



27 May 2019

The Secretary  
 Royal Commission into -  
 Victoria's Mental Health System  
 PO Box 12079  
 A'Beckett Street  
 Victoria 8006

Dear Sir/Madam,

**Re: Submission from Barrier Breakers Inc.:**

Barrier Breakers Inc. is a mental health advocacy organisation and registered tax endorsed charity. We provide crisis advocacy services throughout the region of Gippsland on behalf of any person with a mental illness, who seeks our help with a crisis situation, which is impacting negatively upon their lives.

The region we refer to is the same area of Gippsland, administered by the Victorian Department of Health and Human Services, i.e. the areas covered by the six Local Government municipalities in the region.

The author of this submission is a co-founder and former Chairman of the organisation and remains on its Board a Director and as a senior advocate assisting with mentoring volunteers.

We are pleased to present the two attached submissions for the consideration of the Commissioners. Our Chairman and Chief Executive Officer would be pleased to formally present same to expand upon the matters we raise and answer any questions the Commissioners may have about the matters we raise.

Yours faithfully,

Derek Amos  
 Director and Senior Advocate



# barrierbreakers

Gippsland Advocates for Mental Health.

## WHY CRISIS ADVOCACY IS SO IMPORTANT AND NEEDS FUNDING

A submission to the Royal Commission into Victoria's Mental Health  
System







*This submission is presented to:*

***Royal Commission into Victoria's Mental Health System***

*The undersigned stands ready to present it in person, expand upon its content, and answer any questions that they commissioners may have.*

*Yours faithfully*


*Derek Amos  
Director  
Barrier Breakers Inc.*



# barrierbreakers

Barrier Breakers operates across the Gippsland region which covers six Local Government Areas (East Gippsland, Wellington, South Gippsland, Baw Baw, Latrobe and Bass Coast), spanning from Phillip Island in the West, all the way to the NSW border in the East – some 44,000 square kilometres with a population in excess of 250,000 people.

It is poorly served in the provision of mental health services. Given that **one in every five people will be impacted by mental illness in their lifetimes** (that is approximately 20% of the population), it touches around **50,000** people in this vast and diverse region. Around 10% of this number (approximately 5,000 people) will have a chronic mental illness requiring lifelong care and support.



Since the deinstitutionalisation of mental health services and with the abandonment of Specialist Psychiatric Hospitals, nearly all of these unfortunate souls have to cope with their illnesses at home and in their communities.

Barrier Breakers role is to support and advocate for these individuals, as well as on a systemic level, to improve service provisions, responsiveness, funding, access to accommodation and employment, as well as appropriate treatment regimes.



## In a snap-shot, Gippsland suffers from:

- A critical shortage of supported accommodation houses/units & acute care psychiatric beds.
- Highest suicide mortality rate in Victoria
- Higher average of 12.3 registered mental health contacts compared to state average of 10.3
- Limited private practice consulting psychiatry.
- A higher than state average of Emergency Department presentations for Mental and Behavioural Disorders due to Substance Abuse
- More than double the Victorian state average of Intentional self-harm hospital presentations
- No alcohol/drug detoxification and rehabilitation unit
- Rare employment opportunities for those with disabilities

Barrier Breakers Inc. (Gippsland's Advocates for Mental Health) was established in 2006, and believes that the delivery of appropriate services to the mentally ill in the Gippsland region is inadequate, and disadvantages those people most in need of treatment, care and support.

Barrier Breakers is determined to facilitate an improvement in the services provided to those suffering from mental illness in the Gippsland region. Our expertise and experience in mental health support is unique in Victoria as we are the only independent advocate organisation with a community membership base supported by key stakeholders including Primary Health providers, mental health professionals, regional mental health providers, patients/consumers and parents/carers.

We work to provide advocacy services for people with mental illness, both individual and systemic. This involves directly working one on one with individuals experiencing difficulties in accessing services, wanting assistance with paperwork, or looking for impartial information about mental health services throughout Gippsland. We also consult with

consumers of mental health care services and make representations to provide systemic advocacy for adequate treatment regimes, including educational, employment and other development opportunities.

There is no other similar organisation in the Gippsland region.






Barrier Breakers has widespread community support for its efforts to generally improve mental health services throughout the region, and in particular, the provision of much needed supported accommodation for people with a mental illness. All of the region's State and Federal Members of Parliament, Municipal Councils, Churches and Service Clubs have pledged support and/or generously subscribed to Barrier Breakers efforts. Since its establishment the association has undertaken specifically targeted research into mental health needs in the Gippsland region and prepared numerous submissions addressing these needs and presented them to State and Federal Governments and their agencies.

Barrier Breakers is experiencing increasing demands for individual advocacy services by people in the region who experience difficulty in coping with mental illness. These people include Carers/family members of people who suffer mental illness and patients/consumers. Their needs are many and varied, and include problems associated with mental health services, Disability Support Pension (DSP) applications/appeals, unsuitable or no accommodation, police and legal matters, Mental Health Review Board Appeals and a variety of other problems associated with dual diagnosis of mental and physical illnesses. Requests for such services are made either directly by the consumer and/or carer at the association's Traralgon Office, or through referrals from Members of Parliament, churches and other social organisations. The Association has also assisted with referrals from Government agencies.








The demand for our services is such that we need to expand our capacity and number of Advocates to work across the Gippsland region, as well as train volunteers within each of the 6 Gippsland Local Government Areas who are living with mental illness to improve their connectedness, self-worth and enable them to give back to the community.

Our organisation relies heavily upon volunteers to reach across the vast Gippsland region and currently we have a growing demand to assist people in need and we don't have the capacity to meet that demand.

Through our current volunteers, we have found they particularly have the best insight to barriers, issues and solutions to improve the lives of others living with mental illness, and strengthen our solutions to improve the lives of others living with mental illness and strengthen our organisation's responsiveness. We are currently developing Chapters in each of the Local Government Areas across Gippsland, and through expanding our numbers of volunteers, we can support more people in the region and establish support groups.



Our organisation has a strong and highly skilled board with representation of medical and mental health professionals along with expertise in Not For Profit management and extensive political and financial experience. Our Advocacy staff have over 20 years of Advocacy experience through seeking solutions to client's issues or resolution negotiation.

Both our Administrative staff have led Not For Profit organisations with a large base of volunteers and have devised training programs to enhance skills, and orientate them to focus on client and organisation outcomes.

Barrier Breakers is highly skilled in working with people with a mental illness and we have the courage and independence to find solutions and overcome obstacles which have negatively impacted on people's ability to live their lives. We have also worked with a variety of groups who have been impacted by mental illness within the community, ranging from families, young people, aboriginal people, migrants and aged.

We seek to re-connect people and their families, with a mental illness, back into the community and therefore improve their social participation.



By advocating for and with our clients, Barrier Breakers is seeking to literally

**“Break Down The Barriers”** to enable them to participate more fully within the community, and seek to enable them to remove the barriers to achieving happiness and live their lives without onerous burdens.



# barrierbreakers

Gippsland Advocates for Mental Health



Supported Accommodation  
Versus Prison.  
Your choice.

A submission to the Royal Commission into  
Victoria's Mental Health System





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*Yours faithfully*

*Derek Amos*

*Director*

*Barrier Breakers Inc.*

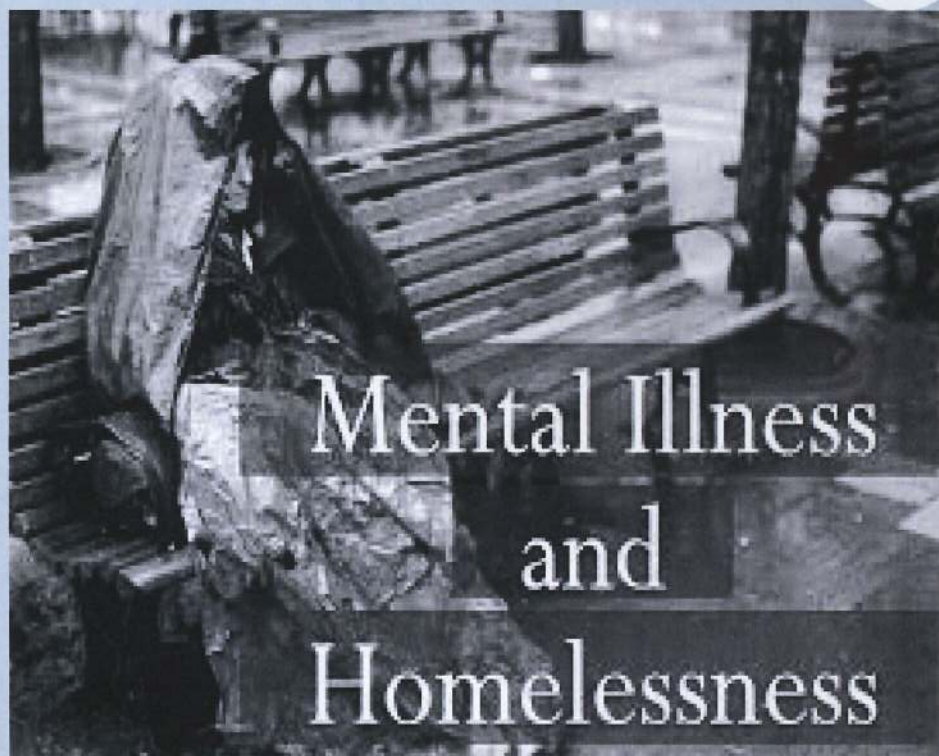
There is a desperate shortage of accommodation in the Gippsland region appropriate for the needs of people with life-long (Chronic) mental illness. In this regard, we refer specifically to accommodation which:

- \* Is affordable for people on a Disability Support Pension
- \* Is secure and long-term in tenure
- \* Provides the tenants with daily out-of-reach support programs
- \* Ensures continued easy access to clinical supports commensurate to the tenants mental health needs

We firmly believe that with deinstitutionalisation and the abandonment of mental health hospitals, this model of accommodation really is the only way many of our citizens with life-long illnesses, such as schizophrenia, can adjust to normal lives within their communities. Experience since deinstitutionalisation has clearly demonstrated that in the absence of such supports, mental health recovery is impeded and far too many sufferers return to acute care in psychiatric wards – the “revolving door” syndrome.



*This current system, which perpetuates such a “revolving door” approach to chronic mental illness, not only fails to address the basic patient care rights of our mentally ill, it also imposes a greater cost burden on the government purse, resulting from too frequent presentations to acute care wards and other costs/expenses met by the community. It costs around \$1,200 per day for acute care presentations and when you add to this the cost of unpaid rent for Ministry Housing or private sector accommodation and a host of other expenses, met by communities providing emergency assistance, it amounts to a considerable cost burden on the public purse.*



*Indeed the burden on the public purse for not addressing the special housing needs of the mentally ill and the overall magnitude of the problem assumes its true importance when viewed in the context of what other alternative accommodation choices there are either available or are forced upon some of the most vulnerable people in our society. These alternatives include couch surfing with families or friends, caravans, boarding houses, nursing homes and worst of all, incarceration in prisons.*





The facts are:

- \* The State Ombudsman has found that around two thirds of all prisoners incarcerated within the Victorian Justice System have a mental illness*
- \* It costs around \$120,000 a year to keep a person incarcerated in a Victorian Prison.*
- \*Up to 85% of all homeless people present with a mental illness*
- \*The Australian Institute of Health and Welfare reports that almost one third of prisoners entering jail already have a mental illness (a rate 2.5 times higher than the general population).*
- \*Up to 93% of Aboriginal detainees have some form of mental illness.*
- \* Rates of major mental illnesses such as schizophrenia and depression are three to five times higher among prisoners than those in the general population.*



*While some people could justly claim that even the former mental institutions are preferable to incarceration in prison, we believe that every possible effort should be made to ensure that people with chronic mental illnesses are supported so they do not encounter our criminal justice system and can live normally in their communities.*

*Moreover, the cost burden bore by the public purse for incarceration in prison is much, much more than that for the provision of the supported accommodation model we propose. Council of Australian government figures show that the average real net operating expenditure per prisoner per day (2009-2010) was \$240.66, or close to \$90,000 per year. We understand that has now grown to around \$120,000 per year. With respect to the incredibly high percentage of homeless people with a mental illness, we know from our advocacy work that many, many chronically ill people, who live in inappropriate accommodation, such as couch surfing, caravans and boarding houses do not receive any outreach support at all and the periods of their un-wellness are more frequent than would otherwise be the case.*







*The relationship between mental illness, homelessness and suicide is also of great concern. A recent study undertaken in Canada of a sample of 330 homeless adults revealed that 61% reported suicidal ideation and 34% had attempted suicide. In*

*Australia, suicide is a prominent health concern. The Australian Bureau of Statistics reports that the average number of suicides per year is 2,320. Moreover, it reports that for those of Aboriginal or Torres Strait Islander decent, the suicide rate is 2.5 times higher for males and 3.4 times higher for females.*

*While actual suicide rates are notoriously difficult to ascertain, e.g. single occupant vehicle fatalities, we know that for Gippsland, the anecdotal evidence suggests that this region has the dubious reputation of having one of the highest suicide rates in the state. There would be no doubt that homelessness, mental illness and an absence of adequate support services would be contributing factors.*

*We can and should do much better than this. It is for these reasons, we strongly argue for the specially dedicated supported accommodation model mentioned above.*





*You will recall that we first raised this matter for supported accommodation at a meeting in Parliament House with government Members of Parliament in March 2011.*

*We are indeed grateful for your support, which in turn, resulted in the government's support for a project to construct special units of supported accommodation in Hyde Park road, Traralgon.*

*In the period since then, we have also experienced tremendous community support for this project. This has been both an uplifting, but humbling experience as communities in every electorate across Gippsland have rallied to our public appeal for financial contributions to the project and demonstrated overwhelming public support for the model of accommodation being proposed.*

*There is no doubt in our minds that our communities in Gippsland have embraced this model of accommodation for the mentally ill and clearly prefer to see their loved ones with a mental illness housed appropriately and supported, rather than neglected and left to fend for themselves.*



*We are therefore asking the state government to make provisions in next year's Budget for an allocation of funds to enable a roll-out of this supported accommodation model in at least ten (10) major towns throughout the Gippsland Region.*

*We estimate that the average cost for a 6-8 unit development is around \$1 million, so we are asking for a budgetary provision of \$10 million over 4 years.*

*This would be a meaningful regional pilot that could be progressively rolled-out across the state with funding from future Budgets.*





*Gippsland is a unique region for such a pilot program – its 250,000 inhabitants are spread-out over its 440,000 kilometres in many relatively small communities, some less accessible than others and many of them disadvantaged by their remoteness from mainstream services. The closure of Hobson's Park – the region's former psychiatric hospital in Traralgon, did leave a tremendous vacuum so far as the accommodation of people with long-term mental illness is concerned. A vacuum that has never been filled with normal social housing options, particularly when social housing is simply not available and even when it is, long waiting lists for social housing add to the disadvantage experienced by the mentally ill.*

*\$10 million over four years is not a "big ask." At 2.5 million per year, it is a small, small fraction of the running cost of the former Hobson's Park hospital and less than 1% of the \$300 million revised State Budget surplus, recently announced by the Government. When you consider that it costs around \$800 per day to fund a patient's stay in acute psychiatric care and an average stay is around 5 days, our accommodation model will also save the government money by reducing the number of incidents of un-wellness requiring acute care.*

