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

SUB. 0002.0017.0026

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"My area of work, study and expertise is in Drug and Alcohol Harm Reduction as well as Primary Health Care models that support the most disadvantaged including people with experiences of mental illness, homelessness, substance use, interactions with the justice system, violence and chronic diseases. I have a Bachelor of Social Work (hons) and a Masters in Public Health. The conflation of mental illness, substance use, homelessness and crime is a serious issue in our community and perpetuates issues related to stigma and discrimination. It is my belief that we can only reduce stigma and discrimination by framing AOD, mental health and often co-occurring issues such as homelessness as a health and social problem - not a law and order issue. This can be done by committing to innovative and evidence based harm reduction programs that clearly define AOD use as a health problem. For example (but not limited to): - Prison Needle And Syringe programs: 16% of people in Victorian prisons are there due to drug related offences and recent Victorian based studies indicate that 15% of prisoners tested positive for illicit substances. Prisons are identified as a risk factor for acquiring Hep C yet we still have complete inaction on prison based needle and syringe programs. - Overdose prevention: There is no streamlined and funded overdose prevention policy or program for people leaving prison, despite this being the most high risk times for death due to drug overdose. Prison pharmacies do not stock naloxone and do not provide this to people leaving prison. Furthermore, there are no requirements for medical practitioners to co-prescribe naloxone when prescribing opioids, despite prescriptions based opioid being the leading cause of overdose death in our community. Until these types of processes become normalised and adopted by general practitioners/the medical bodies and Dept we will not overcome the stigma attached to current, inadequate, naloxone and overdose programs. - the absolute disparity in funding committment by the state government between supply reduction approaches, demand reduction approaches and harm reduction approaches needs to be addressed urgently. Harm reduction receives approximately 2-5% of the Harm Minimisation funds annually despite programs being evidence based, impactful and effective. Whilst I acknowledge the amazing commitment to programs like the Medically Supervised Injecting Facility the Victorian state government has ignored other harm reduction programs, which have been running for years / decades. For example - Specialist Drug and Alcohol Primary Health Care Services (local drug initiatives) have not received any significant funding increase since inception in the early 2000's. Funding remains fixed term despite demand being through the roof & Primary NSP's are using data systems that were developed over 20 years ago and no longer capture any meaningful information about the needs and characteristics of the cohorts that access them. Only through policy commitment in the form of projects, programs and funding for harm reduction services will issues regarding stigma being to be addressed for people with mental health and AOD issues. "

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?

"Integrated models where services work together to respond to need. Dual diagnosis workers and mental health workers funded to work within Harm Reduction Services (NOT JUST IN TREATMENT SERVICES). While the government continues to place these positions in treatment services only, we continue to miss the entire population or people who are using substances and not seeking/accessing treatment. Peer Organisations such a Harm Reduction Victoria should be scaled up. Peer Workforce initiatives in AOD need to scaled up. We need to recognise and value the work undertaken by NSP workers - this workforce have the greatest links to people who inject drugs in our community and are a valuable asset in regards to links to treatment, support and other options. "

What is already working well and what can be done better to prevent suicide?
Fund more programs that focus on community and social inclusion activities.

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.
"There are myriad of barriers for people with substance use issues to access mental health services and treatment. Often times it is the most vulnerable and in need that find it the hardest. There needs to be much more work put into establishing models that work well with dual diagnosis. Further more, the mental health workforce need to be trained in harm reduction and AOD in order to best respond to people presenting with these co-occurring issues. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Homelessness - more housing People who use drugs - we need to support people to become healthy rather than imprioning them for their drug use.

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

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"When funding peer programs fund enough to recruit multiple peer workers, not just one. When we fund programs that allow for recruitment of individuals only we put them at risk, they are forced to work in isolation and do not have their own colleagiate support. There needs to be more acknowledgment of the work being undertaken in services not identified as mental health services such as workers in front line housing, health and harm reduction spaces. These services and workforce require support, resources and recognition of their skill set and contribution to supporting people with mental health issues. "

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?
"'- there needs to be a significant investment in housing, including supported housing options for people with multiple and complex needs. - there needs to be a significant recognition of the positive impact of harm reduction approaches to care for people who use substances, these approaches are non-judgemental, person centred and highly effective in building long term relationships which improve the health and well-being of individuals - A re-investment in block funded agencies that are able to respond to need as they present and which also provide spaces for social inclusion and access. The shift towards individualised care (via NDIS) has shattered these support options for so many people. "

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?
N/A