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

Organisation Name
N/A

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Continue media campaigns. The campaigns around depression by Beyond Blue have been great in reducing stigma around depression. It would be good to target psychosis and Borderline Personality Disorder, as well as types of trauma. Keep funding Mindframe to work with media and production companies around best practice in opening up the conversation about mental health without stigma. "

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?
"Mental illness is often strongly related to early trauma, disconnection, and loneliness. There needs to be community measures to reduce the surprisingly high number of people in our society that have experienced childhood abuse and neglect. Children who have a high number of Adverse Child Events (ACEs) have significantly poorer mental and physical health outcomes, which result in high service use and poor productivity (see www.acestoohigh.com). There are examples of child abuse prevention strategies in the US and Australia needs to research and implement these strategies for the health of our nation. Continuing the work into Family Violence interventions as well as targeting the prevention of child abuse through education, as well as early intervention is imperative. Large community events can assist in reducing loneliness and disconnection. Funding into Community Arts projects would help in prevention of mental illness and spaces where people can attend and feel connected. Once people have contact with mental health, they often come through their GP or the Emergency Department. ED mental health clinicians are often involved in assessment and referral on for patients presenting to ED with mental health issues. However, there is little education and intervention provided. Funding for psychologists to be located in emergency departments to provide brief, solution-oriented interventions and linkages would reduce people being discharged with no intervention or follow up. Monash Health has the Agile Psychological Clinics, where people are referred straight from ED to brief psychological intervention and linkage to longer term supports. Every hospital in Victoria needs to have this service so that people receive intervention early and can be linked into further supports. Safe Haven cafes have been developed to reduce people presenting into ED with mental health issues that may be more related to feelings of loneliness and disconnection. Consideration into expanding Safe Haven cafes into most hospitals may help reduce the number of people repeatedly presenting to ED for mental health issues that are not acute. "

What is already working well and what can be done better to prevent suicide?
"Working well: Hospital outreach post- suicide engagement (HOPE) teams are catching people falling through the gaps after a suicide attempt and providing intensive support at the time that re-attempt of suicide is highest. Every mental health service/major hospital should have a HOPE team. There are currently only 12 sites in Victoria. It would also be beneficial for a tender to a

university/research body to be attached to the HOPE funding to assist in developing an evidence-based program that can be evaluated and contribute to suicide prevention research knowledge. Increased capacity for HOPE clinicians to be able to consult and provide support to other parts of the hospitals and mental health services to build capacity across the health system to prevent and respond to suicidality.   Primary health networks - place based suicide prevention   Awareness raising campaigns such as R U OK? day Mindframe and the focus on the consideration of language in the media around suicide to raise awareness about reducing stigma in talking about suicide, but also reducing the risk of copycat suicides.   Men's mental health week and a focus particularly on improving communication for men.   Opportunities for GPs to train in safety planning and suicide intervention as they are often the first point of contact.   What can be better? People reach the point of suicidality often due to various psychosocial stressors, such as housing stress, unemployment, financial stress. However, one of the biggest triggers of suicide is relationship stress and breakdown. There needs to be media campaigns that openly talk about the fact that men account for 75% of suicides so that people know to be aware. Also, media campaigns on how men have managed relationship break ups and stress, across many forums where men may see it. They need to portray men that wouldn't usually talk, that other men can relate to.   Better training of health professionals in suicide prevention strategies and safety planning in universities. Students are taught risk assessment, but not how to intervene in a way that is evidence based and helpful.   Upskilling snd support of non-health professionals who have contact with people in psychosocial stress, such as complaints and regulation authorities. Clear policies and procedures to assist staff to respond to suicidal people will help with early identification and prevention. "

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.

"The number of Medicare sessions available to people with mental health conditions is not evidence-based (10 sessions). People need to be able to access more sessions if needed. See Australian Psychological Society submission re Medicare suggestions. People are also waiting up to 6 weeks to see a psychologist as there are no other options available to access support.   The Primary Health Networks have good programs, but they are overrun and waitlists are also up to 6 weeks before people can receive intervention. It is unclear how to access these services from a mental health clinician viewpoint, so it must be very hard for members of the public to navigate this system. One contact and referral point would be helpful to assist in system navigation.   The Alcohol and Other Drugs sector is also difficult to navigate and people are often moved between mental health and AoD services. Co-location of AoD and mental health services would be helpful. Also, super clinics' that co-locate mental health, AoD, employment, housing and psychosocial supports throughout Victoria would help assist in system access. "

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

"People who are unemployed have much poorer mental health outcomes. Newstart payments are not enough for people to live on, with the price of rent and living costs. This breeds hopelessness and helplessness in an already disadvantaged population. There is a shortage of jobs for people who are not university trained or skilled and people who are looking for jobs are unable to get them. Increasing the Newstart payments would decrease financial stress and allow people to be resourced enough to move out of survival mode and improve mental health so they are more able

to seek employment. Well resources employment agencies that can actively help people seek employment rather than meet paper based targets. LGBTQIA+ communities also experience poorer mental health. There has been a move in health settings for paperwork and places to be more friendly for people who are gender diverse and this is a good start. Support to schools to develop LGBTQIA policies and practices will work towards children who are gender diverse or same sex attracted feeling more included in their formative years in order to reduce the risk of poor mental health in the long term. A focus on community activities that are inclusive would also reduce stigma and discrimination. CALD communities also have poorer mental health outcomes. Media representations of different cultural groups has led to marginalisation of recent migrant groups. Positive media representations about cultural diversity may help. A focus on building capacity to understand and respond in a culturally appropriate way in each cultural community that has been identified as having poor mental health would be a priority. This could particularly focus on the next generation of children from migrant backgrounds to reduce intergenerational mental health problems. Women have specialist mental health needs. More awareness and treatment for women that include the interface between women's mental health and hormone treatment, particularly in the perimenopausal period. More bulk billing clinics in hospitals are needed where there is a co-location of physical and mental health treatments for women. An example of this is the Women's Mental Health Clinic through the Monash Alfred Psychiatry Research Centre (MAPrc). People with Borderline Personality Disorder have some of the poorest mental heath and physical health outcomes, with high levels of service use. The Spectrum BPD service has waitlists of months to receive specialised treatment and not many consumers are able to transverse this process. Psychologists (senior) embedded within mental health services that are employed to specifically treat and manage the system issues around people with BPD are needed. An example of this is the Agile Comprehensive Care service at Monash Health. Medicare also needs to fund evidence-based levels of psychological interventions for people with BPD, which is weekly sessions often for at least two years. "

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

"Family members are often excluded or not informed about their loved ones care. Extending mental health service opening hours would allow for contact with families who work full time and cannot attend during clinic hours. Family support workers could be a vital part of support to families and Carers. They work directly with families and can provide additional resources where clinicians are too stretched to work intensively with families. Increasing the lived experience carer workforce, particularly in more acute areas such as emergency departments. In the private psychiatry system families are often not contacted or involved, also in the public system. They often don't want heavy involvement but want their perspective heard. They also want to be informed about discharge planning and have their opinion heard about this. Carer specific workers may have facilitate this communication. "

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

"First and foremost having well resourced, clear governance structures for all disciplines. This starts in the DHHS Mental Health Branch, through hospital executive and into local mental health teams. For example, the Mental Health Branch has a Chief Psychiatrist and a Chief Nurse, but there is no Allied Health or Lived Experience representation at the same level. The Chief Allied Health Advisor sits in a different department and may not have even been a mental health

professional or had exposure to mental health services. This needs to change. Allied health professionals make up half of the community mental health workforce. Hospitals also need appropriate representation of Allied Health and Lived Experience in their executive structures. At present the Nursing EBA requires a Director of Nursing. No allied health or lived experience EBAs have the same stipulations, therefore there is a variety of structures in hospitals and mental health services across Victoria in terms of governance structures for allied health and lived experience disciplines. Each hospital needs to have a clear and designated managerial position for each of the Allied Health disciplines (Psychology, OT, SW) and for the Lived Experience workforce. Meaningful placements for students are also an imperative in the workforce development for the future. These come about, particularly in Allied Health, through having clear and supported structures, so that there are enough senior staff to supervise students on placements and also support junior staff. "

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 gold standard in employment support for people with mental illness is the Individual Placement and Support model. It is resource intensive, but also effective. There have been trials of this model in mental health services but they have not been maintained. This means people living with mental illness do not have access to the best intervention to help them gain meaningful employment. Co-location of mental health and employment services would be ideal, including access to IPS. In terms of social participation, the roll out of the NDIS has meant that people who were benefiting from the Mental Health and Community Support Services and are not on the NDIS no longer have access to psychosocial support that has helped with social inclusion. Not all people with mental illness who need psychosocial support will join the NDIS. Funding for MHCSS services to retain psychosocial support services for non-NDIS consumers is imperative. "

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?

"Intervention in the ED and immediate referral to services within the mental health services that can provide early intervention and supports, then linkages to other services as needed. Governance structures for workforce so all disciplines have clear managerial, discipline-specific governance. This also means that evidence-based interventions in each of the disciplines can be promoted and implemented. Disciplines providing specific work in a targeted way so people can access evidence based care Move away from medical model, where medication is not necessarily the first line of treatment "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"Start at the top ? appoint a Chief Psychologist, Chief Occupational Therapist, Chief Social Worker and Chief Lived Experience Worker in the DHHS Mental Health Branch so that governance structures for all disciplines can be developed and promote the most effective interventions for the public. Have the Centre for Mental Health Learning co-ordinate the development of evidence-based guidelines for services around interventions for all mental illnesses, including stages of recovery. "

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

N/A