

Collective submission to the Royal Commission into Mental Health

Draft outline

July 2019

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Background

The Victorian Royal Commission into Mental Health is the first of its kind in Australia and one that provides an opportunity to improve the health and social outcomes for those living with a mental illness.

In Cardinia, the Health and Wellbeing Strategic Leadership Group was established in 2018 to advocate, collaborate and deliver on a collective action plan consisting of 10 community actions or projects to achieve over the three year plan term.

Members include senior management level representation from Wellways, Mind Australia, each, Southern Migrant & Refugee Centre, Victoria Police, Wayss, Windermere, Mental Health Victoria, Ermha, Uniting, Monash Health, NDIA and the Department of Health and Human Services.

This group felt it relevant and necessary to provide comprehensive feedback and recommendations on how to reform the current mental health system in Victoria.



The Cardinia Mental Health and Wellbeing Strategic Leadership group would appreciate an opportunity to speak to our report at an upcoming Public Hearing.

The following five questions raised in the Terms of Reference for the Royal Commission, were deemed as a priority for the strategic leadership group. We have specifically responded to these five points in this submission:

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.
5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
8. 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?
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?
11. Is there anything else you would like to share with the Royal Commission?

Introduction

Demographics

Cardinia Shire is located south-east of Melbourne and is one of 10 'interface councils' around the perimeter of metropolitan Melbourne. The primary urban centre is Pakenham (55 kilometres from Melbourne's CBD). The shire has a large rural population; 27 rural townships exist outside the urban growth area, resulting in unique service provision issues.

The Cardinia Shire residential population for 2019 was 115,400, comprising around 39,600 households [1]. These figures are expected to grow significantly over the next 10–20 years, seven families are moving into the Shire each day.

Primarily, our community is characterised by young families however, in line with the national trend, our population is increasingly ageing. Over the next 10 years (2019-2029), forecasts for Cardinia Shire indicate a 56 per cent increase in population under working age (under 15 years of age), a 55 per cent increase in population of retirement age (70+ years), and a 43 per cent increase in population of working age (15-69 years) [1].

Mental health in Cardinia Shire

Along with an influx of new residents, many of our residents, both urban and rural, are facing hardships. Due to the Shire's geographical location, many residents are experiencing long commutes to access employment and social services. Increases in the cost of living including food, petrol, mortgage and rental rates produce inevitable social challenges that Council and service providers seek to address these challenges by engaging in collaborative and partnership opportunities. As the population increases, higher levels of demand and continuing gaps in services can result in poor outcomes for families.

- 15% of adults experience high or very high psychological distress, compared to 12.5% of Victorians with 8% of adults unable to work, study or manage day-to-day activities due to impacts of psychological distress [2]
- 19% of adults have reduced work, study or day-to-day activities due to impacts of psychological distress, compared to 15% of Victorians [3]
- Cardinia Shire has the highest rate of overnight hospitalisations for depressive episodes in the Southern Metropolitan region. [4]

Main challenges relating to mental health in Cardinia Shire

Many of the mental health challenges experienced in Cardinia Shire are caused, in part by:

- Inadequate infrastructure, specially for mental health and other community services,
- Transport options and affordable housing
- Insufficient services, especially those early intervention services
- Infrastructure and services not keeping pace with rapid population growth

Residents also face barriers to accessing services because of financial vulnerability and cultural and linguistic diversity.

- 44% of residents have a low income of less than \$650 per week [5]
- 77.3% of all housing stock in Cardinia Shire is three and four bedrooms leaving very little housing stock availability to lone persons [5].
- 11.2% of Cardinia Shire residents speak a language other than English at home [5].
- 61.9% of our residents travel outside of the municipally to work [5].
- 70.9% of Cardinia residents travel to work via car in comparison to 60.2% for Greater Melbourne [5].

Intensifying the issue

Family violence

- An average of 4 family violence incidents are recorded per day across the municipality (a total of 1434 a year) [6].
- Children were present at 43% of family violence incidents [6].
- Cardinia Shire has the second highest rate of incidents (1493.9) per 100,000 population in the Southern Metropolitan Region [6].

Alcohol and Other Drugs

- The percentage of drug and alcohol clients per 1,000 population is 10.4%, significantly higher than the Victorian measure of 5.8% [7].
- The percentage of parents who reported an alcohol or drug related problem in the family is 5% compared to the Melbourne metropolitan average of 3.1% [8]
- 56.5% of 15-17 year olds in Cardinia Shire reported drinking in the past 30 days, almost double the Victorian average of 24.7% [9]
- Rates of presentation to hospital for harm caused by illicit drug use amongst young people aged 15 to 24 (67.4 per 10,000 population) was higher than the Victorian average (46.7 per 10,000 population) [10] (Turning Point AOD Stats, 2016-17)
- 18% of adults are current smokers, compared with 13% of Victorians [2]
- 17% of adults who smoke are daily smokers, compared to 10% of Victorians [2]
- 20% of expectant mothers smoke during their pregnancy, compared to 11.5% of Victorians [11].
- Cardinia has the third highest rate of Lung Cancer in the South East region [12]

Obesity

- 25% of adults are obese, compared to 19% of Victorians. For females, 28% of the population is obese, compared to 17% for Victoria; and for males 21% of the population is obese compared to 20% for Victoria [2].
- 12% of adults consumed take-away meals between 1-3 times a week, compared to 9% of Victorians [2].

The ‘Cardinia story’

Liveability framework

The *Liveability Plan 2017–29* (Municipal Public Health and Wellbeing Plan) sets the strategic direction for improving health and wellbeing across the shire for the next 12 years. Developed in conjunction with RMIT, the plan is underpinned by comprehensive data analysis and driven by a unified partnership alliance. The plan addresses seven key policy areas and identifies seven health and social priorities for Cardinia Shire. The plan can be accessed on Council’s website:

<https://www.cardinia.vic.gov.au/liveabilityplan>

Key priority outcomes

Council has identified seven priority outcomes specifically for Cardinia Shire, through a comprehensive analysis of health and social data provided by government departments, peak health agencies and local service organisations, along with community consultation. **Mental Health is one of our most significant priorities.**



Response to the Terms of Reference

1. 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

Lack of services...

The critical services shortfall currently experienced within Cardinia places demand and pressure on existing services that are already working to capacity.

The table below highlights the service provision gaps experienced in Cardinia [13].

Type of Preventative Service	Cardinia Rate of service provider per 1,000 population		
Psychologists	0.012	-94.49% lower than metro Melbourne	-98.10% lower than Central Region
Occupational Therapists	0.060	-80.78% lower than metro Melbourne	-89.73% lower than Central Region
Pharmacists	0.14	-56.62% lower than metro Melbourne	-85.23% lower than Central Region
Physiotherapists	0.050	-83.23% lower than metro Melbourne	-93.01% lower than Central Region

Accessibility and cost of services...

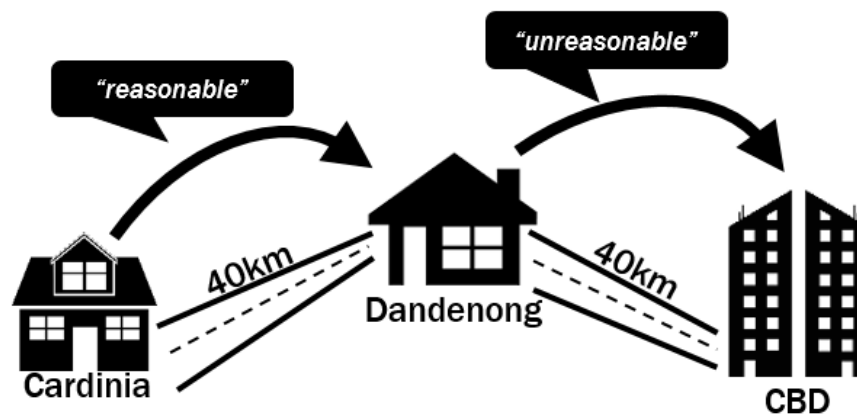
Long wait lists and substantial price points can lead to a lot of the community going without appropriate health services, which potentially leads to a high level of Emergency Department presentations due to complex mental health conditions.

- Based on a 'cost driver' of \$79.24 for each Occasion of Service there is a potential \$7.24m funding gap for mental health services across Interface Councils [14].

Excessive commute for services...

Due to the lack of services available within the Shire, the closest service providers for Cardinia Shire residents is often located at Dandenong. The requirement for people to travel outside the municipality to gain access to required services is another common challenge for residents within Cardinia.

A resident having to commute between Dandenong and the Melbourne CBD is deemed an 'unreasonable expectation' whilst a resident having to commute from Cardinia to Dandenong is deemed a 'reasonable expectation'. Why is this? Are both expectations not deemed unreasonable? Allied health services should be available within your own municipality without the requirement to travel or commute excessive durations.



Poverty and housing insecurity...

Poverty and housing insecurity are key concerns for people experiencing mental health issues. People experiencing insecure housing or other forms of homelessness often face barriers to accessing mental health services because their more immediate needs take priority.

The Housing First model prescribes safe and permanent housing as the first priority for people experiencing homelessness. Once housing is secured, a multidisciplinary team of support workers can address complex needs through services like drug and alcohol counselling or mental health treatment. However, an individual's engagement with these support services is not required for them to maintain accommodation. Each individual is assisted in sustaining their housing as they work towards recovery and reintegration with the community at their own pace.

Recommendations

The strategic leadership group recommends investment in outer growth corridors to enable adequate levels of locally based services and supports for the community.

This should include strategies and funding to establish

1. The development of a workforce strategy with particular focus and regard to regional needs and regional population growth. This would assist in the identification of high needs such as 'out of hours' GP support services.
2. Additional psychologists, psychiatrists and allied health professionals based in the municipality
3. Adequate funding to attract community based mental health services to establish a presence (rather than in-reach into the region)
4. Invest in supporting and encouraging collaborative working groups within Cardinia such as the 'Mental Health and Wellbeing Strategic Leadership Group' allowing collaboration, strategic planning and outcome focused actions at a senior management level.
5. Understand and identify the critical relevance in sharing information about the community programs and services especially new families given the growth rate..
6. Expand on the existing 'GP's in school' program to offer this type of service at various community locations such as the library's and community hubs.
7. Support the creation of a mental health centre where a 'front door approach' is provided in local communities. For example, the development of a '1800 CARDINIA' type hotline number would allow people experiencing initial mental health concerns an opportunity to ring for locally based and focused assistance (not in competition with services such as 'Lifeline'). Having a localised number would allow us to provide not only one on one support but also refer them on to a range of services such as allied health, sporting clubs, social programs and counselling etc. Having a phone line like this available will foster more confidence in accessing localised preventative services.

2. 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 services...

The critical lack of available and affordable mental health services is having a direct impact on Cardinia's community. 35% of residents feeling that mental health, counselling and support services are not currently available locally but would make their life easier if they were [15]

Mental health service provision is significantly lower (-22.32%) across Interface Councils than other inner Melbourne Councils, with Cardinia having the second lowest provision rates per 1,000 population [14].

Cardinia's rate of registered mental health clients per 1,000 population is among the lowest in the state [7]. This indicates that our residents are not receiving the services they require. The flow on from this critical issue is evident with Cardinia having the highest rate of overnight hospitalisations for depressive episodes in the Southern Metropolitan Region [4].

Without access to critical mental health services in the early stages of the onset of illness, Cardinia residents will continue to reach a point of crisis before receiving services.

Young people...

A high portion of Cardinia is children aged 0-17 (27.2% compared to 21.8% for Victoria [16]). Subsequently, the Shire is seeing an influx of youth related mental health challenges also.

- 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% [8].

Transport...

Transport options in Cardinia are inadequate. 70.9% of Cardinia residents travel to work via car in comparison to 60.2% for Greater Melbourne [5] and only 43.3% of residents residing near public transport [17]. 61.9% of our residents travel outside of the municipality to work [5] which results in excessive travel time and additional stress and anxiety.

Young people are also especially disadvantaged in an area where most people use cars as their first and only mode of transport.

Financial vulnerability...

Financial stress and vulnerability are higher in Cardinia Shire in comparison to Victorian averages. 13% of the population experience mortgage stress, compared to 11% for Victoria and 27% of the population experience rental stress compared to 25% for Victoria [7]. In 2018 Pakenham experienced the highest rate of insolvency in Victoria, (second highest in Australia) [18].

Social connection and cohesion is the essence to healthy communities...

Social cohesion holds communities together. It is about people being connected and included and feeling part of the community. It refers to the sense of trust within neighbourhoods and peoples willingness to help their neighbour. Without appropriate or substantial community infrastructure, our community can be challenged in feeling connected to the area.

Recommendations

The strategic leadership group recommends investment in outer growth corridors to enable adequate levels of locally based services and supports for the community. This should include strategies and funding to attract service provision into the local region. The leadership group suggests the following be considered:

- Prioritisation of funding into outer growth corridors and regional centres enabling greater infrastructure outside of the city fringe.
- The Victorian Government partners with Local Shires to establish a joint mental health plan for the region, addressing specific local issues
- This information could be shared through a 'new resident resource pack' model and be distributed through a number of stakeholders including Council, Library's, GP clinics, allied health professionals, MCH, real estate agents, developers etc.



3. 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?

Social inclusion programs...

Connection to the local community through a diverse range of social inclusion programs provides positive opportunities for those with a mental illness.

Participation in these programs ensures that those living with a mental illness can connect with others and the local community.

The promotion of such programs are critical to their success and often a challenge for providers.

The inclusion of these programs in a regular promotional schedule (i.e. new residents pack) would benefit the community and provider.

The critical importance of education...

Connection and participation in education of all levels can foster independence, confidence and human interaction.

Taking a preventative approach to mental health through our education settings is critically important. There is a need to prioritise further school programming and curriculum for young people through 'train the teacher' platforms.

Recognise and promote the critical importance of taking a 'preventative' approach to mental health

Get active...

There is growing recognition of the health benefits of regular participation in physical, art and social activities within the community.

Often one of the main reasons for lack of participation is the challenge of associated 'costs' and access via travel opportunities.

In Iceland, youth tobacco, alcohol and drug use has dramatically decreased in the past 20 years since the implementation of their 'Project Self-Discovery'.

This project focused on replacing drug use and crime with a 'natural high' outlet such as participation in local music, dance, art or sport.

The idea was to provide young people with an opportunity to access a program suited to their particular needs at no cost with referrals being made through school teachers, counsellors and nurses.

The outcome of this particular project was astounding and one that could be implemented in Victoria.

4. 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?

More collaborative less competitive...

Fostering a more collaborative approach to community service provision as opposed to competitive, leads to more positive outcomes for the community.

Collaborative working groups within Cardinia such as the 'Mental Health and Wellbeing Strategic Leadership Group' allow collaboration, strategic planning and outcome focused actions at a senior management level.

Collaborative groups of this nature are essential in moving forward and ensuing reform within the mental health sector.

Change the model...

Greater focus on outreach for mental health services – moving from 'come to us' model to 'based in your neighbourhood' model.

This improved model could be integrated into an adult mental health centre of services.

Break the stigma...

Promote the diversity of mental health using a 'Humans of New York' style campaign through multiple media platforms. This will highlight mental health through the story telling of people living with a mental health condition. A promotion of this nature hopes to 'normalise' people living with a mental illness and foster courage for people to seek services.

Cardinia local services would partner and participate in this campaign collaboratively to get the message across.

It is generally assumed that the term 'mental health' relates only to those suffering from a complex mental health condition. The term mental health should extend to include people taking a preventative approach to their mental health also.



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

Evidence based learnings...

The commitment of the Victorian Government to implement recommendations from the Royal Commission into the Mental Health is commendable. Given the potential size and complexity of implementing the recommendations it would be prudent to heed some learnings from the recent implementation of recommendations from the Royal Commission into Family Violence.

The roll out of the recommendations needs to be staged and highly coordinated. Change is required however consideration needs to be given to how any change will impact services and funding already available and how changes may complement current on the ground services. It would perhaps be beneficial to map current services to identify how the implementation of recommendations will impact programs that will potentially remain as they are. The imperative is to improve the system, not to confuse it more. The Mental Health sector should be consulted throughout this process to assist in a timely and well thought through implementation.

Isolation is hurting growth communities...

Not underestimating the high impact isolation is having on communities such as Cardinia. High growth area, small block sizes, inadequate community spaces and a large culturally and linguistically diverse population leads to lack of social cohesion and connection.

Greater investment is required in a broader community development approach.

Mental Health Centre...

A hub of centralised services is required to provide a more collaborative, integrated and streamlined approach to mental health care.

This model would allow relevant agencies to co-locate and work together to provide positive outcomes for the community.

The SEMPHN Core Needs Assessment 2018 identified that adopting a collaborative, integrated and streamlined approach to care, would result in:

- More streamlined and efficient referral pathways
- Enhanced clarity on “who is responsible for each aspect of treatment/care”
- Greater continuity of care including staff who remain involved as a patient’s point of contact throughout the disease trajectory
- Fewer assessments undertaken and less burden on clients and staff when client information is shared across the system



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