing consistent service delivery and setting boundaries.
- **Empowerment:** Amplifying and validating the voice of lived experience and building on existing skills and knowledge



Recommendation 4: Invest in prevention and early intervention

Many wellbeing problems seen in adults, including physical and mental health issues, criminality, family violence, unemployment and welfare dependency, have their origins in pathways that began much earlier in life.[67] In order to break the generational cycles of disadvantage, we must focus on early intervention and prevention.

Research shows that returns from public spending on young children outstrip any other form of human capital investment.[68] Therefore, to give our young people and their families the best chance to thrive, we need to ensure universal access to quality, play based early education, and prioritise services such as Child Parent Centres which offer flexible, wrap around care and foster parental capacity building in an environment that is free from stigma. It is also essential that we prioritise access to education and mental health supports to children in out of home care, who carry with them the greatest risks for poor outcomes.[69]

CASE STUDY

Prevention in action: Child and Parent Centres

Anglicare WA operates two Child Parent Centres (CPCs) in partnership with the State Government. They are located at schools to give families easy access to advice, programs, and comprehensive support from birth through the critical early years of schooling.

CPCs offer a safe and welcoming space that eradicates the stigma often associated with seeking help, and wrap around care that supports early intervention, thanks to on-site Child Health Nurses and Speech Pathologists. The programs are tailored to meet the needs of the community, and include workshops like Triple P, Circle of Security and other parent help programs, family and relationship counselling, playgroups, preparation for kindy programs and school holiday activities for parents and children.

CPCs empower families, enhancing their capacity to create nurturing and supportive home environments, thereby promoting successful transition and engagement with schooling and positive mental health outcomes for both parents and children.

LOOKING FORWARD, SHARING RESPONSIBILITY

Ultimately, to reduce poverty and mental ill-health, we must eliminate the reasons for why these conditions exist. Both issues are largely driven by structural factors, including the social, economic, psychosocial, and physical environments in which people live, and so, in order to reverse the trend, we must shift our focus from individuals, and onto our cultural norms and the broader structures within our society.

THROUGH INNOVATION AND WILLINGNESS TO QUESTION THE STATUS QUO, WE CAN, AND WILL, DO BETTER.

ABOUT ANGLICARE WA AND WAAMH

About Anglicare WA

Anglicare WA is a leading not-for-profit organisation in Western Australia that helps people in times of need. We play an important role in building strong relationships and communities. We provide support, counselling and advocacy for people struggling with poverty, homelessness, domestic violence, mental health challenges and other forms of crisis or trauma.

About WAAMH

The Western Australian Association for Mental Health (WAAMH) is the peak body for community mental health in Western Australia, with a membership comprised of community-managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide.

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