Submission into the Royal Commission into Mental Health
Gippsland Family Violence Alliance

Introduction

According to the World Health Organisation, mental health is "*a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*." (Word Health Organisation, 2013:3).

Determinants of mental health and mental disorders include individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others. However, they also include social, cultural, economic, political and environmental factors such as national policies, social protection's, living standards, working conditions, and community social supports. Approaches to mental health must not only focus on the individual, but also a holistic examination of outside factors which individuals exist in.

Family violence is similarly driven by a range of societal, cultural and situational factors, which cannot be addressed solely at the individual level, but also through creating a cultural environment where family violence is not seen as acceptable. Poor mental health is often cited as the cause of family violence and to a certain extent that is true. Those who coerce or control others have not developed the emotional capacity or behaviours to manage to live without coercing or controlling the people around them. However, when poor mental health is cited it is usually in the context as the perpetrator has had a psychotic 'break', and is therefore not responsible for their actions. Violence and coercive behaviours are not a symptom of psychotic illnesses (Better Health Channel, 2019), and therefore are always a choice by the perpetrator.

The current mental health service system in Victoria has a significant impact on those affected by family violence and those who perpetrate family violence. More can be done for both children and adults to ensure that the mental health service system assists those affected by family violence by imbedding a trauma informed approach into the mental health sector at every level. There is also opportunities for the mental health sector to do more to support adolescents and adults who use violence to change their behaviour, but also to provide them with the life-skills to developing coping mechanisms to live life without using of violence or controlling behaviours.

The Gippsland Family Violence Alliance (GFVA) is Gippsland's Regional Steering Committee which drives integration of family violence services and works to implement the recommendations of the Royal Commission into Family Violence. The GFVA has 33 organisation with over 2,000 workers, covering the largest geographical area in Victoria. The GFVA is a regional peak body who has members from Corrections, Child Protection, Family Services, alcohol and other drug services, mental health, specialist family violence services and Victoria Police. This submission into the Royal Commission into Mental Health has been endorsed by all key voting members.

Terminology

For the purpose of this submission the following definitions are being used.

Mental health- a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mental illness- a condition diagnosed in accordance to the Diagnostic and Statistical Manual, released by the American Psychiatric Association.

Mental health practitioner- anyone who provides a therapeutic service in relation to mental health. This includes, but not limited to counsellors, phycologists, physiatrists, acute in-patient workers, community based mental health workers and respite workers.

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Royal Commission into Family Violence

The 2016 Royal Commission into Family Violence made seven recommendations about mental health services. These recommendations were:
Recommendation 3
Recommendation 97
Recommendation 98
Recommendation 99
Recommendation 102
Recommendation 104
Recommendation 105

For the full report, please access it here.

The GFVA wishes to further endorse these recommendations and support the expansion and growth of these recommendations into the Royal Commission into Mental Health.

It should be noted that these current recommendation focus on mental health services who are funded by state governments. This is inadequate as the majority of mental health services are either federally funded or are private operators. The GFVA would like to see an expansion of these recommendations into the private and federally funded organisations. This would provide multiple benefits including:

1. Allow clients to choose the mental health professional which they feel will benefit them the most.
2. Provide privacy for clients who do not wish to use the public system for any reason.
3. Prevent clients from slipping through the cracks and not having their family violence go undetected, which in some circumstances can be dire. This further strengthens the no-wrong-door approach of the Royal Commission into Family Violence.

GFVA Recommendation

1.1 The expansion of the Recommendations of the Royal Commission into Family Violence into private mental health services and federally funded organisations. This expansion will need to be adequately resourced with additional workers.

People who use violence

Victorian Crime Statistics Agency provided to the Victorian Royal Commission into Family Violence indicate that 20 per cent of family violence incidents recorded by police in 2013- 14 identified mental health as a risk factor, and it was more prevalent for recidivist perpetrators (RCFV 2016a: 246, 251). However, we know that many perpetrators do not disclose and/or have a mental health condition that is not diagnosed. Good mental health is also not limited to working with those who do have diagnosed illnesses, but also the development of coping strategies which allow people to manage and control their own behaviour. If we holistically address the reasons why people use violence then we can prevent that person going on to have multiple victims, the effect of which can last generations.

The current mental health system for perpetrators of violence is difficult to navigate and there is a dearth of services, particularly for men who have experienced past trauma's which are influencing the way the act now. Current Men's Behaviour Change Programs go a long way in ensuring that the perpetrator remains accountable for their behaviour however, this approach is not holistic nor does it provide either a trauma informed approach in working with men nor the development of life skills to overcome their behaviour.

The mental health system does not have a unified system to identify people who are using controlling behaviours with their partners and there is no mandatory training to ensure that workers are not colluding and inadvertently supporting people to remain violent.

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Women who use violence also face difficulties as there are few services which holistically address their behaviours as well as hold them accountable. Women who use violence have often also been victims of violence, so addressing their trauma while dealing with their existing behaviour is also important.

GFVA Recommendations

2.1 There needs to be a suite of programs, both for individuals and groups which wrap around the existing Men's Behaviour Change Programs. These programs need to be carefully tailored to ensure that men are getting a holistic, trauma informed approach to their underlying issues. These programs should be provided with specially trained men's mental health workers who also have an understanding of the men's behaviour change model. Ideally these programs will be entirely funded by the state government.

2.2 There needs to be a suite of programs for women who use violence. These programs need to be carefully tailored to individual women and will need to include both individual and group work. These programs should be provided by mental health workers who also have an understanding of the Safe and Together Model. Ideally these programs will be entirely funded by the state government.

2.3 There needs to be the development of a tool which ensure that people seeking mental health assistance are identified if they are using controlling behaviours with their partners, to ensure adequate referrals are made, and that violence and controlling behaviours are detected early.

2.4 All mental health workers, including private practitioners need to be mandated to do training in non-collusive language and using a trauma informed approach with their clients.

Adolescents who use violence

Adolescents who use violence are a growing trend. This violence is not always towards intimate partners, but also parents, siblings and other family members. Due to the nature of their development, adolescents need a different approach than their adult counterparts.

GFVA Recommendations

3.1 The Victorian Government to advocate through the Council of Australian Governments to encourage the Federal Government to better fund Headspace and other organisations working with young people. Funding needs to be on-going and support a holistic approach to mental health for young people.

3.2 There needs to be a suite of programs, both for individuals and groups which wrap support adolescents who use violence and their families. These programs need to be carefully tailored to ensure that young people are getting a holistic, trauma informed approach to their underlying issues. Ideally these programs will be entirely funded by the state government.

3.3 Respite must be provided to families who have adolescents who use violence.

Adults who have been victims of family violence

Adults who have been victims of family violence often struggle to access appropriate recovery support after the violence has occurred. Currently the Victorian Government fund Family Violence Counsellors however, those services are only available to women and children and there is no requirement that those who are employed as counsellors be registered with any formal professional body, nor hold any formal qualification. Family Violence Counsellors are also not appropriate for all victims, particularly those with comorbidity of other conditions such as alcohol and other drug problems, mental illnesses and parenting issues. Finding appropriate and affordable services for these clients can be extremely difficult.

However, one way clients can access these services is through the Federal Government Better Access Program which can provide a referral for 10 free sessions to a mental health provider through a GP referral. However, the program is proving insufficient for clients, due to the limited support it offers. The MBS Review Mental Health Reference Group in February 2019 published its report and recommendations of the Better Access Program and recommended a very significant expansion of the Better Access Program. The Reference Group has proposed a significant expansion of psychology services under Better Access through making eligible:

- people without any mental health diagnosis;
- the family and carers of people with a mental illness who might benefit from psychological care; and
- people with moderate to severe mental health conditions requiring up to 40 sessions of psychology care in any year (Rosenberg, Hickie, 2019).

Adults with diagnosed mental health conditions are much more likely to be victims of violence, than they are to be perpetrators. This is known by perpetrators who often use the threat of having their partner committed to an acute in-patient facility as a way to control the victim. Using a mental illness against the victim has caused re-traumatisation of women and has locked them in a system where due to their illness, their family violence cannot adequately be addressed.

Currently many women, who have experienced family violence and have mental ill health and who may not have a formal diagnosis, are not eligible for the NDIS. This has created a service gap which many vulnerable women are falling through. There is a need for long term mental health outreach to work with women to create pathways to connect with education and employment opportunities, to find and create a home, to build links within their community and to develop supportive relationships with families and friends.

GFVA Recommendation

4.1 Ensure practitioners who are in both private and public practice are funded to attend regular professional development in regards to trauma informed practice and identify and referring to family violence. This would include back-pay to ensure they can attend all training.

4.2 The Victorian Government to advocate through the Council of Australian Governments to encourage the Federal Government to expand the Better Access Initiative in accordance to the MBS Review Mental Health Reference Group Recommendations.

4.3 A review of the in admittance procedure of acute-facilities, to ensure that perpetrators of family violence are not manipulating the system to control their partners with mental health conditions.

4.4 All funded Family Violence Counsellors be registered with an appropriate professional registration body. This would also mean that those workers would have to be remunerated at a level which is fitting for their qualification, which may mean an increase in funding provided.

4.5 The Victorian Government, to advocate through the Council of Australian Governments to influence the Australian Council of Social Workers and the Australian Counselling Association to ensure that members of those registration bodies are required to use a trauma informed framework when working with clients.

4.6 Specific funding for trauma and recovery services in rural and remote areas. Currently there is exceptionally limited access to trauma services outside of metropolitan areas. This funding would need to be ongoing and it will need to adequately address access even in the most rural areas of Victoria.

4.7 The Victorian Government, to advocate through the Council of Australian Governments for the continuation of community based outreach programs, such as the Personal Helpers and Mentors Program (PHaMs) for people with severe mental illness, who may not necessarily have a diagnosis.

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Children who have been victims of family violence

Children exposed to domestic and family violence over a sustained period of time may experience trauma symptoms, including PTSD, resulting in psychosocial and sometimes physical responses that, if left untreated, can have long lasting effects on children's development, behaviour and wellbeing (Jaffe, Wolfe, & Campbell, 2012). These include:

- depression;
- low self-esteem;
- anxiety;
- poor coping mechanisms;
- suicidal thoughts;
- eating disorders;
- self-harm;
- substance abuse; and
- physical symptoms such as chronic pain (Jaffe et al., 2012; Knight, 2015).

Children who have been victims of family violence often have difficulties accessing appropriate services. Children need long term and regular mental health care which can support them not just in the after-math of their trauma but well into the future to ensure that when they are ready to form relationships that they can do it in a healthy way which doesn't cause them to repeat the patterns they have witnessed in their early development. Children currently have the same ability to access the Better Access program and Family Violence Counselling as their parents. This is inadequate as many of these counsellors have limited backgrounds in work with children, and the Better Access Program does not provide the much needed ongoing support children require.

GFVA Recommendations

5.1 There needs to be a significant investment into child psychologists. Gippsland currently has one worker covering six local government areas and has a wait list of over 6 months. Funding needs to ensure that child experts are attracted to take rural and remote positions and that the workers are supported to remain in their location.

5.2. There needs to be a suite of programs, both for individuals and groups which cater to the needs of children who have witnessed or experienced violence. These programs need to be carefully tailored to ensure that children are getting a holistic, trauma informed approach to mental health and wellbeing. These programs should be provided with specially trained children's mental health workers. Ideally these programs will be entirely funded by the state government.

Other Recommendations

Mental Health Workers

Attracting and retaining mental health workers, particularly in rural and remote areas relies on the career being supported, fulfilling and allowing the workers to have a liveable and constant wage. Organisations in rural and remote locations struggle to recruit and retain adequately trained workers and often have staff shortages which are detrimental to clients.

GFVA Recommendations- Workers

6.1 Ensure staff receive adequate remuneration which is tied to cost-of-living increases.

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6.2 Ensure there is a continuous funding model which allows workers to have ongoing contracts. Organisations lose talent when staff are on 1-3 year contracts.

6.3 Offer bonded scholarships for rural and remote communities to ensure they are adequately staffed. This would mean that a person on a bonded scholarship would have their HECS debt removed if they worked 3 years (within the first 10 years of their career) in an area which was classified as rural and remote.

6.4 Ensure practitioners are funded to provide services to rural and remote communities, by factoring time and distance workers need to travel to reach clients. Current funding models are based on numbers of clients. However, this model favours metro-areas who have multiple clients within a small distance. Rural and remote communities can have the same number of clients dispersed over a much larger distance. Funding should take into account the amount of time it takes practitioners to travel.

6.5 Ensure that all local TAFES offer courses for those who wish to undertake a career in mental health. These workers cannot replace university trained staff, however they can provide much needed additional supports for clients. Ideally any such course would be included under the Free TAFE initiative.

Acute In- Patient Facilities

Acute in-patient facilities are important facilities to support those who are a risk to themselves and who cannot due to the nature of their mental illness be handled in the community. These facilities are designed only to support the patient to get to a position where they can be managed by community mental health workers. Many of the patients in these facilities are in on involuntary admittance because they cannot make decisions at this time about their treatment. In 2014-15, just under a third of all mental health-related stays in Australian hospitals with specialised psychiatric care were involuntary, that is 48,857 hospital stays (Sane Australia, 2019).

Assaults happen between patients and staff, due to the volatile nature of the mental health conditions people are experiencing when they are admitted. The majority of these facilities are also mixed-gender which put women who may of already be victims of assault at further risk of being re-traumatised.

These facilities are not designed to re-integrate clients into the community, nor are they intended to address the underlying causes which bought the people into the facility. As such, there is a need for transitional supported residential services for people ready for discharge from acute settings. The current accommodation crisis has, in some cases, led to perpetrators and victims/survivors being discharged from acute in-patient units to unsupported and short-term crisis accommodation, increasing risk to themselves and others.

GFVA Recommendations- Acute in-patient facilities

6.6 Patients being given the option of having single gender facilities.

6.7 These facilities to provide a more holistic approach to treatment to minimise the instances of repeat stays. This would include life skills, coping strategies and comprehensive drug and alcohol treatment programs.

6.8 All workers in in-patient facilities to undergo regular family violence, trauma informed practice, and non-collusive language training.

6.9 Significantly increased, ongoing funding for single-sex community residential care unit style accommodation for both victim/survivors and perpetrators.

6.10 At least 5 billion invested into the Victorian Social Housing Growth Fund, to ensure that the homelessness sector is able to support the ongoing need for social housing.

This submission has been endorsed by:

The Gippsland Family Violence Alliance

Signed on their behalf by:

Fiona Owen

Fiona Owen
Chair of the Gippsland Family Violence Alliance

Mel Brown

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