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

Organisation Name
N/A

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Sane Australia has provided excellent services by focussing on media coverage of mental illness to improve and de-stigmatise understanding. beyond blue has had many successful campaigns such as targeting vulnerable groups, such as men in rural communities, or raising awareness in the workplace. Stigmatisation of high prevalence illness has diminished considerably over the years to the extent that demand for services has increased. There still needs to be more work in relation to low prevalence illness- positive stories of recovery (leading productive and enjoyable lives while living with the illness), or inclusion of people with mental health problems in popular television series for example."

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?
"Early childhood programs, and family support particularly for economically disadvantaged people. School programs such as KidsMatter and MindMatters have been successful, and need to be rolled out more comprehensively with additional funding to assist (maybe difficult now with re-elected Coalition government). Building resilience and emotional literacy, reducing bullying and developing a positive school environment can make a difference. Should start in childcare. Educate teachers to identify problems and understand the mental health system Ensure that early childhood educators, teachers, maternal and child health nurses understand issues and can refer. They also need to be better remunerated. GPs are key to early treatment - ensure that training is rolled out, and also that Medicare rates are increased (beyond scope of this Commission unfortunately)"

What is already working well and what can be done better to prevent suicide?
" Targeting programs to particular groups and involving community is important. For First Nation peoples, the most successful initiatives are staffed and managed by indigenous health workers However, hopelessness and depression leading to suicide are influenced by socioeconomic factors - unemployment, homelessness. We need structural solutions as well."

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.
Use of internet in positive ways could make a big difference. Addressing homelessness is key - see my attachment. Employment is a great protector of good mental health. Assisting people to stay in employment and to gain employment is important. Better funding for GPs to provide longer appointments to address mental health issues Increase the number of sessions that psychologists can provide under Medicare for people with more serious problems. I strongly oppose the proposal that psychologists can provide Medicare-funded services to people with no diagnosis and

no referral from a GP. Funding is limited and should be directed to those with higher needs.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"Unemployment, socioeconomic disadvantage need to be addressed. Drought - support services through community involvement (address climate change!) Loneliness, especially in older people Young people"

What are the needs of family members and carers and what can be done better to support them?
"There has been much improvement in support for family members and recognition of their important role; continue to routinely provide support through working with them. Carers' organisations, and services like Well Ways should be funded to do more of what they are already doing well"

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
" Again, a big improvement in employment of peer support workers. More funding, more training and more support for all mental health 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?
"Not enough opportunities Should be more initiatives between employers and mental health services. Assisting with voluntary work can be a stepping-stone also Education, including TAFE courses People with more severe problems need support and flexible work-places Employment is key to good mental health"

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?
Start off with a major planning exercise for future funding - looking at distribution of clinical and non-clinical services across Victoria. Ensure the focus is on provision of services in the community. Review the NDIS and provision of services through mental health support services

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
Start planning and develop long-term plans with bipartisan support

Is there anything else you would like to share with the Royal Commission?
"See my attachment and happy to provide more on other issues e.g Mainstreaming, use of Emergency Departments Women-only inpatient wards and much more. Will be away until 30 June."

Royal Commission into Victoria's Mental Health System

Margaret Goding PSM

Having played a significant role in the redevelopment of Victoria's mental health services in the 1990's, I have been saddened by the deterioration that has taken place over the last 10 years. We were not only Australian leaders, but had an international reputation for a comprehensive system of care with a major focus on community mental health (clinical and non-clinical).

I am convinced that the model of care encompassing accessible area-based services each providing a continuum of care from acute to support and recovery services across the age range, is the right one. Equitable funding should be based primarily on population with weighting for demographic factors so access to care is provided regardless of where you live in Victoria. Close working relationships between clinical mental health services and mental health support services is essential.

At the risk of going back to the past, I think we have the basis of an excellent system, but we have let it deteriorate.

I believe a number of factors have led to the current inadequacies in our system.

1. **Lack of planning to inform funding.**

   Although population growth in Victoria has outstripped expectations, there still could have been a commensurate growth in funding to rapidly growing areas, for instance the outer metropolitan areas. Lack of funding has meant inadequate community clinical and support services resulting in an increased dependence on acute hospital care. Outer metropolitan areas have become dependent on inner city services with adequate numbers of acute beds, resulting in fragmented care.

   Although there has been an increase in beds, it has been too little too late, and without the accompanying community services to provide ongoing care and support, many more people end up requiring acute care.

   Planning also needs to focus on needs in particular areas, for instance a greater growth in young families in outer areas, should be reflected in a higher percentage of child and adolescent clinical services, as well as strong family support services.

   Funding has all too often been piece-meal; a few positions to each service to provide a new initiative, rather than substantially funding the basic services, with increased investment each year.

   In an under-funded environment, staff experience increased stress as a result of more acutely ill patients who have not been able to access adequate community support.

2. **Re-organisation of mental health community support services.**

   The re-tendering of services resulting in a decrease from about 100 service deliverers to about 20 (sorry not quite sure of the actual figures) lead to a loss of

expertise and experience. Long-established and reputable services such as Well-ways and MIND lost funding and viability, while generic agencies with a lack of specialised knowledge entered the field.

Although there were too many small agencies without a critical mass, this reorganisation was poorly managed, and resulted in a loss of experienced staff, and decreases in pay for many workers. Many mental health users had to adapt to new workers and new services, not necessarily to their advantage.

To compound this problem, the reorganisation occurred just prior to the introduction of the NDIS, which I believe has had very uneven benefits for consumers.

3. Introduction of the NDIS

As I understand the Victorian government now funds mental health support services through the NDIS, without the additional funding that is provided by some other states. The general problems of the NDIS have also been evident for mental health clients – excessive administration, inexperienced care-plan staff, less than adequate services to which to refer people.

While the NDIS has worked very well for some people, particularly those with more severe and ongoing issues, the delays and obstacles for others who lack the ability to navigate the system have resulted in inadequate care. Eligibility criteria requiring a person to have an ongoing disability militate against the recovery paradigm that services aim to adopt.

4. Housing affordability and homelessness

We know that people with mental health issues are over-represented in the homeless population. As homelessness is increasing and provision of public housing is not in any way meeting the needs of the high number of people on waiting lists, people living with mental illness are the victims. Lack of secure and stable housing exacerbates mental health problems.

The flexible mental health services outreaching to homeless people have been successful, but I am sure they need to be expanded. The various agencies providing services to homeless people need to work closely with specialist mental health services, and also employ dedicated workers for people with high mental health needs. It is not enough to provide targeted mental health funding to homeless agencies; funding needs to be ring-fenced for specific workers, rather than being absorbed into general service provision.

However the basic problem is lack of supported housing: affordable and stable housing with ongoing support provided by specialist mental health workers. Re-vitalising the very successful '**Housing with Support'** program would assist. This requires a close working relationship at the government level between Housing to provide the housing stock and Mental Health to provide the support services. This is even more crucial in the current environment with the re-election of the Coalition government which will give little priority to this key issue.

5. **Changes in the population of people with mental health issues.**

   With de-institutionalisation in the 1990s, many ongoing clients had become used to being passive recipients of services. This group of people benefitted greatly from re-entry into the community and the improved support provided.

   Over the years, people with severe mental health problems have become much more aware of their rights, and expect to be treated with dignity and respect. This is a good thing of course, but it means that staff need to be skilled in management of challenging behaviour. Relying on an authoritarian approach no longer works. While most services espouse `recovery-based care', in many cases, day-to-day practice does not reflect this. A well-resourced and trained workforce is essential for delivering modern recovery-based care.

   A return to a more centralised training unit for both clinical and non-clinical staff would be beneficial. Training is provided unevenly across the various areas.

6. **Problematic drug use**, particularly `Ice' (crystal methamphetamine) is a major contributor to the very difficult environment of acute inpatient care. Violent and unpredictable behaviour is challenging both for staff and for the other clients in the hospital environment - acute mental health wards and emergency departments.

   Now sadly, most inpatient units are locked continuously, some employ security guards, and the principle of `least restrictive care' has gone by the wayside.

   While close links between mental health and drug and alcohol services are essential to address co-morbidity issues, the drug and alcohol sector has been even more under-funded than mental health. When links are good, clients requiring withdrawal from alcohol or heroin can be managed in the most appropriate setting, with in-reach from either sector.

   However `Ice' is a particularly intractable problem, as it presents challenges because satisfactory treatment regimes are lacking. There are no easy solutions to reducing the use of this highly addictive drug in regional areas with high youth unemployment, and socioeconomic disadvantage. Structural factors play a major role. Treatment in inpatient or residential settings is disruptive for staff and clients, and is not a long-term fix.

   Training of staff in management of Ice-addicted clients, development of best practice models, and research to find better treatment will be essential. Better funding of drug and alcohol services will assist them to work closely with mental health services.

Note: I was awarded a Public Service Medal (PSM) in 2007 for outstanding public service in the provision of public mental health to the Victoria community.

Citation: Ms Goding has worked for over 15 years in a range of significant policy, service development and managerial positions within public mental health services and the State Government. Her sustained performance and leadership in Victoria's public mental health services have resulted in significant benefits to mental health patients across Victoria. In addition to the development of an integrated mainstreamed mental health service at St Vincent's Mental Health, she has also fostered and supported a range of innovative service models in areas of particular

need, including homeless persons outreach, Koori mental health services, and the development of a State-wide Dual Disability service. She has been integral in developing strong partnerships between mental health and drug and alcohol services, and in fostering private/public collaboration and in the support of consumer and carer initiatives. Ms Goding has also led St. Vincent's Mental Health into the 'Asia Australia Mental Health' consortium with Asialink and the University of Melbourne, which is actively involved in working with countries in the Asia Pacific region in reforming their mental health services. Ms Goding is held in the highest regard by her colleagues and is respected for her intellect, her high ethical standards, her deep understanding of the complexity of mental health service delivery and for her contributions to service developments and improvements at a state-wide and national level. She is one of the major contributors to the success of Victoria's mental health reforms.