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

Organisation Name
Interface Councils

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"The Interface Councils Region (ICR) has characteristics unique to Melbournes outer suburbs and particular at risk groups within the region need different prevention strategies and tactics for reducing stigma and discrimination. The region is made up of Cardinia Shire Council, City of Casey, Hume City Council, Melton City Council, Mitchell Shire Council, Mornington Peninsula Shire Council, Nillumbik Shire Council, City of Whittlesea, Wyndham City and Yarra Ranges Shire Council.   The following measures could be taken to improve stigma and discrimination in the ICR specifically: Community education and understanding (health literacy) about systems responses to mental health   -   Primary and secondary schools, tertiary institutions and the education system have a critical role in terms of individuals seeking help in the first instance, disseminating knowledge about access to assistance and social isolation Employers (particularly large employers such as Councils) can play an important leadership role by implementing inclusive and supportive policies and practices, supported by workplace training which increases awareness of how mental health issues can be better understood and managed in a work context The use of common language   -   To help prevent siloing of information Implementation of a common risk assessment, triage and response framework Cross-sector capacity building The investigation of youth-led programs as opposed to medically-led programs for young people   -Youth workers and support services have another key role in reducing stigma and discrimination and are often undervalued Migration and translation services are significant   - Interface Councils is made up of diverse communities and parts have high refugee populations/CALD communities More community spaces and infrastructure (especially for youth engagement) are vital   - Collocation is important here and should be built in at the planning phase Talking to the community about what they want and why   -   Co-design solutions that are informed by best practice, safety and workforce availability "

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?

"Interface Councils believes the following is working well: The Victorian Governments Orange Door program is a positive initiative, but Interface Councils would like to be involved in the decision of where to locate the further 17 hubs   -   None of the sites are in the Interface Councils Region at present   -   Close collaboration with Family Safety Victoria is important to the group to make sure the locations of hubs reflect demand. For example, through its submission to the 2019-20 Budget, Wyndham City sought a $10 million commitment from the Victorian Government to fund the land acquisition and design of a Family Violence Support and Safety Hub in Tarneit. There seems to be a recognition among the members of the Victorian Parliament, Departments and peak bodies that the current service provision model is not working and therefore there appears to be an appetite for change and collaboration. Youth outreach services are supporting young people to link to services and seek help, although there continues to be long

waiting times for preventative services such as headspace.   However, these points below show what can be done better: Local Government should be a key partner in any work to improve the current service delivery model More focus should be on early provision and planning of services: built form (design), governance and operational costs Coordination and integration: the need for multi-sector action, coordination and integration are critical   -   Improving information sharing across departments, levels of government and between the not-for-profit, private and government sectors Attracting mental health service providers to Melbournes outer suburbs is a significant issue because funding isnt based on where the need is   - Government funding is not based on the level of need for mental health services or population-based figures   - There is a lack of incentive for service providers to be located in the outer suburbs   - Interface Councils recommends local commissioning models be implemented such as Cardinia Shire Councils youth mental health example (See case study citing Windermere example in question 4.) Increased funding for maternal and child health services   -These services have the potential to identify women who are at risk of or currently experiencing family violence and refer to supplementary services Improving public transport access and frequency is critical not only to address the current high proportion and propensity for mental health issues in the region, but also to address demand for the projected numbers of people seeking help in the future. While GPs play a vital role in our communities, their role as one of the key entry points to the mental health system can create barriers for some people, e.g. lack of specialist knowledge, some doctors are unable to spend enough time with patients. Support should be given to other health professionals to allow them to provide this vital first point of contact, including through the preparation of Mental Health Care Plans. The implementation of the National Disability Insurance Scheme appears to be having negative unintended consequences on some mental health clients and services. Further analysis and investment are needed to ensure vulnerable residents continue to have access to the vital services they need.   In addition, there are significant issues with state- and federally-imposed service boundaries. Administrative government boundaries have an impact on the way acute mental health services are delivered.   Arbitrary service boundaries imposed by funding bodies further complicates and limits access for much needed service responses. Such inequities may prevent early intervention and often result in the exacerbation of mental illnesses as well as the broader impacts upon a persons (and their familys) life.   The administrative government boundaries for mental health service referrals are now relaxed for the ten Year Anniversary of the 2009 Black Saturday Bushfires. It is possible that a more significant Victorian State Government administrative boundary change could occur. Currently there is no governance between the state and federal funding bodies regarding how mental health services are funded and the associated outcome frameworks. Interface Councils recommends better alignment between the state and federal funders should be pursued to result in a better connected and funded service system."

What is already working well and what can be done better to prevent suicide?
"Suicide is an issue that dovetails many complex, social, economic, cultural and individual factors. These factors are typically exacerbated in Melbournes outer suburbs. Please refer to A Guide to Service Gaps in Melbournes Outer Suburbs (Interface Councils, 2019) attached to this submission for a brochure showcasing the most important data from the Human Services Gap Analysis report. In general terms, a reduction to the instances of family violence, alcohol and drug misuse and discrimination would each contribute to suicide prevention efforts.   Interface Councils recommendations the following actions be taken to better prevent suicide: Increase locations of support services for families and carers in the region to respond appropriately to instances of trauma and psychological distress More non-clinical counselling/therapy options Treatment and

consultation to be more directed by people with lived experience Increase assertive outreach for vulnerable communities Build on existing platforms and services and increase their scope For young people and first-time sufferers, more early intervention and access points - This must include access to services specific to the unique Interface communities e.g. culturally responsive services For those with diverse cultural backgrounds, strengthening relationships between their community and surrounding networks and increasing opportunities may contribute to suicide prevention Improved awareness of risk factors (such as loss of employment for middle-aged males or bullying for young people) and associated strategies for managing these risks, including peer support programs for young people/within community settings such as sporting clubs. Increased access to formal and informal social activities, which can reduce isolation and facilitate conversations that help to identify mental health issues and connections to support and services. Among those who have previously attempted suicide, hospital support, follow-up, contact and education with family members is critical and needs to be a focus for the region. "

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.

"Please see the below case study for a clear picture showing why it is hard for young people to access mental health services in the Interface Councils Region. CASE STUDY: ███████ ████████████████████████████████████ Lack of services, long wait lists and no transport our community deserves better At████████████ lowest point he struggled to drag himself out of bed each day and wanted to end his own life. The ██-year-old has depression, anxiety and post-traumatic stress disorder (PTSD). He was sexually abused, bullied about his sexuality, nearly experienced homelessness and watched his parents marriage disintegrate before his eyes. ██████ needed professional help. Sadly, like many young people in ████████ going through similar experiences, getting that help was almost impossible. At my worst I couldnt get up out of bed in the morning, ██████ said. I couldnt function, I contemplated suicide most days and (although) I never actually attempted it, I just felt so isolated in my community. ██████ said it was his mother, who has also suffered PTSD, who identified the warning signs in her son and made the first call for help. But local help support services were hard to find. The closest place I could see a psychologist was in ████████ and the next closest was ████████ ██████ said. Only recently have I been able to see a psychologist in ████████ who is actually booked out more than a month and a half in advance. Because of this lack of access to local services and to qualified people, I really think I ended up in a worse position than I should have been. The lack of transport to these services was an issue, too. There was no public transport to get myself down there (to ████████ I had to rely on my family to take me and if my mum had work or my sisters were unavailable, I couldnt get help. ██████ said his experiences were not isolated. Just the other day I called a friend and her best friend had attempted suicide. She had tried asking for help, but the public waiting lists to see someone were so long, he said. Its one thing to go to a GP and get a bunch of free sessions with a psychologist, but you then have to book in and access one. You have to find one that you connect with and if you dont like the one thats here, theres probably no one else, the closest one is probably an hour or an hour and a half away. ██████ mental health issues started when he was a 9-year-old and were largely triggered by the sexual assault, domestic violence - the catalyst for his parents divorce - and relentless bullying at school about his sexuality. I felt isolated and that there was no one I could talk to. I felt like I couldnt be myself, he said. I had all these feelings going through my head. I thought I would never be accepted in society (for being gay) and there was something wrong with me. I thought my mother wouldnt love me or care for me and all my sisters would hate me, which I know now was very wrong. They have actually been my

biggest supporters but at that time, I never thought they would be able to accept me. According to The Bridge Youth Service ███████████████ ███████ story is not unique. The maze of gaining support for young people struggling with their mental health is difficult and workers also find it challenging to refer them to relevant programs or professionals, ███████said. The waiting times can be lengthy and also the availability in rural areas is very limited. The Bridge Youth Service has seen a significant increase in the number of young people seeking support for complex issues such as depression, anxiety, borderline personality disorder, substance abuse, financial hardship, homelessness, family violence and poor general health. ████████ said there were often also underlying issues that only become apparent once someone decided to seek help. When a young person presents it may be for one issue, but as they tell their story many others emerge and so their support is complex, ████████said. ████████ said there were many barriers that prevented young people from getting the help they needed, and that local services were doing the best they could with limited resources. Barriers often are the judgement they may receive, the time or location of the service, the vicinity of the service to public transport, privacy and confidentiality and the actual intake process to see someone at a service may be lengthy, ██ ██████said. Local services are stretched, young people require youth-specific services, this is optimal if they are to engage with programs or workers. I really believe that qualified youth workers as a profession are understated and that youth work is a specialty area that requires different skills and abilities than other mainstream services. In the Interface Councils Region, more people experience poor mental health than in metropolitan Melbourne and yet there is a disconnect in terms of the service provision they have historically received. It is important to note the lack of access to services acts as a deterrent for people seeking assistance. The demand for mental health service provision from communities living in the ICR is high, but appropriate accessible service support is not.   The current hub-and-spoke model for providing mental health services to Interface communities means that individuals living in the ICR who require mental health cannot access them easily or within appropriate timeframes. This means the increased pressure on the services that do exist creates a risk that people may receive treatment that is less timely, less intensive and shorter in duration than they want or need. This also means long wait times and high thresholds for entry.   For example, patients with comorbidities are not always accepted for treatment at mental health services (e.g. a patient may need to be sober to be assessed by a mental health service). Local practitioners are looking for solutions to this problem that can be formalised and tested for effectiveness. State support and direction regarding this issue would be welcomed.   There is a need to find better ways to tackle mental health conditions and other closely related public health issues (e.g. alcohol and substance misuse, problem gambling and chronic disease) with better information sharing practices. The issue of gambling also connects with mental health issues in an alarming way. For example, recent research has found higher rates of gambling harm among people with specific mental health disorders, including borderline personality disorder (2.6 times more likely to be a problem gambler) and psychotic disorders (2.4 times more likely to be experiencing gambling harm) (Source: Lubman, D. et al (2017) Problem gambling in people seeking treatment for mental illness, Victorian Responsible Gambling Foundation, Melbourne, p. 8). Further research is needed to understand the association between mental health, problem gambling and gambling harm, while reform to gambling regulation is much needed in Victoria to protect communities from gambling harm, particularly vulnerable people living with mental health issues. The group would also like to point to the research in the Facebook Ads to the Rescue? report (attached to this submission) here which should be further investigated. Support is currently not sufficiently tailored for different age groups and backgrounds. It is important that mental health services are provided equitably where and when they are needed. Population groups which may experience higher needs include youth, older people, Aboriginal and

Torres Strait Islanders, people from CALD backgrounds, as well as those who are harder to engage through traditional service delivery models. See the attached report, Strengthening Supports for Mental Health across Lower Hume (2019), for further information. A lack of access to appropriate and accessible services is evident in all of the ten Interface Councils and this presents as increasing rates of youth mental health issues including anxiety and depression, attempted suicide, substance misuse, as well as disengagement and withdrawal from formal education. Please refer to individual council reports such as, Access to Services - Youth Services Hub (Wallan) (Mitchell Shire Council, 2018) for more detail regarding specific municipalities. Furthermore, focus should be placed on enhancing and promoting the liveability of rural and regional townships, some of which are contiguous with the Interface Councils Region. There are many issues and triggers that are specific to these areas. These include farms and farming, the effects of climate change, droughts, fire and flood for men in particular. As mentioned in a Question 2 of this submission, there are significant issues with state- and federally-imposed service boundaries that dramatically impact the way acute mental health services are delivered. This can mean early intervention doesnt take place and therefore effects of mental health issues are exacerbated. Funding should be appropriately directed to rural and regional communities so that there is appropriate local service provision in townships. There is a lack of information-sharing across key agencies/stakeholders, such as the Department of Health and Human Services, which equates to a lack of transparency and communication between them and many challenges resulting. Interface Councils believes the lack of early input from key stakeholders with the Victorian Planning Authority into the PSP planning process should be addressed. ~ A focus on prevention Prevention and treatment need to be seen as complementary rather than competing approaches; prevention needs to be made a central pillar. The distinct lack of local commissioning models and too few local service providers makes it hard for people to find, access and experience treatment. A lifespan approach states that the foundations for good physical and mental wellbeing are laid down in the early decades of life and priority needs to be given to prevention initiatives during the antenatal, childhood, adolescent and young adult period, although prevention initiatives are needed across the whole lifespan. Prevention requires a mix of strategies at the individual, organisational and community level: Health literacy - public education/awareness social marketing campaigns; personal skills-building programs and local community mobilisation initiatives such as the Live4Life program The creation of mentally healthy organisational and community environments: liveable communities, vibrant places and spaces Public policies; and service system reorientation initiatives Source: Focusing on prevention A joint submission to the Productivity Commission inquiry into mental health (2019) ~ Suggested improvements based on existing approaches One successful example of local commissioning was Cardinia Shire Councils partnership with Windermere through a commissioning model approach. The program is focussed on providing a service that is tailored to the needs of young people, their families and community access. Windermere and Cardinia Shire Council have worked positively as a partnership to provide this service and maintained evidence of the effectiveness and improvements. The program is currently supporting young people in a way that is not currently available to the community with the following priorities: 1.Enabling access: the program has broadened the age range for eligibility to 10-21 years of age 2.Holistic service delivery: as a Family Services provider Windermere understands the benefits of working with the whole family, therefore they work specifically with young people in the context of the family, the family home and the family dynamics 3.Outreach: Windermere understands that learning, development and outcomes are improved when applied in the family home and in the young persons community/ social/ educational settings; therefore they provide the service through an outreach approach. Windermere are also able to support young people from both regional and

rural areas with capacity of outreach service delivery. 4.Eliminating long waiting periods: positive engagement is built when young people and their families receive support when they need it most and without long waiting periods at ChildFIRST, Therapeutic Services and others. Windermere enables earlier intervention and prevention to occur when mental health problems are identified. In addition, the Live4life program (http://www.live4life.org.au/) provides a prevention model that could be replicated to obtain better mental health outcomes for communities. It is an evidence-based program that runs across rural communities in Mitchell Shire Council. This rural youth mental health model aims to prevent youth suicide and ensure that young people, teachers, parents and the wider community are better informed about mental ill health. This model, currently in place in Mitchell Shire Council which spans both interface and rural councils, could be replicated to benefit other Interface areas.   Another example of a person-centred approach that is currently utilised is the Stepped Care approach in the Lower Hume area. It aims to increase early intervention and prevention of mental health issues. It is a staged system response containing a hierarchy of interventions matched to the individuals needs, from the least intensive to the most intensive. The multiple levels within a stepped care approach are intended to provide an integrated spectrum of service interventions which allows the individual to transition up to higher intensity services or down to lower intensity services as their needs change. It is recommended that an Expanded Stepped Care model of Mental Health service delivery extends from the well population to chronic and complex client acuity needs, recognising its established integration and potential to do more business together. (For further information, please contact Hume City Council.)   The Stepped Care model aims to increase early intervention and prevention of mental health issues, thus providing the right care, in the right place, at the right time. Stepped Care is centred on a staged system response containing a hierarchy of interventions matched to the individuals needs, from the least intensive to the most intensive. The multiple levels within this approach are intended to provide an integrated spectrum of service interventions which allows the individual to transition up to higher intensity services or down to lower intensity services as their needs change.   Source: Focusing on prevention A joint submission to the Productivity Commission inquiry into mental health (2019)"

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

"Unprecedented growth in the Interface Councils Region has put huge pressure on existing services and infrastructure. In this context, geographical remoteness equates to poor mental health outcomes for residents.   Access to pharmacies, dental services, general practitioners and allied health services remains below the rest of Melbourne and the state average. As a result, the health and wellbeing of residents is significantly impacted and people living in the ICR are at greater risk (e.g. psychological distress, problematic alcohol & drug use etc.) This will likely have long-term consequences for State Government, local communities and the region if not addressed properly. The high prevalence of mental health issues in the ICR is partly caused by the under provision of critical services and infrastructure. The following measures need to be addressed to contribute to prevention in this space: Adequate access and service levels of public transport Provision of and access to local employment or post-secondary education opportunities Community infrastructure and community spaces   -   Limited access to community spaces and recreation, cultural/art facilities -   Spaces for youth to engage Early childhood services Early intervention health services including GPs, youth workers and pharmacists Health literacy initiatives in school (primary, secondary and tertiary) Increase education and awareness programs that are targeted at the cohorts most at risk Aged-care facilities   Youth workers and youth support services Pharmacies (including after-hours/24-hour pharmacies) Disability services (NDIS

challenges) The Interface Councils Liveability Snapshot and Creating Liveable Communities in the Interface report states the following: Persons residing in Interface Councils experience higher incidences of physical and mental health issues than in metropolitan Melbourne Equity of access is not being upheld through planning of the build environment and funding for infrastructure Higher proportion of young people with mental health issues Young people in the ICR show higher levels of self-harming behaviours and higher levels of depressive symptoms Higher levels of psychological distress, which exceeds the state average and indicates a need for improved access to mental health and support services Currently, there is an inability of the service system to adequately adapt to growth and change in the region by mobilising and shifting spatial allocation of resources. This essentially points to a failure of the service commissioning system which manifests as the following drivers for poor mental health for residents every day: Long commute times, which cause a poor work/life balance and a lack of quality time with loved ones, are closely associated with mental health struggles Mortgage/rental stress is also more pronounced in these areas. A big reason for financial troubles in the region is the cost of not having local jobs.   -For example, 80% of people in the Federal Seat of La Trobe (which encompasses the City of Casey and Cardinia Shire Council,) travel outside it to work every day Not enough services are located where there is demand   -   Interface Councils residents are typically required to travel and seek metal health services outside their municipality   -The issue of gambling and mental health services must also be addressed in the region Below is a list of recommendations to address poor mental health outcomes: Improve the local commissioning model and increase the number of local service providers Funding incentives to ensure that service providers are located close to those in need Earlier and more frequent provision of preventative programs Improved integration with other service providers   - i.e. often cases are complex and span multiple needs Use the single case model approach Improve the administrative boundary alignment.   -   It is important to note that the mental health service delivery model after the 2009 Black Saturday Bushfires removed boundary challenges Improve linkages with the NDIS Linkages with recommendations from the Royal Commission into Family Violence   -   e.g. including but not limited to the Orange Door models Consider gender- and culturally-specific responses more readily Consider rural issues and triggers, particularly for men   -   e.g. farms, climate change, droughts, fire, flood etc Ability and capacity of families (households) to cope with mental illness, what support structures are required Provide better support to increase the capacity of families and households to cope with mental illness Focus on early provision and planning of services: built form (design), governance and operational costs. Reduce stigma by challenging negative language and labels attached to mental health Improving the affordability of mental health services, as well as access to Mental Health Care Plans. "

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

"For Interface Councils, the locations of support services for families and carers is a significant issue. The demand for mental health support is much greater compared to inner Melbourne yet there are fewer services for both people suffering with mental health issues and also their support networks in the region.   As it states in the Supporting Interface Families (2016) report, there is evidence that waiting lists have been used extensively for managing the excessive demand for services. The key services where waiting lists were used are as follows: Family Support there appeared to be extensive waiting times for both medium and high priority clients; Page 20 of 87 Supporting Interface Families Project General Counselling there was widespread reporting of waiting lists with five agencies reporting wait times between one and three months for service access; Mental Health 12 agencies reported waiting lists with half reporting waiting lists of

between one and three months; Family Strengthening Services shorter waiting times were reported for family strengthening services; Parenting Sessions extended waiting times of between one and three months were reported across a number of agencies; General Youth Services moderate waiting times were reported, particularly for high priority cases. It also states in the report that the recent Royal Commission into Family Violence noted despite Victorias legal framework recognising childrens right to safety and wellbeing, and specific legislative protections for children who experience family violence, the specific needs of children and young people are often overlooked. They are rarely treated as victims in their own right. Integrated planning and follow through is needed to ensure appropriate infrastructure, services and community strengthening programs are implemented for all afflicted by mental health problems.   The recent release of findings and recommendations from the Royal Commission into Family Violence recognises the lack of targetted resources to meet the specific needs of children and young people who have experienced family violence. The Orange Door initiative is a positive program, but Interface Councils believes closer collaboration with councils and people with lived experience is crucial to determine the locations of these hubs.   Policy development impacting young people over the last several years has been both specific and included as part of broader policy and reform. Economic reform, education state, youth funding and partnerships, vocational education and training, alcohol and drug strategy, housing and disability reform have all addressed the needs of young people to varying degrees. However, limited funding and recent government changes to the resourcing and policy commitment to young people has created a sense of uncertainty regarding the location of young people as a particular and strategic priority and resource. There is also a need for improved communication between medical professionals, family members and carers, particularly at critical points such as diagnoses and discharge from acute care. Additionally, improved access to peer support programs and awareness training (such as Teen Mental Health First Aid) can provide much needed support for young people.   The 2010, the Supporting Parents, Supporting Children report reinforced the need to prioritise universal services to be available and accessible to all and that intensive secondary services be available and linked as additional assistance as required. The Nest Action Agenda suggests a combination that provides a coherent platform of universal services in infancy combined with increased attention to care and education child centred and enhanced support for parents and carers and targeted services for vulnerable and disadvantaged children and families. The establishment of effective pathways and collaboration between the universal secondary and tertiary services provides a range of benefits for children young people and families including; an improved opportunity to receive the assistance and support required in a timely and coordinated manner; continuing engagement with or reconnection into universal services while additional supports and resources are provided; reduces the stigma of accessing additional support as they are seen as a resource rather than an intervention; reduces the risk of the person and family falling through the gaps. "

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

"Interface Councils believes appropriate strategies need to be put in place specific to the evolving needs of the region. This is also imperative because those people who make up the mental health workforce should contribute to changes and build capacity across the sector.   The demand for mental health services and practitioners is disproportionately high when compared to metropolitan Melbourne and Victoria as a whole. Service figures for mental health, family violence, physiotherapists, disability services, occupational therapists and psychologists show significant funding gaps between the Interface Councils region and metropolitan Melbourne. It is estimated than an immediate injection of almost a quarter of a billion dollars is needed to close the service

gap.   The ability to recruit and retain suitable credentialed staff is foundational. This need can be addressed by: Ideally, having people in roles that allow them to operate at the top of their scope of practice and using formal peer supported roles where appropriate Working with the Regional Partnership and State Governments workforce strategies Encouraging growing your own opportunities (training, secondments and placements) Base services in metropolitan fringe areas, paying travel time, and using Telehealth ?Various state-based models for telehealth are in use, and could be a framework for the expansion of Telehealth in Victoria (Source: 2019 Draft, Lower Hume Primary Care Partnership, Strengthening Supports for Mental Health across Lower Hume) Enhancing and promoting the liveability across the ICR (i.e. creating places people want to live, work and rest: good urban design planning of town centres, connectivity, community infrastructure) Creating better learning and working environments that are innovative and flexible Prioritising cadetships, training or similar for mental health workers in Melbournes outer suburbs oThis could include Aboriginal people and CALD communities in particular Strengthening partnerships with state-led program and workforce initiatives Ensuring skilled workers share their knowledge and experience with those entering the workforce later Implementing local commissioning models to provide certainty and development opportunities for organisations Improving service and infrastructure integration across the planning process Improving community perception and therefore the morale of those working in the sector Increasing undergraduate, vocational and other training opportunities in the region Making a commitment to further work to address issues affecting attraction and retention in this field Directly addressing the identified issue of higher workforce gaps in outer suburban areas (as well as regional and rural areas) Resources: VAGO report, Access to Mental Health Services (2019)"

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?

"Economic participation, in the form of paid work or studying and training, not only provides income and boosts the economy but also increases self-esteem. Pathways and interfaces between Victorias mental health system and other services need to be strengthened.   Social participation strengthens community networks which can increase opportunities for people to participate in social events and could also assist in the development of skills that help people to participate in an economic sense. There are many blockers preventing individuals from entering the workforce that are due to circumstances unique to the Interface Councils Region. However, there are also structural factors related to planning and transport that exist which prohibit participation.   Continued sprawl and changing employment landscapes in the Interface Councils Region has created an immediate need for more local employment options for residents. Recent employment numbers indicate that unemployment remains higher in the Interface Councils Region than the state average, with only approximately .51 jobs per labour force participant in the region, according to the Interface Councils Liveability Snapshot. As a result, many residents are either unable to participate in the workforce or face long commutes that often consume more than two hours of their day, which significantly impacts their quality of life. For example, 20.4 per cent of Wyndham workers currently travel 90 minutes or more to and from work, up from 17.4 per cent in 2014 (Source: Wyndham City, Annual Community Survey). When mental health issues are coupled with fewer job opportunities, it is even more difficult for individuals to obtain and sustain paid work and these issues become compounded. Transport is another contributing factor preventing opportunities for economic and social participation in the region. One bus every hour and even less frequent servicing on Sundays is a deterrent for residents to get help for mental health issues, for example. People living in ICR are car-dependent (this causes issues for people

too young to drive or too old to drive). In order to improve social and economic participation, Interface Councils suggests the following measures should be seriously considered to provide more opportunities: Flexible workplaces or working arrangements that would increase work opportunities Community- and employment-based initiatives that reduce stigma and discrimination, which act as a barrier to work or social situations Information-sharing and integration of services Increased support for people returning to/transitioning into work to provide a sense of purpose Bolstering physical and online community networks because of their critical role in recovery -This is especially important because of the social isolation prevalent in the region More programs and training that focus on financial education and management An increase in language and literacy education and related support An increase in digital literacy education efforts Education and training on how to use online portals Improvements to the transport system in terms of frequency and access Increase the prominence of the role of exercise in the treatment and prevention of mental illness - Access to exercise opportunities in community-based facilities, such as leisure centres, is a strategy supported by evidence which is effective, low-cost, accessible and sustainable Better alignment between the state and federal funders and a realignment of boundaries. "

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?
"In general terms and as outlined in the Interface Councils Liveability Snapshot, the domain of social infrastructure and services is crucial. Interface Councils believes the corresponding focus areas should be prioritised: Community infrastructure Enhanced community infrastructure that includes new builds, asset renewal and general maintenance Education Improved education outcomes through the provision of additional schools for early, primary and secondary education Attitudes and awareness We need to fundamentally change the conversation around mental health by challenging negative language and labels, increasing awareness of suicide risk factors and response strategies, and improving understanding of mental health within the employment and education context so that fewer people become disengaged. Services Closing of the services gap in the ICR for Allied Health services, mental health services, family violence, housing and homelessness, alcohol and other drugs, aged care services, and disability support Increased support for seniors through building new modern aged care facilities and hospitals Increasing family violence services (future Orange Door hubs in Interface Councils) - Increased reporting of family violence has not been matched with a service system appropriately resourced to be able to respond. Instead, primary intervention, early intervention and tertiary intervention programs and services struggle to keep pace with demand Housing and Homelessness addressing the lack of adequate crisis and social housing in the region, which is more pronounced than the lack of accommodation in metropolitan Melbourne -Measures need to be undertaken to ensure that people can live with dignity and access housing services and crisis accommodation support when needed Youth justice early intervention, prevention and diversion remain important, as does innovation in this area Disability support according to the Interface Councils Human Services Gap Analysis, there is a very significant distortion in the spatial distribution of Victorian Government Disability Support Packages - The four Interface LGAs with the greatest gaps are: Wyndham, Casey, Melton and Cardinia. Public Transport Improving referral pathways for people suffering with mental health issues by addressing lack of public transport and too few physical access points for services. "

What can be done now to prepare for changes to Victorias mental health system and

support improvements to last?

"The Interface Councils group believes the following measures should be pursued now: Early integrated planning is a critical conversation at the moment. Decisions made by the Victorian Planning Authority, should align with the Department of Education, the Department of Health and Human Services and the Department of Jobs, Precincts & Regions at the PSP stage of community development and also link with the Not-For-Profit and private services sector Data/information sharing is critical and does not happen enough between organisations at the moment Better integration and consistency between Federal and State commitments in this area would improve outcomes for residents A significant long-term funding commitment is needed to ensure appropriate mental health, allied health and support service levels in the region are comparable with the rest of Melbourne. "

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

"It is important to recognise this submission reflects the collective position of the ten Interface Councils. For specific information related to individual councils, please refer to their individual submissions and contact councils directly to follow up if necessary. As illustrated in this submission, the Interface Councils Region has a trend of lower liveability compared to other Greater Melbourne areas. This manifests in high levels of family violence, limited access to health and human services, a lack of timely infrastructure, poor access to public transport and sparse public transport services, and limited access to community spaces and recreation facilities. The Interface Councils group has a demonstrated commitment to creating liveable, thriving, healthy and productive communities and addressing equitable access to health and human services and infrastructure. This commitment is based on significant partnership work and commissioning of sound research and evidence concerning gaps in liveability and the need to enhance health and human service delivery and infrastructure. The Interface Councils Human Services Gap Analysis (2017) demonstrates the inequitable and uneven spatial distribution of services disadvantages Interface communities, and that this should be addressed through service reform and redesign, shifting and re-prioritising investment and improving service commissioning processes. However, investing money without a proper process is not the solution and the specific needs of Melbournes outer suburban and growth councils need a different way of providing services. The Interface Councils group is prepared to partner with the State Government to fund new solutions to the current service gaps. We are currently drafting a list of innovative health and human services pilot projects to manage growth differently in the region. We will be including this list of projects in the Interface Councils 2020-21 Budget Submission. This list will support our request that the existing Growing Suburbs Fund be expanded to include $20 million for these projects specifically. These projects aim to address key service needs in the region by implementing local commissioning models that are not used presently. Commissioned by Interface Councils, the Human Services Gap Analysis report is intended to be a focal point for further collaborative research and place-based planning. As outlined in the report, there are specific levers for change that need to be applied to make the entire service more agile and responsive to the needs of emerging communities in the outer suburbs. These include: An effective means of redistribution of existing funding streams it is not always about additional funding but greater flexibility in service commissioning processes Additional funding to match population growth predictive service funding models and rational mechanisms to ensure there is not a lag in provision Funded agencies need to be provided with incentives (or penalties) to ensure services are reaching the communities they are designed for New flexible funding models that can adapt to local need and reflect growth area incentives Place-based whole-of-government planning models to ensure a structural response to planning in the growth areas and Interface Councils region in general Infrastructure

delivery timed to support the delivery of required services; Effective partnerships might be established to explore co-design and co-production opportunities; and Better horizontal and vertical integration and a focus on follow through and handover of plans to ensure delivery Please find the following resources attached to this submission (or via email):   Human Services Gap Analysis (Interface Councils, 2017) Liveability Snapshot (Interface Councils, 2017) Liveability Policy (Interface Councils, 2018) Creating Liveable Communities in the Interface (Interface Councils, 2014) One Melbourne or Two? (2018) Supporting Interface Families (Interface Councils, 2016) Access to Mental Health Services (VAGO, 2019) Facebook ads to the rescue? Recruiting a hard to reach population into an Internet-based behavioural health intervention trial (L. Wozney et al., 2019) Randomized controlled trial of an Internet intervention for problem gambling provided with or without access to an Internet intervention for co-occurring mental health distress (J.A Cunningham et al., 2019) "