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

Organisation Name
Better Place Australia

Name
Mr Graeme Westaway

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

Introduction Better Place Australia provides a range of services targeted directly at supporting clients experiencing mental health issues. We also provide services to clients in states of heightened conflict associated with a broad range of pressures, such as family law matters, substantial debt issues and care for older family members. Better Place Australia welcomes the Royal Commission into Mental Health (Victoria) as an opportunity to review the system as it stands, the needs it addresses and the needs it does not. Our response to the terms of reference draws from our experience of delivering individual adult and child counselling, relationship therapy, family therapy, group therapy, family law mediation, financial counselling, family mental health support services, elder advocacy and empowerment services. In our experience there is a strong correlation between individual or family difficulties and crises, and incidence or risk of mental illness. This reflects the episodic nature of mental health conditions where the client can have experienced heightened levels of acuity and also non-symptomatic periods, and it also reflects the prevalence/risk of mental ill-health at key stages of life, especially points of transitions. In responding to the Commission's call for ideas toward changing the mental health system in Victoria and enabling people to experience better mental health, we are focusing on the overarching need for mental health supports and services to be considered systemically. Mental illness is not an isolated condition or circumstance. Support for people's mental health, wellbeing and resilience must be embedded in their lives and livelihoods, families and communities, attitudes and behaviours, as well as in public health and social and economic structures. One of the reasons Better Place Australia is able to respond effectively to the wide-ranging needs of individuals and families who also experience mental health concerns is that our approach is holistic, responsive and preventive, and implemented early, i.e. before difficult situations spiral into crises. We are able to identify emergent risk of mental health decline across a number of 'red flag' areas – relationship issues, family violence, child behavioural issues, caring for ageing parents, financial pressures – and are therefore able to integrate mental health support into everything we do. While a common path to treatment starts with a referral from a GP, the complexity of life means that the pathway to recovery must be accessible through many doors, factor in multidisciplinary expertise and support, and ensure sustained follow-through. This is the foundation for better (and interconnected) mental health support for individuals, families and communities, anywhere, any time, and at any stage of life. Better Place Australia is also mindful that the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health, currently underway, will have a bearing on this Victorian Royal Commission. The Productivity Commission's Issues Paper acknowledges that systemic reform is required if mental health outcomes, both individual and societal, are to improve. Any new 'system' will need to be supported by a transition to appropriate and effective governance, finances, services and programs. Any proposed changes to the mental health system in Victoria must be developed in parallel with that transition. In our submission to the Productivity Inquiry, we suggested that the focus on healthcare as the gateway to mental health service support is too narrow. Familial

context and life events present opportunities to intervene and respond to mental health conditions when people are supported through services that address the difficult changes that are happening in their lives. These opportunities for interventions are similar to a public health intervention model. We urge the Commission to look beyond health pathways and consider how the journey of a consumer at risk of experiencing a mental health issue could be better responded to by facilitating connections and pathway between systems in a more formal and integrated way.

Our response to Question 1: "What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?"

Better Place Australia's work across Victoria brings us into contact with individuals and families experiencing a range of stresses and complex issues at various stages of life. While we do provide specific mental health services, such as Family Mental Health Support, psychology services including child counselling, relationship therapy, family therapy, group therapy our other services of family law mediation, financial counselling, elder advocacy and empowerment services often include the need for a mental health response. We find a very strong correlation between mental health and crises related to personal relationship or financial circumstances. For our clients the current or impending crises may be:
• Elevation of current mental health condition into a severe mental health issue
• Family dispute where family violence is present and safety is an issue
• Elevation of family conflict into the Family Court
• Family fracturing where mental health of a member is present
• Child behavioural issues and family dysfunction
• Financial issues potentially leading to bankruptcy
• Care decisions for an aging parent or severe distress caused by an adult child's abuse
• Lack of local support services leading to crisis situations
• Clients falling through the cracks in their journey through the family courts, financial and/or mental health systems.

All of the above demonstrates that 'mental health,' 'mental illness' and 'mental health services' are complex concepts. However, at the same time, they are, and need to be seen as, part of everyday life. That is the understanding that needs to be grasped by the wider Victorian community, and the understanding that will enable deeper appreciation of what life is like for people who are living with mental health concerns, whether they are managing well or experiencing any number of crises. There is no place for stigma and discrimination. Every individual, family and community deserves to be 'mentally healthy', but everyone is susceptible to distress and illness, especially at times of change, transition, trauma or crisis. That needs to be understood by others in the communities and contexts concerned. Any attempt to improve a broader community understanding about mental health needs to start by listening to the voices of mental health consumers and carers, and involving people with lived experience of mental illness, and their carers and families, in codesign of evidence-informed promotional and educational material and information about how to access support. Any campaign to improve understanding and reduce stigma and discrimination needs to locate information about mental illness within a broader understanding of mental health and well-being – at home, at school, at work, at play and when accessing other services that on the surface appear to have nothing to do with mental health (family law and other legal services, consumer support, financial advice, disability services, social housing, employment services and Centrelink). Technology can be of enormous assistance to education and de-stigmatisation. Better Place Australia recently examined online tools used in support of clients' mental health, family law and parenting needs. There exists a plethora of apps and other interactive tools that actively help to

inform any member of the community about indicators of mental ill health, signs of increased risks and protective factors upon which to build, as well as strategies for getting through difficult times or supporting others to do so. Governments should continue working closely with organisations like Beyond Blue, the Black Dog Institute, ReachOut and others which do some excellent work in the area of de-stigmatising mental health and providing information about a range of online and face-to-face support. The Victoria Government would also do well to consider the communications strategy used for New Zealand's Well-being Budget, announced in May 2019. The Budget strategy identifies mental health as one of the priority indicators of a healthy economy and community. It uses language that promotes a better understanding of what it means for a society to be mentally healthy, and how individuals can be supported to live lives of purpose, balance and meaning, and experience a higher standard of living overall. Twelve domains of well-being are used: civic engagement and governance, cultural identity, environment, health, housing, income and consumption, jobs and earnings, knowledge and skills, time use (include online), safety and security, social and family connections and subjective well-being. Footnote: (1) Productivity Commission (January 2019), Issues Paper on the Social and Economic Benefits of Improving Mental Health: https://www.pc.gov.au/inquiries/current/mental-health/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?
"Question 2. "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?"
In considering the client's journey into a crisis state it is evident to us that prevention and early interventions in response to their situations would reduce the magnitude and frequency of a mental health crises. The nature of Better Place Australia's services is that we see clients who are at a stage of flux in their lives. This period of flux increases vulnerability to mental health issues and can trigger a mental health crisis if risks and supports are not identified and acted upon early. Recognition and support of the vulnerability of the client at these flux points, coupled with strategies to deal with such triggers, can reduce the likelihood of an episode of mental health crises. In our experience people who have, or are at risk of having, a mental illness, are also likely to be experiencing other stressors, including financial stress, relationship breakdown and family violence. Conversely, we are also keenly aware that individuals experiencing any of these problems are also at a higher risk of developing mental health issues - including anxiety and depression. Our services can respond to these issues - this enables us to provide consumers with holistic, tailored response which meets individual needs. Our joined up' approach is critical in areas where there is significant disadvantage including: low income; housing distress; high unemployment; high incidence of family breakdown/single parent families; low levels of education; and particular disadvantage faced by CALD and ATSI populations. These factors are all known to impact on mental health and well-being outcomes. Evaluation of our place-based approach to service expansion demonstrates improved client satisfaction and outcomes; referral pathways that are simple and quick; better access to services; and greater access to information for both referring agencies and clients.
Another key to effective mental health support is collaboration. Better Place Australia cooperates with PHNs (and previously Medicare Locals/Divisions of General Practice) to increase the efficiency and effectiveness of services for clients, particularly those at risk or who have a diagnosed mental health disorders. Our staff also participate in several PHN initiatives and have been involved in Headspace, Partners in Recovery, ATAPS, service pathways and service design forums. Having a multidisciplinary staff cohort is beneficial to foster internal referrals between services and warm referrals to external support agencies. Collaboration with PHNs has enabled us to improve coordination of care and link clinical treatment plans with community based service

care plans. Our current linkages with PHNs are largely with the South-Eastern Melbourne PHN, Melbourne PHN and Eastern Melbourne PHN. These links are supported by our strong local knowledge and links with the service sector. We have an existing physical presence across some of Victoria's most disadvantaged regions and flexibility for outreach support. There are a number of embedded and supported systematic interventions across the family law, aged care, financial hardship and school systems which we consider to be a vital consideration in an understanding of how best to support Victorians with mental health issues including risk of suicide. It is important to acknowledge and build on the strengths of existing services and system structures, while planning and implementing orderly transition to new arrangements. However, it is also important to understand and act on the upstream causes' that impact on the mental health and ill-health of Victorians. Prevention' of mental illness is not an isolated strategy. There needs to be full appreciation of the social determinants of mental health and strategies to reduce mental health risks associated with social inequality. Additionally, we also consider that Victorians should not be disadvantaged by their regional location or their disability. We will comment upon our perception of mental health issues and evident barriers to responding to them in regional areas under question 5.

2.1 Prioritise mental health support for children and young people - responding to " What can be done to prevent mental illness." While there are many possible answers to this question, a key response must be start young'. Better Place Australia has significant experience in supporting families with mental health issues through its funded mental health service supporting families in the Frankston and Mornington Peninsula areas. Frequently the carer in the family has a mental health issue. In this service we recognise that the identities of children prior to adolescence are in large part defined by their attachment to their carers. Mental illness in a carer can impact attachment to the child and therefore child mental illness. The supports available to primary school aged children, and for unwell parents of young children, need to be reviewed. In Victoria there are extensive support services for adolescents and young adults experiencing mental health issues, but the supports available to younger children, who also experience mental health issues, albeit as a result of different triggers, are significantly more modest. This warrants consideration. In considering the mental health support needs of primary school aged children we encourage the Royal Commission to focus on children's part developmental stages and needs.

The primacy of attachment to stable, supportive adults means that the roles of family, carer, schools and social groups are critical in providing an environment in which young children are more likely to experience positive mental health. In the Werribee and Melton area we took the initiative two years ago of placing a Better Place Australia child psychologist in three primary schools in the region for a one to two days per week. This is part funded through Medicare. The results of this initiative have been most encouraging although over subscription is an issue. We would urge the Commission to consider models for fully funded psychological support in primary school environments particularly those located in areas of social disadvantage. Example 1: A whole-of-family early intervention focus that works: Better Place Australia delivers Family Mental Health Support Services (FMHSS) in a number of disadvantaged regions. Our flexible, responsive, non- clinical mental health support services are tailored toward meeting the needs of children and young people affected by, or at risk of, mental illness, and their families and carers. The first step is to work with children, young people and their families or carers to address risk factors and strengthen protective factors for good mental health outcomes. We then provided intensive, long-term, early intervention support for vulnerable children and young people and we help their families identify areas of need which we then support through direct work, supported referrals to other services and/or structured groups for a period between 6 to 12 months. Short-term immediate includes information about mental health issues and support to access the most suitable services in the local community in order to promote good emotional health and well-being

in children and young people. At the same time, our community outreach and mental health education and community development activities serve to promote a greater understanding of mental illness. As a whole-of-family approach, FMHSS precludes working with a child or young person without the involvement of their families or carers. The outcomes for both children and families are many: children and young people have improved emotional health and well-being and can better manage the different aspects of their lives; families become better equipped to support their children and communities demonstrate better understanding of mental health issues that affect children and young people and what is available to support them. One of the reasons our whole-of-family approaches to supporting children and young people work so well is that we are deeply linked to local family service networks in multiple locations across Victoria, and several of our sites are co-locations with other critical service providers e.g. family violence response services, legal centres, job active agencies, local governments, community health centres, CALD agencies. We are well connected to housing providers including referral pathways with Launch Housing and Unison Housing, and AOD/addiction providers including Turning Point and First Step and Gamblers Help. We work with SEMPHN, local government and other service providers to raise awareness of youth mental health and provide community education around issues such as: health literacy, managing stress and anxiety, building resilience and identifying risks. Our work in schools in particular has allowed us access to young people who do not present at office locations. We have found schools are excellent at engaging parents who are otherwise disengaged, and in most instances we are able to gain sufficient consent to support the young person directly and work with them to build a comprehensive and effective personal and professional support network.

  2.2 Recognising other complex factors One of the keys to what works' in providing mental health support is the capacity to identify risks and needs, regardless of the context or presenting issues. For example, reports on financial stress and hardship consistently state there is a link between mental health issues and financial stress. The Salvation Army economic and social impact report (2018) found that 59% of their respondents found that managing their mental health and emotional well-being was their greatest challenge on a daily basis. Further to this 54% were unable to seek support from a friend or a family member and 43% had very limited social connections and reported feeling isolated most of the time. Dealing with a mental health condition has significant impact on an individual's ability to manage their everyday life, to seek and maintain employment and to participate in social activities all of which have significant financial effects. The unexpected costs that medical and psychiatric conditions involve are not accounted for in the disability pension scheme provided for by government so when people with disabilities are faced with high unexpected costs they struggle to gather the required resources. The Brotherhood of St Laurence found that people who are on disability support pensions consistently struggle to make payments and support themselves.   Within the context of assisting people with financial difficulties, Better Place Australia has been able to provide appropriate and sustained mental health support that goes beyond the person's financial needs (see Example 2, under question 4). Footnote (2): See Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). Strengthening prevention and early intervention services for families into the future. Deakin University and FRSA. Retrieved from: https://frsa.org.au/wp-content/uploads/2018/01/FRSA-Research-Report-Printable.pdf Footnote (3): The Salvation Army Australia (2018) Impact Report 2018 Footnote (4): Bowman, D. and Banks, M. (2018) Hard Times: Australian Households and financial insecurity, Brotherhood of St Laurence Research and Policy Centre "

What is already working well and what can be done better to prevent suicide?
"Question 3. "What is already working well and what can be done better to prevent suicide?"

Much of what we have referred to above is just as pertinent in the area of suicide prevention i.e. a focus on early identification of mental health issues, prevention and early intervention, whole-of-family strategies for working with vulnerable young people and support that is holistic and relevant to life contexts.   Our experience of working with children and young people indicates that untreated trauma and trauma exposure can be a catalyst to severe mental illness and suicide risk. Addressing trauma, especially in children, is an area requiring much more investment. We support the Productivity Commission Inquiry's emphasis on areas that have potential for preventing suicide and improving mental health: Facilitating social connection and relationship support as a key strategy for preventing isolation and escalation of mental health crises, particularly for people with mild-moderate mental illness. Improving mental health education and support for children and young people, as mental illness at a young age can affect schooling, family and friendship relationships, confidence and self-esteem which in turn affect the young person's log-term potential to participate fully in life. Concentrating suicide prevention and specialised support, and post-suicide counselling and support, in disadvantaged groups and regions where the incidence of suicide is far greater than in the wider community. This includes Aboriginal and Torres Strait Islander people, the LGBTIQ community, people who also experience a disability and people living in low socioeconomic regions where support and services are minimal and the risk of social isolation and deteriorating physical and mental health is high. Taking better account of the episodic nature of some mental illness when seeking to integrate services and provide continuity of support, in order to ensure seamless support at different levels of intensity and frequency, in response to need. Offering easy access to mental health support at the right time in a health system setting or in another more timely location. "

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.

"Question 4: "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.""

Good mental health' equates to the sum of a number of well-being factors emotional and social well-being and the strength of family and relationships, personal and community safety, material well-being including housing and financial security, education, social and economic participation. The fine balance of risks and protective factors can often depend on a person's capacity to find support in non-health care contexts social support, counselling and relationship strengthening, parenting, financial or legal advocacy, secure accommodation, and help with school or work. In considering the client's journey into a crisis state it is evident to us that early interventions in response to their situations would reduce the magnitude and frequency of a mental health crises. The nature of Better Place Australia's services is that we see clients who are at a stage of flux in their lives. The impact of this life stage flux is an increased risk of mental health issues. We believe that recognition and support of the vulnerability of the client at these flux points can reduce the likelihood of an episode of mental health crises. Mental health and ill-health cut across all facets of life, so it makes sense that mental health support should also embrace whole of life' strategies. There are a number of embedded and supported systematic interventions across the family law, aged care, financial hardship and school systems which we consider to be a vital consideration in an understanding of how best to promote good mental health, and support people at risk of, or already experiencing, mental illness. A better designed family law system, for example, would ensure the awareness of support that could potentially benefit those who are vulnerable and at risk of developing a mental health condition, chronic or otherwise. This would include the separating couple and their children. Current mental health services are more aligned

with health networks, yet we can see evident benefit in aligning mental health support with family law processes and financial hardship processes. Example 2: the link between mental health and financial difficulties We observe a connection between an external stressor and mental health in our Financial Counselling and Capability service. The presence of financial hardship can trigger significant psychological stress. Financial hardship can also perpetuate and escalate mental health issues as the lack of financial resource can prevent a client accessing physical locations in which support is offered. The lack of financial resources can also prevent clients from accessing their personal supports, without which professional supports are often in greater demand. We observe a strong correlation between financial hardship and mental hardship'. We urge the Commission to consider the timeliness of mental health support to those who are experiencing debilitating stress from their financial situation. In the redesign of a mental health support system we envisage an appropriate tie in between two systems - i.e. Mental Hardship & Financial Hardship. This tie in would enable direct warm' referrals into a psychological service through financial counselling agencies. As of April this year Better Place Australia will be running a debt help line that receives calls from financially stressed people this will be around 2000 Victorians per year. A more supportive mental health system would be working with and alongside such an agency. Better Place Australia also draws the Commission's attention to another system that would benefit from better alignment of a change in a person's situation and the elevation of their need for mental health support. This is the family law system. As described in section two of this submission we consider that a better designed system would ensure the awareness of the potential and the availability of support would greatly benefit those who are vulnerable and at risk of developing a mental health condition, chronic or otherwise. Current mental health services are more aligned with health networks, yet we can see evident benefit in an alignment with family law processes and financial hardship processes.

Example 3: mental health and disability There is an inconsistent idea of how many people with an approved NDIS plan are receiving funding for counselling services. There are certainly a small percentage who are receiving funding for assessment and intervention around behaviour management. However, the number who receive funding for counselling for low-prevalence disorders, such as anxiety, depression and moderate mental illness seems to vary greatly. This appears to be dependent on the NDIS planner as well as how effectively the client advocates for this service. The interpretation of the funding guidelines is also not consistent. This is impacted by the overlap of Medicare and PHN funded services as the NDIS will not fund a service where it seems that another funding source is available and, in particular, where the service can be funded by the health sector. At the recent NDIS Mental Health Conference (Melbourne, 2018) it was evident that the mental health sector is fragmented. There are services being funded and provided through hospitals and area mental health services, which are usually acute services but not always.   There are services funded through the PHNs, services funded through the NDIS and now there will be additional funding through the PHNs for the Psychosocial Support Program. This is primarily a case management-style of program with outreach comprising a large component. This appears to be, in part, an effort to replace the community mental health services which were previously funded by the Victorian State Government. There are also services being funded through Medicare. The NDIS's stated intention to gradually phase out agency-funded plans means that clarity around access is paramount. Decisions around access that are made by anyone other than the individual or those with only the best interests of the individual at the forefront are antithetical to the original ethos of the NDIS. The net result for many people who use, or need access to, these services is that they are often faced with a disparate, confusing service system. Because of this there is a clear need to investigate opportunities for better service integration and multi-disciplinary work. Many mental health conditions particularly low prevalence

ones are characterised by shifting symptoms, oscillating to and from acute to high-functioning. This means service providers should be able to offer support which address a wide range of co-morbidities and this is not always the case. Service integration and flexibility is therefore a key component of best practice and should be addressed by the Royal Commission. Footnote (5): National NDIS Mental Health Conference: Mental Health Policy, Practice and Reform: Getting it right in a time of change, 31 October-1 November 2018 "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"Question 5: "What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?" 5.1 Regional access In all of our services we are aware of a strong relationship between the geographic location of our clients' homes and the availability of mental health services for those clients. Those in outer suburban, regional and rural areas clients are either unable to access services or our mental health service providers are inundated with referrals, many of them beyond the scope of our intended service delivery. The inconsistent distribution of services means that we see clients later in their experience of mental illness, often at a higher severity when compared to the clientele of our inner suburban offices. Any proposed changes to governance and funding of mental health programs must address the unequal distribution of services across Victoria. We have a strong regional presence in the Latrobe Valley where we operate a Family Relationship Centre in Traralgon and outreach locations in Bairnsdale, Leongatha and Warragul. The Latrobe Valley is an area of evident economic disadvantage. We note that mental health services are spread thinly in the Latrobe Valley and that this poses access issues for our clients who we think would benefit from a psychological intervention. As we described under Question 4, the interrelationship between financial and family relationship health and mental health is strong. In reviewing both the regional deficiencies in service availability, the Commission should consider opportunities for better supporting residents through various referral pathways, not only community health.
Victorians should not be disadvantaged by their regional location or their disability. Example 4: Improving the mental health of young people a region of high disadvantage The Shire of Cardinia is noted for its high socio-economic disadvantage profile, and high reported incidents of poor work-life balance and family violence. Cardinia residents report a lack of community services, including affordable health services.   The Shire experiences a larger than average percentage of younger people. In a 2018 survey conducted by the Cardinia Shire Council, 46% of young people aged 14-25 reported anxiety, 42% reported being unhappy, 39% experienced mental health issues and 24% had thoughts about, or attempts at, suicide. In addition, 59% experienced stress and 42% were concerned about school pressures. When asked what services would help, 55% want more mental health services, 56% wanted services that help them to find jobs and 50% wanted services offering career pathways, while 43% wanted education options. Finding from the Cardinia Shire Council's 2015 Youth Survey also report that 15% of parents of school aged children report their families experience high or very high rates of stress, compared to the Victorian average of 11%. In addition, symptoms of depression are higher in Cardinia school children than in Australia generally in Year 8, 51% of children reported higher levels of depressive symptoms compared to the Australian measure of 41%. The Council identifies the top five issues of concern for youth living in Cardinia Shire as directly relating to mental health and well being: Stress (School or work related): 35%; Stress (other): 31%; Being Unhappy: 29%; Anxiety: 22%; Body Image: 18%; Bullying: over 25%; Eating disorders: 8% (compared to the Victorian average of 2.5%) The high rate of childhood mental disorders in this LGA indicates a need for youth mental health expertise to assist young people directly and to support their families and carers. Better Place Australia's services, including at our hub in Narre Warren, offers FARS, SCASP, private psychologist clinicians and

family mediation. This suite of services is well placed to provide a comprehensive wrap around to the family of a child with a mental illness and to share expertise with any new services we may establish in the region. The Cardinia Shire has prioritised outreach support for young people experiencing mental health issues and related health and well-being concerns, and a number of non-government agencies offer certain levels or types of support in various locations across the Shire. While information about individual services can be found via various websites and physical locations, a key gap is the seamless joining up' of supports for young people whose needs stem from several or even many risk factors. What is needed is holistic, wrap-around support for young people within a family systems approach and as part of a forward-looking plan to build protective factors for a stronger, better connected and supported future. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"Question 7: "What can be done to attract, retain and better support the mental health workforce, including peer support workers?"
This topic is also one of the considerations of the Productivity Commission's Inquiry into the social and economic benefits of improving mental health. The Productivity Commission's Issues Paper notes that the configuration and capabilities of Australia's mental health workforce, i.e. those healthcare workers who deliver mental health services and supports, reflect past models of healthcare and so may need to change in order for government reforms to be effective in improving where and how care is delivered. The Paper points to the workforce challenges such as high worker turnover and the difficulty of recruiting skilled and experienced workers, especially in regional and remote communities, and to challenges faced by informal carers whose commitment to providing emotional and day-to-day living support, including coordination of treatments, often comes at a significant cost, not least their own reduced workforce participation and income generation. While the employment of peer support workers is having good outcomes, the most effective engagement of peer workers remains subject to ongoing research. We recommend that workforce recruitment and retention strategies be developed systemically i.e. from a foundation of multi-disciplinary, cross sector and lived experience- informed team work. Better Place Australia's own clinical and social support services operate from a whole-of-person perspective and our service structures enable us to offer wrap around' support, whether directly or through warm referrals to other services/organisations. This helps us retain a skilled workforce where staff work collaboratively and share learning and expertise in order to achieve the best possible outcomes for clients. Continuous improvement and positive client feedback are important factors in maintaining staff well-being and resilience in the face of often stressful situations. Recruitment of mental health staff outside of the Melbourne metropolitan area is hindered by a number of challenges. Availability of suitably qualified staff seems to be in inverse proportion to the distance from the CBD. We recommend that incentives are put in place to encourage mental health professionals to work and live in regional areas. Mechanisms such as above award wages, regional supplements or settlement incentives would significantly improve recruitment prospects. "

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
"Question 9: "Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?"
Priority should be placed on improving mental health and wellbeing outcomes through prevention and early intervention at critical transition points of the life course early childhood and adolescence; schooling; parenting; relationship changes including separation of parents; loss of employment; disability; older age.   An ideal system would reflect a public health model of

psychological and social support, and prioritise targeted care for the most vulnerable, including people living in low socio-economic regions or experiencing disadvantage such as housing insecurity, ATSI and CALD and LGBTIQ In an ideal system, a range of supports would be readily available for anyone experiencing mild-moderate mental illness, and they would be accessible through a range of life contexts, from early childhood settings through to aged care. Given our experience with families is crisis, we believe a high priority should be placed on supporting young people. As mentioned under Question 2, there is an urgent need for trauma support services to be improved, especially in relation to children. Ideally the available responses to mental health issues should be expanded to include a non-health system-based service places. We recommend clearer availability of services at family service places where there is inevitable elevated family stress such as Family Relationship Centres, Family Law Courts, Financial Counselling service locations and Community Centres. Services engaging young people would be youth informed, youth-centric and highly engaging, offering flexible support and access to counselling, individual and group sessions and information and resources. Support will be person centred and family centred, multi- disciplinary and multi-faceted so that young people can be connected with other service and therapist engagement options, from digital through to in person face to face contact, allowing them to select the intervention channel which best suits their needs, including GPs, psychiatry, allied community services, family counselling and family therapy, and other social, emotional and practical support. A youth friendly service and focus will embrace safe and inviting counselling spaces, non-judgmental, accessible and respectful language, and a trauma-informed and recovery-focused approach to mental illness. "

Is there anything else you would like to share with the Royal Commission?

"Question 11: "Is there anything else you would like to share with the Royal Commission?"
Better Place Australia is a not-for-profit agency in Australia that has been providing family dispute resolution support, relationship support, psychological services and financial counselling for over thirty years. During this time, we have evolved into one of the most successful providers of relationship services in Victoria. From 28 locations, Better Place Australia supports over 8500 Victorians every year, many of whom are experiencing family, relationship, financial issues and other related challenges. Better Place Australia enjoys a strong relationship with organisations in the community, in the not-for-profit sector and maintains excellent State and Federal Government ties. We have developed a reputation as a high performing and trusted partner providing family support services. Creative and innovative thinking is instilled in our culture; with a core focus on quality, performance and consumer-centric service delivery. Our doors are open to a wide range of people from all walks of life. Our family support services range from alternate dispute resolution, financial counselling, psychological services, child & relationship counselling to support and conflict resolution services for older people. This includes a suite of school and parent group programs offering in-school programs from professional development for staff to individual psychological services for students."