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

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Local Government

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Taking a whole-of-community' approach using interventions across a range of health and non-health settings such as schools, workplaces, sport and recreation clubs, the arts and local communities will improve the ability to provide targeted and relevant information to support increased community understanding of mental wellbeing and illness. This will also help community and service providers to better understand the protective factors for good mental health including positive early childhood experiences, increased social connection, elder abuse prevention, healthy families, liveable safe and active environments, and accessible health and human services. Information about mental health needs to be delivered in an accessible way to continue to demystify mental illness and work towards reducing stigma. It is also important to continue to articulate mental health as just as important to physical health and to encourage initiatives which promote community conversations and open dialogue. Furthermore, by fostering more compassionate and inclusive communities with many places, spaces and opportunities for community connection, we can reduce the stigma associated with mental illness and create supportive environments which improve outcomes for those experiencing mental ill-health and strengthen resilience and protective factors for the broader community."

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?
"Awareness of mental health conditions, service availability generally and stigma levels in relation to mental health have all improved over recent decades, however, given that the prevalence and impact of mental health conditions have not improved despite a range of government investments which have primarily focused on early identification and treatment, it is clear that an increased focus on prevention is necessary. In order to make significant impact in this area, Victoria needs greater investment and more evidence-based prevention programs with a mix of strategies including public policies, public education and awareness campaigns, capacity building programs for individuals, community driven initiatives, creation of healthy organisational and community environments and service system reorientation. Prevention and treatment need to be seen as complementary approaches. Often in regional and rural areas there are long wait times for those with emerging mental health problems to access professional services. This means that their mental health can decline further before they can receive the required care. To combat this issue, solutions of how to reduce waiting times for those with less acute mental health needs should be found. There also needs to be a greater concentration on efforts which address the risk and protective factors that are associated with mental health and which also impact on the experience of other conditions. This includes things such as poor diet, physical inactivity, exposure to family violence, social isolation, smoking, low education levels,gambling harm and inadequate housing. This requires us to take a systems approach to mental wellbeing and could be supported by professional development initiatives that encourage and enable clinicians and practitioners from a

variety of sectors to take an integrated approach to mental health promotion."

What is already working well and what can be done better to prevent suicide?
"In Ballarat we have higher rates of suicide and between 2009?2013 the rate of avoidable deaths from suicide & self-inflicted injuries was much higher than the Victorian average. As a result, the Western Victoria PHN is delivering the Ballarat Place Based Suicide Prevention Trial (Ballarat Trial) to evaluate different ways to address suicide within communities and find out what works in different contexts. While the trial is still relatively new within the community, the networked approach is providing an opportunity for organisations to participate and contribute to both the strategy and the outcomes framework, or solely contribute just to the communications platform, depending on an organisation's resource allocation to suicide prevention efforts. It will be important to evaluate the success of this trial to see if there are opportunities for something similar to be replicated in other areas of the state. Also operating within our region is the Ballarat and District Suicide Prevention Network which aims to develop locally driven and locally focused suicide prevention strategies and to bring together community members,service providers and local government agencies to work towards reducing the impact of suicide in the community. The objectives are to: Raise awareness and challenge stigma, myths and pre-conceived ideas of suicide.   Facilitate partnerships between local organisations and the community in Ballarat suicide prevention.   Make suicide prevention resources more readily identified and accessible. Providing further support and resourcing to network and place-based trials such as those being delivered within our own region can enable localised solutions to suicide prevention and also assist in reducing the stigma associated with suicide."

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.
"As has been described previously, there are a range of risk factors which can make it difficult for people in our community to experience good mental health and includes lifestyle choices and the social determinants of health (education, employment, housing, income etc.). Mental health conditions and physical health conditions are more prevalent among people with disadvantaged backgrounds and we also know that disadvantage is not evenly spread across our community. As a result, it is important to take a broader public health approach to address the social determinants of health knowing that this will enable the long-term reduction in the prevalence of mental health conditions, alongside making improvements to treatment and service systems. A preventative approach which is focused at intervention prior to the time of peak onset of conditions needs to be taken. We know that around 50% of all lifetime conditions occur by the age of 14 and 75% occur by the age of 24. Consequently, there needs to be particular emphasis on actions during the childhood, adolescent and young adulthood. Given the high risk of co-morbidity related to mental health conditions, it is important that more is also done to support people who are already experiencing poor health conditions to prevent them from experiencing another group of conditions. For example, there is significant evidence showing that mental health conditions, chronic disease, alcohol and substance misuse and gambling harm all share a number of risk factors and are also independent risk factors for each other. Improving understanding of available services and referral pathways across professional disciplines within communities could assist in providing more holistic care for those experiencing poor health."

What are the drivers behind some communities in Victoria experiencing poorer mental

health outcomes and what needs to be done to address this?

"As has been identified previously, some of the contributing factors to some communities in Victoria experiencing poorer mental health outcomes include but are not limited to: high levels of social isolation; lack of community resilience; gambling and substance abuse; poor nutrition; physical inactivity; history of incarceration; smoking; adverse childhood experiences; and, limited access to services. In addition, those who experience socio-economic disadvantage are also more likely to have mental health issues, and this is influenced by a range of social determinants of health including gender, ethnicity, housing, education and income. In order to address this, a public health approach to mental health needs to be taken, with resourcing for a mix of strategies including public policies, public education and awareness campaigns, capacity building programs for individuals, community driven initiatives, creation of healthy organisational and community environments and service system reorientation. It is the diversity and mix of interventions that will support improved mental health outcomes for Victorian communities. City of Ballarat and its local health partners have identified that they can enhance and support the key protective factors for good mental health by actively addressing issues of racial and gender discrimination, inequality and disadvantage and are endeavouring to do this through the collaborative actions of the Municipal Public Health and Wellbeing Plan."

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

We do not think that we are best placed to respond to this question.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"While often we focus on job satisfaction, professional training and career-building opportunities as the main focus of recruitment and retention for regional and rural areas, it is also worth noting the psychosocial and personal factors which could be considered when trying to attract and retain the mental health workforce to these locations. Community level action to encourage retention could be through the creation of strategies which focus on opportunities for social connection to increase the sense of belonging, and by recognising and responding to different reasons that people may have to stay or leave a regional or rural setting at different ages, life- stages or cultural backgrounds. Conversely, it could be concentrating on attraction of workforce to a particular city or town by focusing on those elements which may be of particular interest to a specific age or life-stage such as education and recreational opportunities for those with children, inclusive community groups for people of varied cultural backgrounds, affordable housing for newer members of the workforce, or attractive work life balance opportunities as these are more likely to result in higher retention rates."

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?

"The City of Ballarat has identified within its Municipal Health and Wellbeing Plan that some of the ways that we can improve the mental health within our own community are through people-centred approaches which involve health partners working with the community to co-design policies and programs with a focus on people, families and communities. It is recognised that services need to be flexible, responsive services and adapt to the changing needs of the community. Place-based approaches can be directed at the community level to address a multitude of interrelated health

risks and harness the knowledge and input of local organisations to gain community engagement and effect positive outcomes for people experiencing mental illness. Place-based approaches can also be directed at a range of settings in particular locations, such as workplaces, early childhood centres, schools and sports groups and through increased understanding and awareness may facilitate greater social and economic participation and inclusion for people experiencing mental illness."

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?
"The areas that we would consider important for the Royal Commission to prioritise for change are: * Ensuring that prevention is a key priority within the mental health service system and is resourced effectively because a reduction in prevalence of mental illness should be the primary goal. * Greater concentration on efforts which address the risk and protective factors that are associated with mental health and which also impact on the experience of other conditions. This includes factors such as poor diet, physical inactivity, exposure to family violence, social isolation, smoking, low education levels, gambling harm and inadequate housing. * Focus on interventions in childhood, adolescence and early adulthood where we know initial occurrence of mental health conditions are most prevalent, and encourage action across multiple settings where people live, learn, work and play. * Resource and evaluate place-based initiatives which harness the knowledge and input of local organisations to gain community engagement and effect positive outcomes. * Delivering flexible and responsive services which can adapt to the changing needs of the community."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
Some of the changes that we believe could support future changes and improvements to the mental health system include: Evaluation of current prevention and place-based initiatives such as the Ballarat Place Based Suicide Prevention Trial to develop a more rigorous evidence base of interventions which can be delivered at scale.   Investment in professional development initiatives which improve knowledge and support better referral pathways across disciplines which are known to share common risk factors.   Continuation of community awareness campaigns and initiatives which improve understanding of risk and protective factors for mental health by the general community.   Continuation of delivery of programs in key settings such as schools and workplaces which build knowledge Including the Achievement Program and Heads Up initiative.

Is there anything else you would like to share with the Royal Commission?
Nothing further to add.