2019 Submission - Royal Commission into Victoria's Mental Health System

Name
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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?
We need to stop blaming individuals for mental illness but to understand people are responding to distress and trauma and give context to why this may be occurring in an individuals life.

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
"Working well :Introduction of lived experience workforce and contribution to all levels of service design and delivery. Done better : How to promote choice and control for people who due to broader contexts (living environments, impact of poverty and trauma) have not had this opportunity. Promotion of the capabilities of those with lived experience and what they can achieve (there is a real sense of low expectations for people living with serious mental illness)."

What is already working well and what can be done better to prevent suicide?
"Working Well : Introduction of HOPE teams to respond to those presenting with concerns or engaged in self harm. Done better Consider the introduction of ECPR. (emotional CPR) as mandatory training to workplaces Emotional CPR (eCPR) is an educational program designed to teach people to assist others through an emotional crisis by three simple steps: Connecting, Empowering and Revitalizing eCPR is based on the principles found to be shared by a number of support approaches: Trauma-Informed Care, Counseling after disasters, Peer Support, Emotional Intelligence, Suicide prevention, and Cultural attunement. It was developed with input from individuals who have learned how to recover and grow from emotional crises. They have the wisdom to inform this process by the grace of first-hand experience. Connecting:The Connecting process of eCPR involves deepening listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis. Empowering:The empowering process helps people better understand how to empower themselves as well as to assist others to feel hopeful and engaged in life. Revitalizing:In the Revitalizing process, people re-engage in relationships with their loved ones and their support system. They resume or begin routines that support health and wellness which reinforces the persons sense of accomplishment, further energizing the healing process. Participants will learn how to: Reframe crisis as opportunity Learn the importance of taking care of themselves so that they can support others Facilitate the other persons access to inner wisdom Encourage the people they serve to take steps in the direction of their dreams Inspire motivation and change "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
"My research specifically focused on the impact of the environment (in particular Supported Residential Services) on residents mental health and recovery. Pension-Level Supported

Residential Services and their Influence in the Occupational Participation and Recovery of Residents with Mental Illness. Summary of Research : A Supported Residential Service (SRS) is a privately owned, government regulated housing facility. Initially recognised as supported accommodation services for an older population, Census trends indicate that pension-level facilities are increasingly more likely to house residents who are male, younger, and with psychiatric, intellectual, acquired brain injury, or drug/alcohol disabilities. The purpose of this research was to understand how the elements of the physical, social and cultural environment impact occupational participation and recovery for residents with mental illness to better inform policy and service provision. A mixed method research design was chosen to provide a comprehensive analysis of the research question. The Residential Environment Impact Scale Version (REIS) 3.0 was the research tool used to assess the residential environment and determine the impact of the environment on the residents. Convenience samples of three SRSs were included, with a total of 22 resident and staff participants interviewed and observed. Quantitative data was generated by the REIS four point rating scale and scores were compared and contrasted to establish if there were common or different domains that the three SRSs performed well or poorly in. Descriptive data was analysed for themes. Four themes emerged during this process; opportunities for occupational participation, impact of the social environment, opportunities for self-determination and the impact of political and economic environmental factors. These themes reinforced the domains identified from the raw data ratings and helped establish that residents shared similar experiences of enjoyment, stimulation, boredom, time use and goal setting.? Similar qualities attributed to institutional environments were found. There was a lack of opportunity for occupation due to; the few objects in the environment, regulations prohibiting participation and staff prioritising care needs that created time constraints impacting residents opportunities for independence and participation. Residents time use was dominated by waiting, eating and smoking. Days were not experienced as meaningful, rather, the occupations were reported and observed to be a way of filling in the day. The three SRSs rated well in the domains of physical space and peer relationships, suggesting these aspects of the environment were enabling however they rated poorly in the domains of occupational participation, social environment related to interactions with staff, and level of assistance offered and self-determination. It was these aspects of the environment that predominantly constrained residents occupational participation, and are the areas requiring the greatest attention for improvement. This study emphasises the influence of the physical, social and political environment on occupational participation and recovery for residents of pension-level SRSs with mental illness. Overall the pension-level SRS environment was assessed as a significant negative influence in the residents quality of life that could be argued as having a predominantly detrimental effect on the opportunity to regain independence, recover and improve health outcomes for this population. A number of key recommendations for the pension-level SRS sector are proposed so future service provision can be in accordance with recovery orientated service principles, and that the political, economic and environmental influences in this sector support participation in occupation for residents."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Lack of suitable supported housing options.Lack of connection and community engagement

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

Use of approaches such as network meetings (informed by open dialogue)

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Support impact of exposure to trauma for those in workforce with declared and undeclared lived experience or no lived experience. Emphasis on importance of compassionate care that includes : listening skills, managing anxiety, Less emphasis on risk management How to create flexible work arrangements.   "

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?
N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
"Reform in housing with suitable flexible supports that can be provided. Reconsider how we measure service delivery (time constraints of medicare rebate system, introduction of activity based system - it is challenging to quantify the time required to support someone who has experienced significant trauma)"

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
I would like to submit my thesis: 'Pension-Level Supported Residential Services and their Influence in the Occupational Participation and Recovery of Residents with Mental Illness'.