Darebin City Council

Submission to the Mental Health Royal Commission

Friday 5 July 2019

Introduction

Darebin City Council is pleased to make this brief submission to the Mental Health Royal Commission.

Council's submission considers several of questions and where relevant provides specific recommendations in area which are relevant to government role and expertise in relation to mental health and wellbeing.

This submission focusses particularly on several key area re

- The significant impact of gambling harm on mental health.
- The relationship and intersection between homelessness and mental health
- The connection between Ageism, social isolation and the mental wellbeing of older adults
- The impact of discrimination, racism and disadvantage of mental health.

We content that these issues are of concern to the Royal Commission into Mental Health, with the evidence outlined in the paper below.

The Royal Commission has the ability to make evidence-based recommendations which, if implemented, could significantly improve the mental health of Victorians.

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

It is widely recognised that for people with mental health issues, the social stigma and discrimination may cause people to avoid getting help they need because of the fear of being stigmatized.

It is also evident that this stigma can be significantly compounded by a range of factors such as socioeconomic status, ethnicity, culture, faith or sexuality. This can create additional barriers for people with a mental illness to access the mental health system and support.

One approach Darebin has taken and recommends is supporting especially young people from Culturally and linguistically diverse communities to be provided access to training, which provides a platform for discussions around perceptions of mental health, as well as increase mental health literacy among younger populations.

Mental illness and disadvantage

There are neighborhoods within the Darebin community, in particular across the north eastern parts of Reservoir and Preston who experience significant socioeconomic disadvantage and poverty.

Darebin is home to a number of organisations who provide emergency relief support to individuals and families experiencing disadvantage. For many of the clients accessing these services mental health is a significant and often underlying issues to a range of poor health outcomes.

Due to the fear and stigma of mainstream services, or due to lack of accessible services, emergency relief providers are the first point of contact, and for some clients one of few services that they are regularly connected to. It is essential that these vital services are supported and resourced to adequately to respond to and connect people to mental health services.

Mental illness and culturally and linguistically diverse communities

Darebin a Council recognises that people from culturally and linguistically diverse backgrounds experience compounding layers of discrimination and exclusion to accessing mental health care and support. This may be further impacted by cultural stigma about mental illness and place responsibility for care on family members without adequate culturally appropriate support or education (Department of Health 2018)

Mental illness and the workplace

As one the largest employers in the Darebin community Council recognises the significant role it has in shaping attitudes and belief around issues such as mental illness, and supporting the wellbeing of staff who experience poor mental health.

Workplaces across Victoria, particularly public authorities can play a significant role in challenge negative attitudes and belief around mental illness and normalize the provision of support to staff who experience mental illness.

Recommendations

1. Drawing on this local context and evidence base, Darebin Council makes the following suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination:
2. Ensure emergency relief organisations and Neighbourhood houses are provided with the support, resources, training and referral pathways to assist their clients with mental illness to enter and remain connected to the mental health care system.
3. Ensure suburb level socio-economic data is considered in the planning and provision of mental health care services.
4. Continue to work with and empower culturally and linguistically diverse communities in the development and delivery of culturally appropriate prevention and early intervention strategies.
5. Supporting mental health service providers to improve cultural responsiveness and accessibility of mental health services to CALD communities.
6. Support workplaces to increase their capacity to respond to mental illness as a workplace issue through the delivering mental health first aid training and other supports.

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?

Accessing mental health support when an individual is experiencing unwell can be extremely difficult and alienating. While telephone help lines and services may be available, the fears and reservations around engaging with a stranger and the anticipation of stigma can mean someone does not reach out for help when they need it most.

Using a Place-Based Approach

Darebin Council has found that a place-based neighborhood community development approach is effective in identifying and reaching out to individuals experiencing social isolation and mental illness.

Using a community development approach in partnership with other agencies seeks to build relationships across the community, enhance neighborhood connections and support networks. This process has also enabled enables organisations to identify when community members may be experiencing declining health and wellbeing. The outreach provided by organisations into communities supports community members to gain confidence and trust in support services.

This place-based approach enables the National Support services such as Lifeline, Beyond Blue and the Suicide Callback Service to be even more effective.

Increasing capacity to respond

For Council, the delivery of Mental Health First Aid training has been an effective mechanism of increasing mental health literacy within our own and partner organisations. Greater mental health literacy supports the reduction of stigma across the population, increases the awareness and visibility of mental health issues, and improves staff's capacity to offer referral pathways and build mental health care considerations into their programming and planning.

Recommendations

Drawing on this experience, Darebin Council makes the following recommendations to prevent mental illness and to support people to get early treatment and support:

1. Encourage organisations where possible to adopt and support a place-based and outreach approach to service deliver, especially in communities which experience disadvantage and poverty.

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

Gambling harm and suicide

For this item Council will focus on the growing evidence base between gambling harm and suicide. The significant presence of known suicide risk factors among problem gamblers, including depression, anxiety and substance use disorders, indicates that problem gamblers are at greater risk of suicide than the general population.

Studies suggest that almost one in five suicidal patients seen by the Alfred Hospital's emergency department had a gambling problem. Further, a 2009 Victorian study found that 27 per cent of the state's problem gamblers had contemplated taking their life in the past year, and at the same time Gambler's Help therapeutic counsellors say that most of their clients receiving treatment for problem gambling report having experienced suicidal ideation.

There is reliable evidence showing a significant association between gambling harm and suicidal ideation and suicide, with some studies showing elevated risk and mortality among those with a gambling disorder

Darebin residents are among many experiencing the adverse effects of electronic gaming machines, losing $80 million dollars annually to EGMs. With nine of the twelve electronic gaming machine venues within Darebin situated within the two lowest socio-economic suburbs, suicide risk factors associated with problem gambling are compounded by other factors such as socio-economic status and disadvantage.

Gambling harm exacerbates existing mental illness and makes treatment and recovery more difficult. If we seek to improve the mental wellbeing of our community and prevent suicide, the profound impact of gambling harm must be considered.

Recommendations

Darebin Council recommends the following regulatory reforms which will reduce harm from electronic gaming machines on mental health:

1. Adopt maximum bet limits in order to reduce the amount of money able to be lost by each person.
2. Adopt maximum times for usage of poker machines. No person should be permitted to use a poker machine in one venue for more than 4 hours in a 24 hour period.
3. Significantly strengthen and enforce the Responsible Code of Conduct for Gambling, ensuring that staff in gambling venues intervene if electronic gaming users are showing signs of gambling stress and uphold the self-exclusion register. Penalties must apply for venues which do not adequately enforce the Responsible Code of Conduct for Gambling.
4. Mental health services should systematically screen people for gambling harm and work to address gambling addictions as part of treatment plans.

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.

An individual's health and wellbeing, including mental health, is shaped by the social determinants of health - the factors in the social, cultural, economic, built and natural environments in which we are born, grow, live, work, and age. These factors in themselves do not determine good or poor mental health, but it is their independent and cumulative effects, as well as people's own life experiences with these determinants which determine good or poor mental health. In order to consider what makes it hard for people to experience good mental health, the 'social determinants of health must be considered.

Discrimination and exclusion of people with a people living with a Disability:

People living with a disability will often face obstacles to living with good mental health, not because of the disability itself, but most commonly because of the discrimination, exclusion and social isolation often associated with having a disability. Feelings of isolation, exclusion and stigma may not only impact a person's mental health but prevent them from accessing mental health services.

This is further compounded by access to services. Concerns have been raised across the disability sector in Victoria that people with severe mental health issues are falling through the gaps of the National Disability Insurance Scheme (NDIS). As the Government reduces funding to mental health programs under the assumption that people will become NDIS participants to access services. However, strict eligibility criteria, slow uptake and engagement with the scheme, complexity of systems and inadequate involvement models for carers and families, means that this has not been the case. The National Disability Insurance Agency (NDIA) has estimated the full roll out of the scheme in 2019-20 will support only 64,000 people with primary psychosocial disability. This means up to 91 per cent of people with severe mental illness would have to rely on non-NDIS community mental health services to support them.

More policy, planning and information sharing is needed by the NDIA, and across sectors and Governments, to support a coordinated support system.

Homelessness and mental health

In Victoria, more than 24,800 Victorians registered as homeless in the 2016 Census, an increase of 43% in the previous decade. This includes an 8.3% increase in women experiencing homelessness, a 23% increase in people aged 55 and over, and an increase of 9% of people aged 12-24, making these populations particularly vulnerable in terms of health, safety and security when sleeping rough. Aboriginal and Torres Strait Islander people are over-represented among people experiencing homelessness.

Parallel to the increase in the number of people experiencing homelessness is an over-stretched homelessness services sector to properly support and assist people experiencing homelessness.

Poor mental health is both a contributing factor and an outcome of being homeless. Sleeping rough or in unsafe, transient or insecure housing is extremely stressful and damaging to people's physical and mental health due to fear, anxiety and violence which people who are homeless often experience. Equally, poor mental health, along with family violence and poverty, is a common reason for homelessness. People experiencing homelessness also have considerably less access to the Victorian Mental health care system, especially those with no fixed address or income.

The Council for homeless persons has highlighted how insecure housing has direct negative impacts on mental health (conversely, secure housing, notably through security of tenure in social has a positive impact on mental health). The limited availability of affordable private rentals as well as social and public housing, means that private rooming houses (boarding houses) often become the most affordable housing option for people living with poor mental health, of low income, or recently released from the justice system.

Rooming houses can have four or more people residing in a room, often in cramped conditions, with limited privacy or security for residents; and do not often provide long term stability for residents, which in turn exacerbates poor mental health symptoms.

Recommendations:

1. Further support for mental health professionals so that they can best respond to the mental health needs of vulnerable groups such as people with a disability or people experiencing homelessness.

2. Increasing access to low cost and affordable housing in order to prevent homelessness.

3. Increase municipal based homelessness outreach services and referral pathways to support people experiencing homelessness to access mental health care services.

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

There are numerous key drivers of poor mental health which may exist independently or concurrently, and some of these are explored below. The individual and combined impacts of these contribute to poor mental health and in turn, increased difficulty in accessing mental health services.

People experiencing harm from gambling

As noted earlier, there is growing evidence to associate gambling harm and suicide. The significant presence of known suicide risk factors among problem gamblers, including depression, anxiety and substance use disorders, indicates that problem gamblers are at greater risk of suicide than the general population.

Research shows that among people experiencing gambling harm in Victoria:

- 39% have been diagnosed with a severe (24%) or moderate (15%) mental health condition
- 41% have been diagnosed with depression
- 39% have been diagnosed with an anxiety disorder
- Up to 30% of people who both gamble and seek treatment for a mental illness are experience high levels of gambling harm.
- People experiencing gambling harm are over-represented in primary care, alcohol and other drug (AOD) settings, and in mental health services.
- Gambling is estimated to account for 22% of the Victorian mental health sector's total costs, half of which is attributable to problem gamblers.
- The cost to Victorian gamblers of depression due to gambling harm in 2014–15 has been estimated at $176 million, while the cost of emotional distress due to suicidal ideation was approximately $289 million, and emotional and psychological harms approximately $1,127 million.

Table 1: Problem gambling prevalence among patients attending a mental health service in Victoria

	Mental health service sample (%)	General population (%)
Non-gamblers	58.6	29.9
Non-problem gamblers	19.6	57.7
Low-risk gamblers	7.1	8.9
Moderate-risk gamblers	8.3	2.8
Problem gamblers	6.3	0.8

Source: Lubman et al (2017) [i]

Although there is clear evidence to suggest that problem gambling is comorbid with many mental health conditions, evidence on the temporal relationship is less clear.

It may be that in some cases the mental health condition is a risk factor for problem gambling, while in others the gambling behaviour precedes the mental health issue. It could also be the case that comorbid problem gambling and mental health conditions are part of a complex set of relationships that include a third condition (for example, trauma or an acquired brain injury).

The presence of a comorbid mental health condition makes people particularly vulnerable to gambling harm because a mental health condition can impair a person's impulse control and decision-making abilities. And further mental health treatment outcomes are hampered if comorbid problem gambling is unidentified and untreated.

Despite this evidence, gambling harm is not recognised as a public health challenge and is under-recognised as a major challenge for the mental health service system. Gambling harm is not mentioned in the government's public health, mental health or suicide prevention plans, nor is it included in the Royal Commission's terms of reference.

This omission means that gambling harm is overlooked when public health and mental health prevention and treatment programs are designed and delivered. This further marginalises people's experience of gambling harm, contributes to the stigma for people with gambling problems. and undermines the efficacy of mental health prevention and treatment services and impedes the ability of public health and mental health services to refer to specialist Gambler's Help counsellors.

Ageism, social isolation, elder abuse and aged care reforms:

Council recently undertook extensive consultation with Darebin's older residents through the development of the Active and Healthy Ageing Strategy. Through this consultation key themes were identified in the lived experience of Darebin's older residents, which contribute to their mental health outcomes, including ageism, social isolation and elder abuse.

Ageism is an entrenched bias experienced by many residents in Darebin. Older people find themselves left out and ignored of programming and planning, leading to a sense of being undervalued and disrespected. Older Darebin residents feel that persistent and systemic ageism in the healthcare and aged care sectors has led to an acceptance that depression and other mental illnesses are normal and to be expected among older people. This has led to under diagnosis, over medication and inadequate resources to seriously address mental illness among older people.

Council recognises social isolation to be the foremost driver of poor mental health among older people. Studies show that among older adults with depression, those who were highly socially active were over 2.5 times more like to have improvements in their depressive symptoms than those with low social activity. Social isolation occurs most commonly when people are living alone without family or other social supports, but geographic location can also contribute to social isolation with more disadvantaged neighbourhoods potentially having further problems such as poor environments, services and facilities and higher rates of crime. Furthermore, social isolation is prevalent in Residential Aged Care where a lack of training and resourcing among staff can lead to a bleak emotional life for many residents. Through a range of services, Council works hard to build relationships with older people and older people's groups,

including building the capacity of older people's groups to provide appropriate social activities to older people.

While it is difficult to get accurate data about the prevalence of elder abuse mostly because of high rates of abuse not being reported, it is understood to be a driver of mental illness among older people. Elder abuse is an expression of ageism and inequality; it may be physical, social, financial, psychological or sexual, and can include mistreatment or neglect. Elder abuse can have devastating psychological effects on older people, including depression and anxiety, which in turn can lead to social isolation, another risk factor for abuse.

Many older people struggle to navigate the new and complex aged care system (My Aged Care) which distances people from the local providers, including Councils, which they have come to know and trust. This results in older people failing to receive the services and support they need; this is particularly true for older people from culturally and linguistically diverse backgrounds. And once disconnected from services and support, people are also greater risk of social isolation.

Recommendations:

1. Continue to support organisations to identify, support and appropriately refer patients experiencing elder abuse.

2. Support mental health and public health services to respond, diagnose, support and appropriately refer patients experiencing gambling harm.

3. Support mental health and public health services in identify and treat problem gambling as it occurs with other mental health issues, that is identify and treat concurrent/comorbid issues

4. Support mental health and public health services to deliver a people-centered approach ensuring better outcomes for people with comorbid problem gambling and mental health conditions

Sexuality and Discrimination

According to the National Lesbian, Gay, Bisexual, Transgender and Intersex Health alliance, young Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community members are five times more likely to attempt suicide than non LGBTI Australians. Transgender people aged 18 and over are nearly 11 times more likely, and people with intersex variation aged 16 and over nearly six times more likely than non LGBTI Australians.

LGBTI people are twice as likely to have experienced the symptoms of poor mental health in the past 12 months. LGBTI people aged 16 and over are nearly three times more likely to diagnosed with depression in their lifetime with 30.5% of LGBT people aged 16 and over have been diagnosed or treated for depression in the last three years[i].

Poor mental health is not a result of a member of the LGBTI community, but rather a result of the stigma and discrimination that LGBTI people face in their daily lives. But in allowing

members of the LGBTI community to connect with each other, particularly young and elderly LGBTI community members; and allowing transgender and gender diverse people to transition and live lives true to themselves, better mental health outcomes are achieved.

Recommendations:

1. Support access to supportive, inclusive and adequate care which will potentially assist members of the LGBTI community to feel happy, safe and valued.
2. Support programs, activities and other opportunities which allow members of the LGBTI community to connect with each other, particularly young and elderly LGBTI community members.
3. Support programs, activities and other opportunities which celebrate and campaign for the rights of elderly LGBTI community members.
4. Support Residential Aged Care facilities to support and include elderly people of diverse sexual orientation.

Racism and Discrimination

Aboriginal and Torres Strait Islander Communities

Aboriginal communities experience high rates of suicide and poorer mental health outcomes than non-Aboriginal communities in Australia. For Aboriginal people, poor mental health outcomes stem from our history of colonization, racism, poverty and sometimes a poor sense of connection to self and community. These drivers are often compounded by a lack of meaningful access to education and employment opportunities, and drug and alcohol problems.

While Council does not deliver mental health services to our Aboriginal community, we strongly commend the recommendations to the Royal Commission made by local services, the Victorian Aboriginal community controlled organisations.

Asylum seekers and refugees

Victoria receives approximately one third of refugees and asylum seekers entering Australia. Currently, around 4,000 refugees settle in Victoria each year. Another 10,000 or so asylum seekers live in the Victorian community on bridging visas while they wait for the determination of their refugee status.

Many of these people have experienced torture and trauma while in or fleeing their home country and face serious, complex mental health challenges because of this, compounded by the uncertainty and precariousness of their status in Australia; the length of asylum claim assessment, cuts to support services meaning issues with housing, employment, basic amenities all playing a destabilizing role.

Recommendation:

1. Extend the Victorian Department of Health and Human Services interim funding for mental health and trauma counselling, material aid, health assistance and subsidized medications, housing assistance and case management for people seeking asylum, to a longer term/permanent funding arrangement.

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

For this item Council will focus on impact on carers of the processes associated with the National Disability Insurance Scheme, and in turn the need for care of carers.

Respite Care for Carers and the National Disability and Insurance Scheme

The National Disability and Insurance Scheme (NDIS) does not fund respite, as the model focuses on the individual with the disability, not the carer. The caring role comes with significant emotional and health costs, and so the provision of respite opportunities, support services and peer-support groups is vital for the wellbeing of carers. There is a need for greater support for n community organisations which provide care for careers.

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?

Incorporation of a Human Rights Lens

The Victorian Charter of Human Rights and Responsibilities Act 2006 includes provisions acknowledging:

- people with mental health issues are particularly vulnerable to human rights breaches.
- mental health care systems sometimes do not respect the rights of mental health patients
- The careful and complex balancing of rights between e.g. mandatory treatment (in case of risk of harm to oneself or others) and the rights of the person with mental health issues (notably protection from cruel and degrading treatment).

People with "mental health conditions" are also protected from discrimination through the Victorian Equal Opportunity Act 2010.

As part of the reforms of the mental health care system in Victoria it is critical to incorporate human rights lens and ensure sure that the human rights of people with mental health issues are respected and upheld throughout the mental health care system.

Culturally Safe and Community Controlled Care

Specific mental health care services need to be provided for culturally and linguistically diverse communities, LGBTI communities, and Aboriginal and Torres Strait Islander communities. Where possible, community-controlled health services should be supported. Simultaneously, mainstream mental health care services need to undertake consultative processes with community representative bodies to ensure that their services are provided in a culturally safe manner, are inclusive and flexible to the diverse needs of community.

[i] Department of Justice (2009). Problem Gambling from a Public Health Perspective Melbourne p.18

[i] Department of Justice (2009). Problem Gambling from a Public Health Perspective Melbourne p.215 and Hare S. (2015). Study of gambling and health in Victoria. Victorian Responsible Gambling Foundation and the Department of Justice and Regulation, Melbourne, p.133.

[i] Ibid p.32.

[i] National LGBTI Health Alliance, (2013) survey data

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