Submission to the Royal Commission into Victoria's Mental Health System

July 2019

Jesuit
Social Services
Building a Just Society

Contents

Jesuit Social Services: Who we are and what we do

Jesuit Social Services has been working for more than 40 years delivering support services and advocating for improved policies, legislation and resources to achieve strong, cohesive and vibrant communities where every individual can play their role and flourish.

We are a social change organisation working with some of the most marginalised individuals, families and communities, often experiencing multiple and complex challenges. Jesuit Social Services works where the need is greatest and where we have the capacity, experience and skills to make the most difference.

Our services span Victoria, New South Wales and the Northern Territory where we engage with more than 57,000 individuals and families annually.

Our service delivery and advocacy focuses on the following key areas:

- **Justice and crime prevention –** people involved with the justice system
- **Mental health and wellbeing –** people with multiple and complex needs including mental illness, trauma, homelessness and complex bereavement
- **Settlement and community building –** recently arrived immigrants and refugees, and disadvantaged communities
- **Education, training and employment –** people with barriers to sustainable employment
- **Gender Justice –** providing leadership on the reduction of violence and other harmful behaviours prevalent among boys and men, and building new approaches to improve their wellbeing and keep families and communities safe.
- **Ecological justice.**

Research, advocacy and policy are coordinated across all program and major interest areas of Jesuit Social Services. Our advocacy is grounded in the knowledge, expertise and experiences of program staff and participants, as well as academic research and evidence. We seek to influence policies, practices, legislation and budget investment to positively influence people's lives and improve approaches to address long term social challenges. We do this by working collaboratively with governments, business and the community sector to build coalitions and alliances around key issues, and building strong relationships with key decision-makers and the community.

Our Learning and Practice Development Unit builds the capacity of our services through staff development, training and evaluation, as well as articulating and disseminating information on best practice approaches to working with participants and communities across our programs.

We acknowledge the Traditional Custodians of all the lands on which Jesuit Social Services operates and pay respect to their Elders past and present. We express our gratitude for their love and care of people, community, land and all life.

KEY RECOMMENDATIONS

Place-based approaches

- **Use place-based approaches to address disadvantage within communities and promote early intervention and prevention initiatives across a broad range of services, including mental health.**

Aboriginal and Torres Strait Islander communities

- **Invest in place-based, community-led responses to addressing social and emotional wellbeing, mental health and suicide prevention, including postvention responses, for Aboriginal and Torres Strait Islander communities.**
- **Recognise that Aboriginal and Torres Strait Islander community controlled organisations are best placed to provide culturally appropriate mental health services, developed by and for local communities, and support and resource them to do so.**

Gender and culture

- **Build greater public awareness of concepts related to The Man Box (e.g. self-sufficiency) and their links to mental health outcomes, particularly working to target groups more likely to personally endorse masculine norms.**
- **Partner with philanthropy, business and community groups in developing, testing and evaluating new interventions focused on:**
  - **Building workforce capacity on issues related to the Man Box with a focus on equipping them with the tools, frameworks and language to engage in discussions that support men and boys to live positive alternatives to the Man Box norms.**
  - **Increased emphasis on secondary prevention, for instance, engaging with young boys using violence at school and/or in the home so that these behaviours do not continue into adulthood.**
  - **Engaging with the "systems" that impact an individual's life such as their family, peers, workplaces and schools – individual responses will only get us so far.**
  - **Using the Man Box survey as a screening tool.**

Housing and homelessness

- **Invest in new public housing stock and increased access to social housing. As a priority, the Victorian Government should build at least 3,000 new public housing properties each year over the next four years.**
- **Invest in a diversity of housing options for people with mental health and multiple and complex needs, including specific housing initiatives for single people, young people, women, and people with experience of trauma, and people exiting the justice system.**

Mental health and youth justice

- **Amend section 344 of the *Children, Youth and Families Act 2005* to raise the age of criminal responsibility to 14 years to better respond to children whose mental health would otherwise suffer in youth detention.**
- **Given its serious impacts on the mental health of children and young people, ban the use of isolation, and monitor and report on the use of lockdowns for children and young people in Youth Justice Centres.**

- **Establish specialised, sustainable and comprehensive state-wide mental health services in custody and in the community.**
- **Embed trauma-informed practice in youth justice interventions and provide trauma-specific interventions for children and young people in youth justice detention.**
- **Provide additional funding for the Youth Justice Community Support Service so that *all* young people exiting custody, and their families, have access to the supports they need.**
- **Ensure that the construction of the Cherry Creek youth justice centre meets international standards of best-practice in therapeutic and restorative responses to young people who offend.**
- **Introduce a minimum qualification for the youth justice workforce, including detention officers and other staff in youth detention centres, grounded in principles that place the interests, developmental needs and rehabilitation of children and young people at the forefront.**

Mental health and adult justice

- **Pursue strategies to divert people with mental illnesses from prison by strengthening pathways to early community treatment and support, including additional court based mental health support services and staff.**
- **Recognise the particular vulnerabilities and higher risk of suicide for people involved in the criminal justice system and increase prison-based mental health supports (including additional staff both in the prison and embedded in transitional support teams).**
- **Ensure comprehensive screening and assessment of prison entrants, with discharge planning commencing from admission to prison.**
- **Strengthen links between prison based health and mental health services and community based health and mental health services to ensure planning occurs for those exiting prison prior to their release. Clearly articulated pathways on exit plans are required that link individuals with support providers.**
- **Legislate for a presumption against the use of isolation, with isolation only permissible in rare cases where immediate safety to persons is a concern, and then only for the briefest possible period. In no case should isolation exceed 14 consecutive days, and a period of such length could only be justified in the most extreme circumstances.**
- **A coordinated commitment from State and Commonwealth Governments to ensuring that individuals exiting prison are prioritised for NDIS funding packages.**
- **Invest in post-release support, including transitional facilities, to ensure that individuals do not exit prison into homelessness or unsuitable housing.**

Addressing the impact of NDIS for people with complex needs

- **Include specialist entry points to the 'mental health service system' to effectively engage people, address complex needs and complement the NDIS service system.**
- **Ensure specialised, flexible mental health services for marginalised people, delivered by a skilled workforce and provided where they live.**
- **Enable successful links between the NDIS and other mainstream services to ensure that co-occurring issues experienced by people with multiple and complex needs are not compartmentalised and dealt with in isolation by numerous service providers.**

Soft entry points into the system

- **Fund programs which provide a 'soft entry point' into the mental health system to engage young people who are not ready for formal participation with other health care workers.**

- **Resource activity-based programs like Connexions, The Outdoor Experience and the Artful Dodgers Studios as a complementary stream to provide holistic specialist care and creative activities for the most marginalised young people with mental health issues.**

Dual diagnosis services

- **Increase funding for specialist dual diagnosis programs which provide flexible, integrated care to the significant number of people who experience alcohol and drug and mental health co-morbidity.**

Coordination between services

- **Provide intensive transitional support to vulnerable and/or high-need participants as they move between service systems, with a focus on building capacity and supporting their ability to articulate and engage with new services and processes.**
- **Support greater integration and coordination between clinical and non-clinical services, facilitated through proactive follow-up support after hospitalization; the involvement of families and carers; and stronger information sharing across networks.**
- **Develop a new service response for individuals with Borderline Personality Disorder, including provisions for care within a secure facility when required.**

Recognising and responding to family violence

- **Assign responsibility within the Victorian Government for developing a coordinated response to adolescent family violence (recommendations 123 – 128).**
- **Informed by Jesuit Social Services' design work, provide the Police with greater support during the first response to adolescent family violence, including additional referral and housing pathways as well as longer term work supported by assertive outreach to prevent further violence from occurring.**
- **Invest in restorative approaches to prevent and address violence in young boys and men including resources to support the coordination with existing adolescent family violence services.**

Supported employment programs

- **Expand access to, and fund over the long-term, initiatives such as JobsBank, JVEN, Skills First Reconnect and Transition to Work, to help assist people with significant barriers to participation and employment, including mental health issues.**

Postvention support

- **Provide secure, long-term funding for postvention services, including access to postvention services for regional and rural areas.**
- **Provide funding for a dedicated research stream to develop an evidence base on the impact of suicide and the effectiveness of postvention services in reducing risk.**
- **Invest in short term residential care for people who have attempted suicide or are suicidal.**

Background and context

We thank the Royal Commission for the opportunity to provide this submission and help to facilitate the voice and experience of our participants and program staff, and we welcome the Victorian Government's commitment to implement all recommendations.

Supporting Victorians' mental health and wellbeing is a complex issue. In listening to people with lived experience of mental illness, Jesuit Social Services understands how poor mental health can severely impact on an individual's wellbeing across a wide range of areas including education and training, employment, family wellbeing, justice and crime.

It is therefore critical that we place a high priority on supporting the mental health of our communities in order to support not just individual mental wellbeing, but also their physical, social and economic health.

At the same time, a person's mental health can be significantly impacted, positively or negative, by those same factors of experience of education, employment, family violence and the justice system. Consequently, any approach to improving the mental health system needs to take a comprehensive approach which looks to all of these factors as contributing to the health, welfare and intrinsic dignity of all in our communities.

Over the past 40 years, we have addressed a broad range of program participants' mental health problems through our services. This includes:

- Working with young people who have been in contact with the criminal justice system and whose mental health has suffered, often leading to deeper issues, behavioural problems, and unfortunately in many instances, further engagement with the justice system because of this harm caused and the inability of the justice system to provide adequate support.
- Supporting family members and others impacted by the suicide of a loved one (including children, young people and adults) to better support their mental health following the traumatic experience of bereavement after suicide.
- Understanding and working with deeply disadvantaged postcodes and local communities that experience disproportionate levels of poor mental health alongside issues around crime, drug and alcohol use, disability, education, employment and family violence.
- Providing soft entry points for vulnerable and disadvantaged people with mental illness to ensure that they receive the services and supports they require in a way that is respectful and appropriate to their specific needs.
- Working with young men experiencing social pressures around gender and supporting them to live respectful, accountable and fulfilling lives.

Through this experience it is clear to us that there is a need for significant and immediate reform to the mental health system (and the systems with which it engages and impacts) to ensure that Victorians are receiving the supports, services and resources they require to support their mental health and ensure the best outcomes in all aspects of their lives. This is especially the case for those who are already suffering other forms of disadvantage or marginalisation who, because they are 'not the right kind of sick', often fail to get the supports they require.

At the core of this reform is ensuring that as we build our understanding that we continue to keep those with whom we are working at the centre, ensuring that we are building a new system with them

and not simply for them. Jesuit Social Services draws heavily on the experience of our participants in this submission, and as such we are specifically focused on how the mental health system supports those on the margins of society, including people involved with the justice system, from disadvantaged communities, with barriers to sustainable employment, and those with multiple and complex needs – and unfortunately in many instances – people experiencing all of these disadvantages.

An internal analysis of 963 participants across 12 of our key programs in 2018 established that 77 per cent of participants reported mental health concerns. These participants also presented with a range of other complex needs or life circumstances, including homelessness, substance use issues, involvement with child protection and experience of family violence. These findings indicated to us that any interventions must treat the person as a whole, taking into account a range of individual and societal factors to support people.

Our research into attitudes to manhood and the behaviours of young men in Australia revealed similarly alarming statistics. *The Man Box* study, which surveyed 1,000 males aged 18 to 30, found that 33 per cent reported having thoughts about suicide in the past two weeks.

The Royal Commission presents an opportunity to look not only at mental health services, but at the structures, conditions and systems in our society which interact with it, and which exacerbate or contribute to mental ill-health. Consequently, this submission will respond to the questions put forward by the Commission as to the effectiveness of the mental health system across this range of structures, conditions and systems.

The justice system is a particular focus of this submission, as we know that 61 per cent of prisoners in Victoria have or have had a diagnosis of a mental health disorder[1] and we are aware of the impact that imprisonment, isolation and restraint have on individuals' mental health – especially when they are young. The relationship between mental health and the justice system is therefore of great concern – especially considering the long-term ramifications on the individual, their family and community, and broader impacts this has on society.

It is therefore critical that any examination of the mental health system takes into account and understands the impacts of related systems such as justice, housing, education and employment. The experience of our program participants has shown us that mental health is rarely if ever isolated from these other domains and therefore a comprehensive, integrated response will be required if we are to effectively address the issue of mental health and its diverse impacts on our communities.

We look forward to continuing to work alongside communities, government, the community sector and others to help drive improved mental health for all Victorians.

1. Prevention and early intervention

Public policy must pay greater attention to the role of structural factors and social inequality as key determinants of health and wellbeing. We support a holistic approach to mental health and wellbeing that takes account of key drivers like poverty, discrimination, family dysfunction and histories of trauma. We also recognise that mental illness (as well as alcohol and drug issues) is often a contributing factor to involvement in the criminal justice system.

There is a need for more early intervention services in the mental health system. Often only those in severe crisis are able to be seen in a timely manner. Jesuit Social Services believes there is a lack of programs for young people to access support, particularly those who are aged under 12 who may go on to develop more serious problems without adequate early intervention.

In our view, there are certain core factors that must be recognised as part of approaches to tackling mental health issues in Victoria. As elaborated in this section, these include the need for community-led, place-based responses to addressing broader disadvantage; recognition of the specific experiences and conceptualisation of mental ill health among Aboriginal and Torres Strait Islander communities; and a focus on some of the attitudinal drivers of violence and poor mental health centred on harmful notions of what it is to be a man. Importantly, we must also recognise that mental health interventions will not be successful if a person does not have appropriate safe, secure and stable housing.

Place-based approaches

In 2015, Jesuit Social Services, along with Catholic Social Services Australia, released the findings of its fourth Dropping off the Edge Report (DOTE), which found that complex and entrenched disadvantage continues to be experienced by a small but persistent number of locations in each state and territory across Australia. These communities experience a web-like structure of disadvantage, with a disproportionate incidence of factors such as mental health problems, unemployment and contact with the justice system.

In Victoria, for example, our research found that in comparison to the rest of the state, those living in the three per cent most disadvantaged postcodes in the state were:

- twice as likely to have criminal convictions;
- 3 times more likely to be experiencing long term unemployment;
- 2.6 times more likely to have experienced domestic violence; and
- 2.4 times more likely to be on disability support.

More than a third of the most disadvantaged postcodes in Victoria also recorded high levels of mental health problems.

There is growing recognition that place-based approaches are an appropriate response to addressing entrenched locational disadvantage.[2] Place-based approaches aim to empower communities to develop and deliver local solutions over the long term by bringing together members of the community, community organisations, businesses, government and public services like schools and health centres. Place-based approaches focus on the causes rather than the consequences of entrenched disadvantage, embracing prevention and early intervention in an effort to resolve issues before they escalate. Individuals and groups work together to design and implement innovative solutions to complex social issues specific to their community, drawing on local strengths, opportunities and goals.

Without a sustained, collaborative, long-term commitment across the government, community and business sectors, there is a significant risk that some of Australia's most severely disadvantaged communities will continue to 'drop off the edge'. The web of disadvantage can be broken effectively by a multi-layered, cooperative and coordinated strategy that is owned and driven by the community.

This strategy should be:

- **Targeted –** Concentrated to specific areas of the most severe disadvantage (selected by use of a nationally agreed, transparent and shared evidence base).
- **Tailored –** Meet needs as identified by residents within these communities and respond to the unique mix of issues they face.
- **Integrated –** Recognising that the web of multiple and interconnected causes of disadvantage cannot be addressed with compartmentalised solutions.
- **Cooperative –** Responses are founded on new systemic, coordinated ways of working that draw together different levels of government and departmental portfolios, integrated community initiatives and social impact investment.
- **A long-term horizon –** A long-term commitment of 20 years to address complex, entrenched disadvantage in identified communities.
- **Community owned and driven –** Community leaders drive the agenda, recognising the strength within communities and work with them to build capacity, generate action, attract external resources, and maintain direction and energy.
- **Engaged at the individual, community and national levels** – Recognising the complex interplay of the individual, their family circumstances, their community, and the broader social, economic and ecological environment in causing and addressing disadvantage.

Critically, place-based approaches must encompass interventions from birth across the life span, such as early childhood, school, mental health, justice and crime prevention. They should be led by, and build the capacities and resources of, local communities.

RECOMMENDATIONS

- **Use place-based approaches to address disadvantage within communities and promote early intervention and prevention initiatives across a broad range of services, including mental health.**
- **Provide long term funding that is not tied to electoral cycles.**

Aboriginal and Torres Strait Islander communities

A specific response is required to address the mental health needs of Aboriginal and Torres Strait Islander communities. The experience of dispossession has had devastating intergenerational social consequences for Aboriginal and Torres Strait Islander people. This has resulted in their disadvantage and marginalisation that is reflected in disproportionately high incarceration rates, homelessness and ill health, including impacts on mental health outcomes.

Shockingly, Aboriginal and Torres Strait Islander people died from suicide at twice the rate of the non-Indigenous population in 2017.[3] Young people are particularly affected, with Aboriginal and Torres

Strait Islander children and young people accounting for more than a quarter of all suicide deaths in this age group over the 5 years from 2013 to 2017 (93 of 358 deaths, or 26 per cent).[4]

This situation has rightly been described as a national crisis[5] demanding the full and effective focus and resourcing of government, as the number of suicides continues to climb in 2019.[6] The involvement of, and control by, local Aboriginal community controlled organisations must be prioritised in the planning, coordination and provision of services.

The social fabric of communities can play an influential role in buffering the worst effects of disadvantage[7], with community factors being shown to influence mental health levels in children,[8] education, and levels of safety and crime.[9] Jesuit Social Services' community capacity building approach provides a framework whereby cultural and cross-sector partnerships are fostered. Through these partnerships, the strengths of Aboriginal and Torres Strait Islander people can be harnessed to increase protective factors and prevent the impacts of disadvantage – in turn improving the mental health, and social and emotional wellbeing, of these communities.

RECOMMENDATIONS

- **Invest in place-based, community-led responses to addressing social and emotional wellbeing, mental health and suicide prevention, including postvention responses, for Aboriginal and Torres Strait Islander communities.**
- **Recognise that Aboriginal and Torres Strait Islander community controlled organisations are best placed to provide culturally appropriate services, developed by and for local communities, and support and resource them to do so.**

Gender and culture

Boys and men are in trouble – and they are causing trouble. Not all of them. Not even most. But too many. The impact on women, children, families, communities and society as a whole is profound.

We see it in high levels of substance abuse, mental health issues and violence. Around 95 per cent of victims of violence experience violence from a male perpetrator,[10] and 93 per cent of all prisoners in Victoria are male.[11] Trouble often starts early too – almost 80 per cent of expulsions in Victorian schools are boys.[12]

As a society we have recently begun to acknowledge one significant aspect of the problem – violence against women and children. The focus has been, as it should be, on supporting the victims of this violence. But we must also address the root causes of the problem by supporting boys and men to live respectful, accountable and fulfilling lives, where they are able to develop loving relationships free from violence and contribute to safe and equal communities.

We need to promote positive change around gender norms and stereotypes and what it means to be a healthy and respectful man. We need to focus on the contributing factors to male violence like mental health problems, substance abuse and social isolation.

To this end, Jesuit Social Services established The Men's Project in late 2017. The Men's Project is working with boys and men to understand their attitudes and behaviours, as well as to support them

to establish meaningful relationships, to build hopes and aspirations, and to fully realise their potential.

The Man Box

Evidence from research into men's behaviours and attitudes conducted overseas has found that adherence to social pressures to behave like a 'real man' can contribute to acts of violence, and in poorer outcomes for men in a range of areas including mental health and wellbeing, drinking, and risk-taking behaviours.

The Men's Project undertook a similar study, *The Man Box*, released in October 2018 – the first Australian comprehensive study that focuses on the attitudes to manhood and the behaviours of young Australian men aged 18 to 30. The 'Man Box' is a set of beliefs within and across society that place pressure on men to be a certain way – to be tough; not to show any emotions; to be the breadwinner; to always be in control; use violence to solve problems; and to have many sexual partners. Findings show that the Man Box is alive and well in Australia today. The majority of young men agree there are social pressures on them to behave or act a certain way because of their gender. Living up to the pressures of being a 'real man' causes harm to young men and those around them.

> *"Men are just as emotional but don't show it as much."*
>
> *"Push them (emotions) down."*
>
> *"It's not okay to show weakness (as a man) – if you present yourself as a weaker more emotional person you suddenly become less desirable or less stable (but) if you're a woman it's okay."*
>
> **– Responses from focus group participants**

Across the entire sample of all young men responding to the survey, we saw a very high percentage reporting 'little interest or pleasure in doing things' and 'feeling down, depressed or hopeless' — indicators associated with poor mental health outcomes. Of all survey respondents, 33 per cent reported having thoughts about suicide in the past two weeks.

Those who endorse the rules of the Man Box are more likely than other men to have poor mental health. Of these young men,

- 44 per cent had thoughts of suicide in the last two weeks (twice as likely as those outside The Man Box);
- 83 per cent reported having little interest or pleasure in doing things in the last two weeks; and
- 72 per cent reported feeling down, depressed or hopeless.

Further analysis broke survey respondents into five groups (quintiles) depending on their composite scores on the Man Box scale. This analysis found that, although those who more strongly endorsed the Man Box rules had higher levels of life satisfaction than young men in other quintiles, this group also had the highest suicidal ideation rate. This demonstrated the somewhat complex and contradictory nature of life inside the Man Box.

The fact that those who most strongly endorsed The Man Box had thoughts of suicide at double the rate of those who were most free of the box is particularly alarming, suggesting more concentrated experiences of poor mental health among this group. The data suggests those men who are not aware

of societal pressures to be a particular type of man are more likely to personally endorse The Man Box rules. These men are likely to be at highest risk. Future work is needed to understand why these men have greater awareness of societal pressures and how this awareness is linked to lower personal endorsement of the Man Box rules.

Given these findings, there must be a renewed focus on addressing these underlying attitudes and behaviours as part of policy responses to mental health and wellbeing, crime prevention, alcohol harm reduction and road safety. This work would complement the *National Plan to Reduce Violence against Women and their Children* (2010 – 2022).[13]

RECOMMENDATIONS

- **Build greater public awareness of concepts related to The Man Box (e.g. self-sufficiency) and their links to mental health outcomes, particularly working to target groups more likely to personally endorse masculine norms.**
- **The Victorian Government should partner with philanthropy, business and community groups in developing, testing and evaluating new interventions focused on:**
  - **Building workforce capacity on issues related to the Man Box with a focus on equipping them with the tools, frameworks and language to engage in discussions that support men and boys to live positive alternatives to the Man Box norms.**
  - **Increased emphasis on secondary prevention, for instance, engaging with young boys using violence at school and/or in the home so that these behaviours do not continue into adulthood**
  - **Engaging with the "systems" that impact an individual's life such as their family, peers, workplaces and schools – individual responses will only get us so far**
  - **Using the Man Box survey as a screening tool**
- **Introduce policies in the areas of mental health and wellbeing, crime prevention, alcohol harm reduction and road safety which:**
  - **explicitly recognise the influence that men's attitudes and behaviour can have on poor outcomes, including poor mental health and suicidality;**
  - **make addressing and changing these behaviours and attitudes a priority; and**
  - **invest in preventative interventions to deliver on this priority.**

Housing and homelessness

We cannot effectively review Victoria's mental health system without acknowledging the crisis of homelessness and the urgent need for more social housing stock. Our experience tells us that the provision of public, social, and affordable housing helps build safer and cohesive communities, and that long-term housing can help set a firm foundation for improving well-being and enhancing personal agency.

The availability of safe, secure and stable housing is a major issue for many in our community, but particularly for people with mental illness, alcohol and drug problems, and other complex needs. Mental ill-health can be both a precursor and an outcome of homelessness.[14]

As a starting point, there must be an adequate supply of appropriate social housing in Victoria. We echo the Council to Homeless Persons' call for 3,000 new public and community housing dwellings per

year for 10 years, with 1,500 being one and two bedroom homes for singles, couples or small families. We also call for the expansion of supported housing options for individuals with multiple and complex needs.

Housing models need to be diverse, and have appropriate supports in place including community residential models, outside of clinical settings, flexible outreach supports and the provision of different types of housing (including cluster, shared supported, self-contained).

A coalescence of structural factors has meant that appropriate housing is often inaccessible for people experiencing mental ill-health. Despite the clear link between mental health and housing, the systems are too often siloed, with service gaps leading to poor outcomes for individuals navigating them. A lack of services in regional and rural areas and gaps in appropriate housing supply create structural issues within services.

Compounding this are poor discharge planning from psychiatric facilities and hospitals, restrictions on information sharing that limit access to appropriate support, and insufficiently integrated mental health and housing services, leaving people experiencing mental ill-health vulnerable to homelessness.[15] Jesuit Social Services has observed that, at times, those with significant mental health issues who are homeless are often discharged from hospital emergency departments without any follow up support. This effectively amounts to discrimination against those who are homeless. There is also an absence of housing options and associated supports for vulnerable young people with multiple and complex needs, including young people who have experienced trauma or who may be transitioning from out-of-home care or the justice system.

Case study: Amy*

Amy is an [redacted] year old young woman who has recently exited out-of-home care. She entered the system at 12 years old due to family violence and abuse. Her significant history of trauma and mental health issues is manifested in a range of behavioural issues, however at this stage there has been no formal diagnosis. She currently uses alcohol to self-medicate and prioritises purchasing alcohol over food and other basic essentials. Furthermore, she has a history of ice use.

Despite the fact Amy has very complex needs she was exited from out-of-home care without a leaving care plan or suitable long term housing in place. Amy was supported to access crisis accommodation in the short term, however the dearth of suitable long term accommodation options available has resulted in her couch surfing to avoid sleeping rough. There is no funding for a head leasing arrangement, and shared housing is not a viable option due not only to her mental health needs and behavioural issues, but also because she will require intensive support to develop her independent living skills. No suitable supported or residential options are available within the service system for a young woman of her age and with her complex needs.

The Individual Support Program (ISP) has been engaging with Amy intensively in an effort to build rapport and establish a strong relationship. Amy is engaged with her support worker and is willing and able to link in with mental health services, but her transience makes it challenging to access an appropriate service ongoing. She therefore still has no relationship and little engagement with mental health services. ISP will continue to provide intensive support, but without a viable ongoing housing option her capacity to engage with appropriate services, progress her recovery and ultimately live independently in the community is severely compromised.

*Name has been changed

Finally, homelessness and justice involvement are also linked with mental ill-health. Studies have emphasised that “the process of incarceration and transition back to the community can exacerbate health inequity for people with a history of mental

disorder".[16] Mental ill-health can present a significant barrier for people transitioning from custody to the community. A recent large scale longitudinal study of individuals vulnerable to housing instability and homelessness across Australia demonstrated that for ex-prisoners, the risk of homelessness emerges six months after re-entry when initial transition supports break down.[17] This study recommends that policy-makers fund extended support programs and provide a continuum of supported housing arrangements.[18] Supporting the transition from custody to community in a way which adequately accounts for mental health needs means investment in long-term structures of support, including appropriate housing.

RECOMMENDATIONS

- **Invest in new public housing stock and increased access to social housing. As a priority, the Victorian Government should build at least 3,000 new public housing properties each year over the next four years.**
- **Invest in a diversity of housing options for people with mental health and multiple and complex needs, including specific housing initiatives for single people, young people, women, and people with experience of trauma, and people exiting the justice system.**
- **Provide incentives for social housing providers to offer housing to people with complex and high support needs.**

2. Mental health and the justice system

Mental health and youth justice

Children and young people in the justice system in Victoria are some of our state's most vulnerable. In the Victorian Youth Parole Board annual survey of 226 young people involved with youth justice in 2017:[19]

- 53 per cent presented with mental health issues
- 30 per cent had a history of self-harm or suicidal ideation
- 70 per cent were victims of abuse, trauma or neglect
- 41 per cent presented with cognitive difficulties that affect their daily functioning
- 65 per cent had previously been suspended or expelled from school
- 11 per cent were registered with Disability Services
- 58 per cent had a history of both alcohol and drug misuse.

These figures tell us that the universal services and structures of support have failed children and young people, their families, and communities. Moreover, many of the vulnerable children in youth justice go on to become the adults in our prisons – 10 per cent of prison entrants in Victoria had histories of youth justice detention.[20]

Children and young people in contact with the justice system have high rates of mental illness, particularly those in youth detention.[21] Mental ill-health is a by-product of and precursor to justice involvement.[22] Detention is particularly detrimental to the mental health and wellbeing of children and young people. Children and young people with histories of complex trauma can be re-traumatised in a custodial environment.[23]

The mental health needs of young people involved with the youth justice system should not be considered in isolation to the other factors of disadvantage that can lead a young person on a pathway to offending. It is not only a question of delivering better services to justice-involved young people in detention and in the community. System-wide reform is needed, grounded in evidence on the needs of children and young people in our care.

Raising the age of criminal responsibility from 10 to 14 years

Amending legislation to raise the age of criminal responsibility to 14 would prevent vulnerable children from entering the justice system. This is one immediate step that could be taken toward better responses to kids whose mental health would otherwise suffer in youth detention.

Primary school aged children should be in school, not in prison. Detention negatively impacts the brain development of children and young people.[24] The most effective approach to prevent these children's trajectories into the justice system is to address the issues driving their vulnerability such as family dysfunction, trauma, abuse and neglect.

Children first detained between the ages of 10 and 14 are more likely to have sustained and frequent contact with the criminal justice system throughout their life; studies show that the younger a child has their first contact with the criminal justice system, the higher the chance of future offending.[25] The Sentencing Advisory Council recently found that with each one year increase in a child's age at first sentence, there is an 18 per cent reduction in the likelihood of reoffending.[26] Jesuit Social Services' research *Thinking outside: Alternatives to remand for children* also demonstrates that children who come into contact with the justice system at a younger age are more likely to commit multiple offences.[27]

The current minimum age is out of step with international human rights law and is inconsistent with international standards.

10	Australia
12	Belgium, Canada, Israel, Netherlands, Scotland
14	Austria, Germany, Italy, Japan, Spain
15	Denmark, Finland, Iceland, Norway, Sweden, Greece
16	Portugal

Source: Australian Institute of Health and Welfare. (2018). Youth Justice in Australia 2016-17.

Jesuit Social Services and the Smart Justice for Young People Coalition in Victoria – a coalition of leading Aboriginal and Torres Strait Islander, social services, health, legal and youth advocacy organisations who advocate for evidence-based and effective responses to justice involved children and young people – is calling on the Government to raise the age of criminal responsibility to at least 14 years old. This call is supported by bodies including the Australian Medical Association, the Royal Australian College of Physicians, the Australian Indigenous Doctors' Association, National Aboriginal and Torres Strait Islander Legal Services, the Lowitja Institute as well as Public Guardians and

Children's Commissioners across the country.[28]

Other approaches must be put in place to support vulnerable children below 14 years old and hold them to account, such as restorative justice and family-centred approaches, as well as preventative measures which target the social and economic factors which lead to anti-social behaviour.

Preventing harm caused by custodial environments

Our observation is that children and young people exit custody in a significantly worse state of mental health than on entry. This is owing to practices within the detention environment.

We continue to see young people on rotating lockdown due to a lack of staff in the Youth Justice Precincts. This impacts directly on the mental health and well-being of young people and on their access to protective and rehabilitative supports, including education. Better accountability and reporting frameworks around the use of lockdowns are needed.

The practice of isolation is detrimental to mental health. Research has demonstrated the link between isolation and lasting psychological damage for children and young people in particular.[29] Children and young people are vulnerable due to the fact that they are still developing mentally and physically. The impact of isolation can have severe consequences on adolescent brain development, making young people all the more vulnerable to sustained contact with the justice system and to suicide.[30]

We recognise and support the findings of the World Health Organisation,[31] which acknowledge the range of detrimental effects that solitary confinement can have on the mental health and wellbeing of those subjected to it. International human rights law requires that the use of solitary confinement be kept to a minimum and reserved for the few cases where it is absolutely necessary and for as short a time as possible.

The Same Four Walls report from the Commission for Children and Young People found that isolation and lockdowns were closely related practices used to manage behaviour in Victorian youth justice centres. The report found the number of lockdowns was "unacceptably high" and "had a detrimental impact on young people", and that isolation was repeatedly being used on portions of the youth prison cohort, often without relevant authorisation.[32]

In our work with children and young people in the justice system, we witness the direct impacts of isolation on their mental health and wellbeing – impacts which continue after a young person has returned to the community. In light of the health and community safety risks associated with solitary confinement as confirmed by both international research and local experience, Jesuit Social Services maintains that the use of isolation in youth justice centres should be banned.

Therapeutic interventions for young people in contact with the justice system

We must prevent further harm to the mental health of young people in contact with the justice system, particularly those in custody. In addition to addressing offending behaviour, youth justice interventions must work with young people to address underlying mental ill-health. This can only be achieved through specialised, sustainable and comprehensive mental health services in custody and in the community. Victoria needs a state-wide service network providing:

- Secondary consultation and support for community mental health outreach services that

manage young people with offending behaviours (predominantly referred via the Youth Justice Mental Health Clinician initiative). These services should be embedded/integrated into support services working with the young person and their family.

- Independent oversight of the prescription of medication associated with a mental health diagnosis.
- Training and supervision to support staff to recognise and manage violent behavior where mental illness is a factor in violence and offending.

Children and young people involved with youth justice have been identified as having high rates of complex trauma experience.[33] Aboriginal and Torres Strait Islander children and young people can be impacted by intergenerational trauma resulting from colonisation, dispossession, and the forced removal of children in the Stolen Generation. Children and young people with out-of-home care experience are overrepresented in the youth justice system – nearly one in six sentenced or diverted children have experienced out-of-home care.[34] These young people are also more likely to have experience of complex trauma.[35]

Contact with the justice system generally has a re-traumatising effect on children and young people. In addition, the impacts of trauma increase the risk of offending and create barriers to desistence.[36] As such, an appreciation of the impacts of trauma is important in working effectively with children and young people in the justice system.

Complex trauma has long-lasting effects on children and young people. Trauma-informed practice and services are sensitive to these impacts. They are underpinned by safety, trustworthiness, choice, collaboration and empowerment.[37] Additionally, trauma-specific services aim to address the impacts of trauma. Youth justice interventions must be trauma-informed, and trauma-specific services should be available to children and young people in contact with the youth justice system.[38]

Facilities themselves must be therapeutic in their physical structure and staffing. The proposed Cherry Creek youth justice centre is set to be built as a high security, high capacity facility. A truly therapeutic environment can only be achieved when the right principles sit at the heart of its design. Large-scale facilities with a focus on security, containment and control will not promote mental health and well-being.

Senior staff of Jesuit Social Services have undertaken two Justice Solutions study tours looking at best practice in youth justice overseas, in parts of Europe, the UK and US in 2017 and in New Zealand in 2019. On our Justice Solutions tours, we saw that best practice in youth justice detention involves small, home-like facilities, close to community, with step-down and transitional support options for children and young people. For instance, in the US, the Missouri Model uses small, community-based settings for youth justice detention. The state's youth detention facilities typically house 20 to 30 young people, are home-like and based in local communities. There are no fences and if doors are locked it is to keep people out rather than the young people in. The young people are supervised at all times and, consistent with our observations above on good practice, there is a strong emphasis on relationship. The approach is therapeutic and developmental rather than punitive.

Youth justice facilities also require a skilled and resourced workforce that can address the needs of a vulnerable and complex group of children and young people. We can turn to international

jurisdictions to see examples of best-practice in youth justice workforce capability. In the Netherlands, staff require a minimum three-year bachelor degree to work in youth prisons,[39] and in Spain's youth detention 'Re-education Centres' run by non-profit organisation Diagrama, front-line staff (named 'educators') are expected to have a professional qualification.[40]

Our starting point must be that detention is always used as a last resort. If children and young people are imprisoned, they must leave the justice system better off than when they entered it. This means working with young people in ways that promote mental well-being and prevent further harm. This can be achieved through a robust, well-integrated mental health system that spans across custody and community, coupled with trauma-informed care and practice, effective screening processes, and trauma-specific interventions where needed.

Supporting young people transitioning from custody to the community

The *Youth Justice Review and Strategy* highlighted the need for greater resourcing of a through-care model in youth justice. This is pertinent when considering the mental health needs of young people. Upon re-entry to the community, young people with histories of justice-involvement must be supported to smoothly transition and re-engage with family, community, housing and education, training and employment, and mental health support.

Housing is a particularly important component of this picture. The Youth Parole Board found that, of a snapshot of young people involved in the youth justice system, 13 per cent were homeless with no fixed address or living in insecure housing before being taken into custody.[41] In the previous annual report, the Youth Parole Board highlighted that a lack of appropriate accommodation after release from custody can compromise a young person's ability to re-engage in the community and desist from offending behaviours.[42] Our experience is that housing is a protective factor for the mental health and wellbeing of young people exiting youth detention.

Jesuit Social Services delivers a range of supported housing programs for young people involved in the justice system. Perry House and Dillon House provide supported accommodation for young people experiencing homelessness leaving the youth justice system. Dillon House is part of the Next Steps program, which also delivers intensive case management, and Perry House works with young people with intellectual disabilities. Link Youth Justice Housing Program supports young people aged 15 to 22 exiting the justice system homeless or at risk of homelessness, through a unique, integrated model to secure and sustain appropriate and stable housing and provides essential after hours support.

In addition to these programs, the Victorian *Youth Justice Community Support Service (YJCSS)*, delivered by Jesuit Social Services, provides transition support for young people for approximately three to four out of 10 young people exiting custody. YJCSS helps prevent re-offending by focusing on a young person's development, preparing them for adulthood and re-connecting them with the community.

Post-release reintegration support is critical to mental health and wellbeing. Children and young people are vulnerable during this transition and holistic interventions with a young person, their family, and their community, are critical to ensure that the young person is held in a net of support.

Youth Justice Community Support Service

Through our case work, young people in the justice system develop:

- independence, resilience and pro-social connection to family and community
- skills and knowledge to make informed choices about their future
- the means to participate more fully in their community
- connections to family, education, training, employment and community

A 2013 evaluation of the program found that it delivered an effective form of support and had improved outcomes for young people in the system[1], and internal analysis of relevant cases[1] in Jesuit Social Services YJCSS Closure Reports shows the following:

- 93 per cent resulted in improved mental health
- 70 per cent involved the young person completing statutory orders
- 97 per cent resulted in improved engagement with family
- 80 per cent resulted in improved participation in education
- 76 per cent resulted in improved engagement with employment
- 66 per cent resulted in improved engagement in training
- 96 per cent resulted in improved stable accommodation
- 88 per cent resulted in reduction in substance use.

Programs like YJCSS need to be further resourced so that support is provided to **every** young person exiting youth detention. Jesuit Social Services believes that being able to work holistically with a young person, their family, their community, and Youth Justice is critical to ensure that the young person is held in a net of support.

A vision for youth justice

Victoria's youth justice system has become increasingly punitive and regulatory. In order to create a youth justice system that adequately meets the mental health needs of children and young people in its care, the underlying vision and principles of the system must be geared toward the best interests of children and toward their well-being. Victoria's youth justice system has historically been based on rehabilitation of children and young people, with the right legislative basis to ensure that criminal justice responses are sensitive to the unique developmental needs of young people.

However, recent changes to legislation have eroded some of these safeguards. For instance, the *Children and Justice Legislation (Youth Justice Reform) Act 2017* contains functions that limit the dual track system, creating a presumption that young people aged between 18 and 20, convicted of particular offences, will be sentenced to adult prison unless exceptional circumstances apply.

The *Youth Justice Review and Strategy* in 2017[43] made a range of positive recommendations that the Government appears committed to implementing. This would do much to address current problems in the youth justice system.

The Review noted that "custodial facilities are ill equipped to deal with the mental health needs of young people because, unlike adult prisoners, children and young people in youth justice do not have access to designated facilities. Thus, young offenders with serious mental health issues are often held in custody, perhaps inappropriately." It noted that "…despite having a dedicated and funded health service to deliver mental health services, young people in custody do not receive the mental healthcare they need."[44] The Review recommended:

- "Strengthen the focus on identifying and intervening with young people to address their mental health needs in custody and supporting referral to mental health services in the community.
- the urgent establishment of "youth justice frameworks for mental health and disability to embed a systems approach to identifying and meeting the needs of young offenders. As part of multi-agency care planning, promote and establish priority access to:
    - Family services
    - Adolescent family violence programs
    - Alcohol and drug rehabilitation and detoxification services
    - Disability services
    - Mental health services."[45]

At all times, our efforts must be directed at keeping children and young people out of the detention environment, ensuring detention is a true last resort. Remand negatively impacts the mental health of children and young people by creating uncertainty, and disrupting connection to structures of support such as family, education and community.

Our experience is that bail restrictions fall more heavily on young people experiencing disadvantage and homelessness, who find it harder to argue for and access bail, particularly given the need to have stable accommodation. In addition, many support services are not available to young people on remand.

In both Justice Solutions tours, we saw that successful youth justice systems were underpinned by a clear, well-articulated vision, centred on addressing the needs of children and young people. In best-practice models, young people who come into contact with the justice system are diverted from further involvement at every possible opportunity. Alternative responses, including restorative approaches, hold young people to account while in the community. Children and young people maintain access to supports like school and family that protect against reoffending.

Detention is used only as a last resort. When young people are detained, from day one, programs and interventions for young people in detention are geared toward their transition back into the community. Youth justice custodial environments provide cultural safety, health and mental health services, alcohol and drug services, disability support, and responses to young people's experience of trauma. They have links to the natural environment, provide freedom of movement, access to physical activities and support that is individually tailored and responsive to gender, age and culture. Services engage with family, and there is 'step-down' access to educational, vocational and employment opportunities in community.

Underpinning all this is a skilled and resourced workforce that can address the needs of a vulnerable and complex group of children and young people. We envision a youth justice workforce in Australia

that is highly qualified and grounded in principles that place the interests, developmental needs and rehabilitation of children and young people at the forefront.

RECOMMENDATIONS

- **Amend section 344 of the *Children, Youth and Families Act 2005* to raise the age of criminal responsibility to 14 years to better respond to children whose mental health would otherwise suffer in youth detention. Develop, expand and fund programs that take a restorative and therapeutic approach to anti-social behaviour in children under the age of 14 years.**
- **Given its serious impacts on the mental health of children and young people, ban the use of isolation, and monitor and report on the use of lockdowns for children and young people in Youth Justice Centres.**
- **Establish specialised, sustainable and comprehensive state-wide mental health services in custody and in the community, including:**
  - **secondary consultation and support for community mental health outreach services that manage young people with offending behaviours (predominantly referred via the Youth Justice Mental Health Clinician initiative). These services should be embedded/integrated into support services working with the young person and their family,**
  - **independent oversight of the prescription of medication associated with a mental health diagnosis,**
  - **training and supervision to support staff to recognise and manage violent behavior where mental illness related violence and offending.**
- **Embed trauma-informed practice in youth justice interventions and provide trauma-specific interventions for children and young people in youth justice detention.**
- **Provide additional funding for the Youth Justice Community Support Service so that *all* young people exiting custody, and their families, have access to the supports they need.**
- **Ensure that the construction of the Cherry Creek youth justice centre meets international standards of best-practice in therapeutic and restorative responses to young people who offend.**
- **Genuine consultation on the Cherry Creek operating model must take place across the community, youth, education and health sectors, including on the underpinning practice framework co-designed with these key stakeholders, reflected in the staffing, programs, therapeutic model, transitional arrangements, and physical environment of Cherry Creek.**
- **Repeal the sections of *the Children and Justice Legislation Amendment (Youth Justice Reform) Act 2017* which introduced a presumption against the dual track system, and ensure that no further legislative changes are introduced that will erode its integrity.**
- **Introduce a minimum qualification for the youth justice workforce, including detention officers and other staff in youth detention centres, grounded in principles that place the interests, developmental needs and rehabilitation of children and young people at the forefront.**

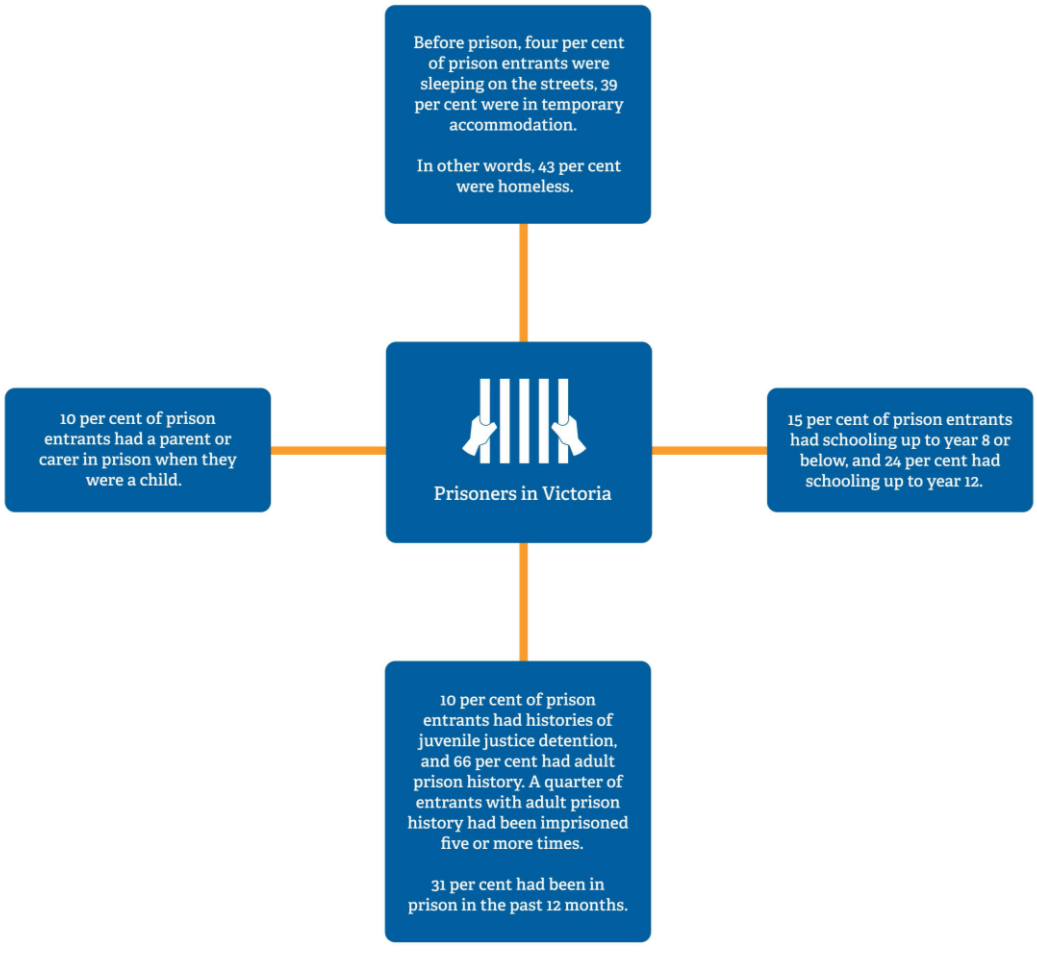
Mental health and adult justice

For over 40 years, Jesuit Social Services has worked with people involved in the justice system. We have witnessed successive governments take increasingly punitive approaches to criminal justice. Without seriously interrogating the causes of crime, our state's prison population will continue to expand. This is costly and does not create safer communities.

Our experience is that too many people end up in the prison system because primary support systems like health, mental health, education and housing have failed them. Mental health and justice involvement are closely linked – prisons have been labelled the "mental health institutions of the 21st century".[46]

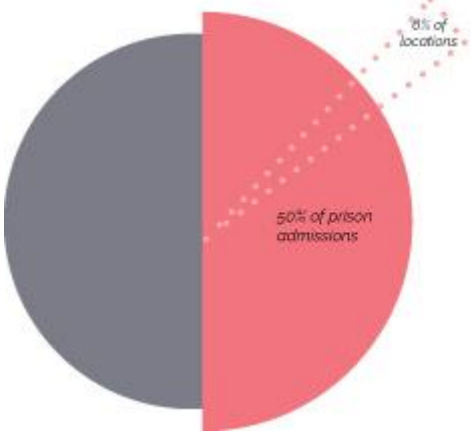
Source: AIHW. (2019). The health of Australia's prisoners 2018. Cat. no. PHE 246. Canberra: AIHW

In our work with people involved in the justice system, we see that it is often the most marginalised and disadvantaged members of our community who end up in prison:



Source: AIHW. (2019). The health of Australia's prisoners 2018. Cat. no. PHE 246. Canberra: AIHW

Dropping Off the Edge 2015 found that six per cent (42) of postcodes in Victoria accounted for half of all prison admissions.[47] This highlights the often localised nature of crime, as well as the role of disadvantage as an underlying cause of offending. Currently, Victoria's recidivism rate is increasing, and 43.7 per cent of prisoners released from prison return to prison within two years.[48] Without addressing the disadvantage, including mental ill-health, that individuals in contact with the justice system experience, prison numbers and recidivism will continue to rise.



Prison must always be used as a last resort. This means adequately resourcing mental health services and interventions in the community to prevent people from coming into contact with the justice system in the first instance.

Despite the known prevalence of mental health needs amongst prisoners, mental health services across the justice system are under-resourced and fragmented.[49] Early identification of mental health needs enables appropriate and integrated support, and is facilitated by sufficient court-based mental

health support services and staff. The mental health needs of people involved in the justice system must be recognised and met from the point of entry into prison through to release.

This may include identification of cognitive impairment and intellectual disability. We know that a high proportion of individuals in the justice system have acquired brain injury – in 2011, Corrections Victoria reported that 42 per cent of men and 33 per cent of women, in a sample of the Victorian prison population, had been diagnosed with ABI; this compares with just two per cent across the general population.[50]

Aboriginal and Torres Strait Islander people are 10.6 times more likely to be imprisoned in Victoria than non-Indigenous Australians.[51] This shocking overrepresentation of Aboriginal and Torres Strait Islander people in our justice system reflects their ongoing disadvantage and marginalisation stemming from a history of colonisation and dispossession. The mental health needs of Aboriginal and Torres Strait Islander people in prison are distinct and reflect the ongoing impact of intergenerational trauma and 'macro' social factors such as racism.[52] Culturally responsive mental health support must recognise the specificity of Aboriginal and Torres Strait Islander experience and implement culturally distinct models of health and wellbeing.

CASE STUDY: James

James* is an Aboriginal man who was transferred to an adult prison in Victoria from a youth justice centre at the age of [redacted]. James was released from an intermediate regime placement (22 hours in cell, two hours out of cell with a small group of prisoners) at the age of [redacted]. Following this transfer, he struggled to manage his transition back into the community. While James secured a transitional property, he found this too challenging to live in, and made his bathroom into a cell. He slept in the bath and prepared his food in the bathroom. James brought a number of items, including a radio, a kettle and a toaster, into his bathroom to replicate the cell he had in prison. James returned to custody shortly following his release and his struggles in the community were the source of much concern to his family, who were not immediately aware of his transfer to an adult prison at the age of [redacted].

*Name has been changed

CASE STUDY: Jack

Jack* is currently living with his girlfriend, however he has been experiencing difficulty in adjusting to the community after being held in isolation while in custody. He often spends most of his time cleaning the house, as this is something he would do in his cell during his time in isolation. Jack often walks laps of his backyard and his hallway, as this was something he would do in his cell. He finds these activities comforting. He also often paces in public places and experiences anxiety around other people. Jack recently celebrated his [redacted]th birthday in the community, but locked himself in his friend's bedroom for the day as he found this experience overwhelming.

*Name has been changed

Practices in prison – isolation and restraint

The prison environment, including practices of isolation and restraint, often exacerbates existing mental health issues. The conditions of imprisonment can have dire impacts on individuals' mental health, even when pre-existing conditions or illnesses are not present. Jesuit Social Services' report – *All alone: Young adults in the Victorian justice system* – raises a number of serious concerns regarding the welfare and treatment of young adults in Victorian prisons.[53] The report can be found at jss.org.au, including a full list of our recommendations.

Solitary confinement negatively affects an individual's overall level of physical and mental health in custody.[54] Many people describe experiencing physical health impacts such as deterioration in eyesight, poor appetite and joint pain.[55] Mental health impacts are more profound and include increased difficulty in regulating emotions, constant hypervigilance and paranoia, distortions in time, increased suicide or

self-harm risk and increased symptoms of anxiety or depression.[56] Solitary confinement also creates significant barriers to achieving successful rehabilitation and reintegration.[57]

As outlined in Jesuit Social Services' *All Alone* report, there is very little transparency in relation to data about how frequently isolation is imposed in our prisons. There is no access to data around the number and types of prisoners who are subjected to isolation regimes. At present, the Victorian Ombudsman is undertaking an OPCAT-style investigation into 'solitary confinement' involving young people, and is set to table her findings in Parliament this year. The report will also include analysis of overseas models of National Preventive Mechanisms, which oversee places of detention.

Transition from prison to community

For individuals exiting prison, access to appropriate mental health care in the community is critical to reintegration. However, there is a poor intersect between effective mental health care in custodial settings and in the community.[58] In our experience, this manifests at various levels – from the absence of basic communication of medical information at release from prison, to larger structural gaps, such as access to the NDIS.

Individuals exiting prison encounter issues in relation to privacy and confidentiality and lack of shared information between agencies. For example, though an individual may be dependent on medication while in prison, they may not have precise information about what medication they were taking. Discharge summaries of medication are supposed to be provided to individuals upon release, but these are often lost in transit. For these reasons, strengthening the relationship between health services in prisons and community health and mental health services is crucial.

Once in the community, individuals with mental health needs face additional challenges and gaps in support. There are limited stepped care options for prisoners being released. For prisoners released into homelessness or precarious housing situations, in addition to the ramifications of homelessness on mental health, problems arise in relation to clarity of catchment areas for support.

Jesuit Social Services notes the significant gaps in access to the NDIS post release. Individuals with psychosocial disability arising from mental health problems are eligible for NDIS support, but the NDIS is not available for individuals in prison. Individuals are expected to navigate a complex system, and strong self-advocacy is needed to secure an appropriate package. Limited planning occurs prior to release from prison to link individuals returning to the community with the NDIS, resulting in significant wait times for access to services upon release. NDIS support packages should be prioritised for people leaving prison, and provided in a timely and streamlined way.

Stigma when accessing mainstream services is also an issue for those who have had contact with the criminal justice system. Funding for more outreach services is required for this particular cohort who may not attend office-based appointments.

A lack of mental health supports leaves individuals leaving prison vulnerable to suicide.[59] People exiting prison should be included as a target group for assertive outreach suicide prevention initiatives. This would include those who have previously self-harmed or attempted suicide while in custody.

Young adults

Young adults aged 18-24 demand our attention as a distinct cohort in relation to mental health needs. More than one in four prison entrants in Australia aged 18-24 has a history of self-harm.[60] This is higher than any other age group. Research indicates that brain development continues until at least the age of 25, particularly those parts of the brain that control impulsivity, judgement, planning for the future, foresight of consequences and other characteristics that form moral culpability.[61] Young adults also have typically higher recidivism rates.[62] In sum, this is a vulnerable cohort that is not often enough recognised as such.

Following changes to legislation governing the dual track system, fewer young adults are sentenced to youth justice detention[63], and only a small proportion are detained in the youth unit at Port Phillip Prison. Targeted interventions while in prison should include comprehensive screening and assessment processes at entry particularly in relation to mental health needs. Strong post-release transition services, such as supported parole accommodation, would improve mental health outcomes for young adults returning to the community.

RECOMMENDATIONS

- **Pursue strategies to divert people with mental illnesses from prison by strengthening pathways to early community treatment and support, including additional court based mental health support services and staff.**
- **Recognise the particular vulnerabilities and higher risk of suicide for people involved in the criminal justice system and increase prison-based mental health supports (including additional staff both in the prison and embedded in transitional support teams).**
- **Ensure comprehensive screening and assessment of prison entrants, with discharge planning commencing from admission to prison.**
- **Strengthen links between prison based health and mental health services and community based health and mental health services to ensure planning occurs for those exiting prison prior to their release. Clearly articulated pathways on exit plans are required that link individuals with support providers.**
- **Legislate for a presumption against the use of isolation, with isolation only permissible in rare cases where immediate safety to persons is a concern, and then only for the briefest possible period. In no case should isolation exceed 14 consecutive days, and a period of such length could only be justified in the most extreme circumstances.**
- **A coordinated commitment from State and Commonwealth Governments to ensuring that individuals exiting prison are prioritised for NDIS funding packages.**
- **Invest in post-release support, including transitional facilities, to ensure that individuals do not exit prison into homelessness or unsuitable housing.**

3. Access to support

Addressing the impact of NDIS for people with complex needs

Effective implementation of the National Disability Insurance Scheme (NDIS) has the potential to benefit many people with a disability, including people with a psychosocial disability. However, the introduction of the scheme has also resulted in a shift to more generalist services and the limiting or de-funding of specialised mental health services that work with the most marginalised people with mental illness, including vulnerable young people, homeless people, women and those experiencing alcohol and drug co-morbidity.

People with multiple and complex needs require a specialist response to effectively address their multifaceted needs as there are often additional vulnerabilities and extra barriers that they face when accessing mainstream services. The NDIS, in its current form, does not lend itself to the type of intense case management required for people with multiple and complex needs, which requires the support of experienced and skilled practitioners.

In this context, it is concerning that, as noted in the National Disability Services' *State of the Disability Sector Report 2018*, there continue to be significant challenges in recruiting disability support workers with a mental health speciality.[64] Disability service providers surveyed in the report also noted that prices set by the National Disability Insurance Agency (NDIA) were insufficient and did not reflect service delivery realities. More tailored support, particularly for people with multiple and complex needs, requires more flexible pricing that takes into account the realistic cost of providing quality intensive support by skilled staff, including after-hours services.

The vulnerable cohorts Jesuit Social Services works with include young people with an intellectual disability who also have psychosocial health issues and do not necessarily have the capacity to navigate the complexities of the NDIS and successfully engage with appropriate services. They would benefit from better integration between the NDIS and the wider health and social services system to ensure all their needs are met, including action to address complex issues of abuse, trauma and delayed cognitive development.

The NDIS cannot become a substitute for mental health services, particularly considering the high rates of undiagnosed mental health problems. According to Community Mental Health Australia, it is estimated that as many as 10,000 Victorians living with serious mental illness will be ineligible for the NDIS and are at risk of not receiving appropriate psychosocial rehabilitation services.[65] People with undiagnosed mental health problems risk going unsupported as current mental health services lose their funding to NDIS funded services.

RECOMMENDATIONS

- **Include specialist entry points to the 'mental health service system' to effectively engage people, address complex needs and complement the NDIS service system.**
- **Ensure specialised, flexible mental health services for marginalised people, delivered by a skilled workforce and provided where they live.**
- **Enable successful links between the NDIS and other mainstream services to ensure that co-occurring issues experienced by people with multiple and complex needs are not compartmentalised and dealt with in isolation by numerous service providers.**

Recognising and responding to experiences of trauma

Jesuit Social Services strongly endorses a focus on the experience of trauma and believes we need to enhance the capacity of mainstream mental health services to respond to trauma. Trauma, loss, abuse and neglect are common underlying issues of mental health and substance misuse.

Jesuit Social Services has significant experience working with young people in contact with the justice system and the out-of-home care system who have complex needs, including histories of trauma. Many of these young people have been excluded from mainstream mental health or community services because they fail to meet service expectations around attending appointments, or have challenging behaviours. Young people with trauma-related behaviours are also often indirectly excluded from services where they are not made to feel welcome, or perceive that the service is 'not for them'.

While mainstream services can and should adjust service delivery to be more inclusive and responsive to people with histories of trauma, the gap between where they are now and where they need to be to offer a service equivalent to a specialist response is substantial.

Soft entry points into the system

Specialist services for disadvantaged people with mental illness have been developed out of a recognition that this cohort is difficult to engage in mental health care, particularly in formal treatment, and that many programs are not appropriate for their needs. We know from our extensive hands-on work with marginalised young people that many of them won't engage with particular service models and that they lack the supportive peer relationships which are often crucial to seeking further help.

Jesuit Social Services supports a 'no wrong door' approach that builds capacity for initial intake and assessment into the services that people are already accessing and integrates rather than separates the two functions. Intake and assessment functions should be built into frontline services, including homelessness, community mental health, youth services and the justice system. This should be complemented by the capacity for people to walk into provider agencies to go through the process of intake and assessment face to face.

Jesuit Social Services' Artful Dodgers Studios and Connexions program are initiatives that provide 'soft entry points' into the system. At intake, it is common that participants do not identify any mental health concerns. However, over time, a level of trust is developed between the case worker and the program participant, at which time mental health issues may surface. Feedback from our participants is that it is a positive and empowering experience to be treated as a creative individual and not defined by their 'problem'.

The Artful Dodgers Studios opened in 1996 as a response to the demonstrated need to offer a 'soft entry' to engage vulnerable young people with mental illness who aren't ready for formal participation with social workers or health workers. Creative projects are both a 'hook' for engagement and a mental health intervention in their own right. This approach, of 'mental health care without the white coats', provides seamless access to the specialist 'dual diagnosis' counsellors and social workers at Connexions.

The Artful Dodgers Studios working model was developed in response to the specific needs of our 'at-risk' participants. Many of this vulnerable cohort live with concurrent and complex difficulties which contribute to chaotic lives and subsequent difficulty in engaging in appointment-based activities. Many have also experienced serious breaches of trust from adults and are understandably wary of them. The Artful Dodgers Studios' sustained engagement model is relationship-based, flexible and centred on the needs of the young person. It is premised on the understanding that building trust takes time and is achieved through a consistent response, respect and the provision of a safe environment.

Soft entry points are critical to engage people who may otherwise choose not to seek support from the mainstream mental health system. These programs excel in engaging vulnerable young people, using art and music to build relationships of trust, and to support them in addressing the various issues they face.

Jesuit Social Services also runs The Outdoor Experience, a bush therapy program which supports young people experiencing multiple and complex problems to make friendships and learn new skills through meaningful, safe and appropriate therapeutic adventure activities. Through the program, we notice significant positive impacts on participants' physical and mental health as they develop relationships with nature and with other people through this shared experience.

One participant said engaging with the program gave him a new perspective on life. "Our group went on a hike over Mount Bogong and I found out I'm stronger than I thought. I experienced the peace of the mountains and the bush," he said. "The main thing is that I'm not using drugs anymore which is a miracle."

'A place to be yourself':
[redacted], Artful Dodgers' participant

I first came to Artful Dodgers Studios in 2014. It was a very welcoming, colourful space.

When I first walked in I thought, 'Okay, I have to be here to make art, I have to be really driven'. But it's not about that. It's a place you can go to be yourself.

It seemed like there was always something bubbling in the background – somewhere anything was possible.
It's about the arts, but if there's anything else going on, you're open to talk about it and try to work through it. It's really free-form. When I've been in a rough patch, I've been able to just go in and they're there to talk to.

I feel a bit reserved going out to places by myself. Staff go to a lot of art events – like theatre, the Gertrude Street Projection Festival, and art gallery hops – and I would have been intimidated to go by myself. It's really nice to have people to go with.

I've moved house a lot and changed TAFE courses and friend groups a lot and Artful Dodgers has been a constant through all of that. It's been great to know I have something to rely on. It's definitely a backbone.

RECOMMENDATIONS

- **Fund programs which provide a 'soft entry point' into the mental health system to engage young people who are not ready for formal participation with other health care workers.**
- **Resource activity-based programs like Connexions, The Outdoor Experience and the Artful Dodgers Studios as a complementary stream to provide holistic specialist care and creative activities for the most marginalised young people with mental health issues.**

Dual diagnosis services

As noted above, it is crucial that the co-occurring issues experienced by some people are not treated in isolation. In particular, specialist expertise and integrated care (often through multi-disciplinary teams) are needed to concurrently address both mental health and alcohol and drug use, in recognition of the way in which this co-morbidity impacts upon a person's health.

Jesuit Social Services' Connexions program started in 1996 as Victoria's first dual diagnosis service working exclusively with young people dealing with concurrent issues of mental illness and substance abuse. Connexions offers a relationship-based approach to intake and assessment, and uses assertive outreach where workers follow up with disadvantaged and hard to engage young people who have been identified as needing support. Specialist assertive outreach focuses initially on developing a relationship of trust to create a foundation that enables discussion of mental health issues. The program links with and refers to clinical mental health service providers as required (for example, Jesuit Social Services has a partnership with Headspace, and a strong relationship with St Vincent's inpatient unit).

> *"Over the last 5 years I have been in the Connexions team, I have heard of numerous experiences where a young person cannot access treatment for mental health due to their substance use, which happens the opposite way when referring into AOD services - young people get rejected due to complex mental health issues. It is crucial that these two service systems work closer and more collaboratively, rather than in silos, which results in a number of people not being able to access a service they are in need of and expressing a desire for."*
>
> **— [redacted], Connexions staff member**

Flexibility is at the heart of this model — young people do not require a mental health diagnosis to access support which can be a significant barrier to engaging with clinical and community support services. The Connexions program is not catchment based and therefore can provide a relationship based intervention to young people who are often transient. This includes assertive outreach. Another key to the Connexions model is that support is not time-limited, and caseworkers have the opportunity to build a solid relationship with the young person, based on trust, reliability and predictability. This is where connectedness develops, which leads to an improvement in mental health and wellbeing.[66]

RECOMMENDATION

- **Increase funding for specialist dual diagnosis programs which provide flexible, integrated care to the significant number of people who experience alcohol and drug and mental health co-morbidity.**

Coordination between services

Clinical mental health services must deliver holistic responses for people who have multiple and complex needs. Jesuit Social Services calls for a particular focus on:

- the centrality of relationships as the cornerstone of engagement;
- use of a strengths-based approach for therapeutic support;
- a whole of person approach that addresses needs holistically;
- a "no wrong door" model of access to health and social services that enables people to access multiple supports irrespective of where they first seek support; and
- a flexible approach to service delivery that can be tailored to an individual.

Greater integration and coordination between clinical and non-clinical services is also needed. This can be better facilitated through proactive follow-up support after hospitalization; the involvement of families and carers; and stronger information sharing across networks. Recognition of the impact of trauma on people with mental health and co-morbidity issues, and how that impacts on a person's development and their capacity to engage in support and access services (particularly clinical services), is also important.

Service coordination is an issue not only between clinical and non-clinical services but also across the broader system. Jesuit Social Services notes that there may be a number of caseworkers from several organisations supporting a person with multiple and complex needs. Care coordination can be unclear and the sharing of information inconsistent, even when regular meetings are scheduled between caseworkers supporting the person. The Multiple and Complex Needs Initiative (MACNI) provides a robust model for working with people with co-morbid needs. MACNI provides targeted, flexible interventions to a small number of people aged 16-years and over with combinations of mental illness, substance dependence, intellectual impairment, acquired brain injury, and who may pose a risk to themselves and/or others. MACNI also provides for care coordination in addition to the direct provision of support. The independent coordination of care provides greater transparency, accountability and oversight.

Different expectations and approaches to participant engagement between systems can create a change in the environment and participant obligations that can result in services and supports becoming disjointed. Examples include:

- transition from children to adult support systems;
- migration from mental health services to the NDIS; and
- changing of service providers.

In the experience of Jesuit Social Services, participants turning 18 years have found difficulty in transitioning between service systems and can fall through the net.

A significant issue noted by Jesuit Social Services is that those with Borderline Personality Disorder (BPD) are sometimes not attended to in clinical services as their issues do not always strictly fit within a medical model. These people often fall through the gaps of service delivery and do not receive adequate service responses. Diagnosis of BPD is complex, as individuals may have co-occurring conditions that make it challenging to identify.[67] Additionally, reactions to treatment may vary - individuals with BPD may respond negatively to intervention, and mainstream health and mental health services can be ill-equipped to work with people showing complex and challenging behavior.[68]

Our experience working with people with BPD tells us that intensive, therapeutic supervision is required. A new service response needs to be developed for this cohort, including the provision of care within a secure facility when a person is experiencing an acute episode.

RECOMMENDATIONS

- **Provide intensive transitionary support to vulnerable and/or high-need participants as they move between service systems, with a focus on building capacity and supporting their ability to articulate and engage with new services and processes.**
- **Support greater integration and coordination between clinical and non-clinical services, facilitated through proactive follow-up support after hospitalization; the involvement of families and carers; and stronger information sharing across networks.**
- **Develop a new service response for individuals with Borderline Personality Disorder, including provisions for care within a secure facility when required.**

Recognising and responding to adolescent family violence

We know the toll that family violence has on those exposed to it, including from a mental health perspective. Children are often the victims of family violence, and they may also be more likely to use violence as adults.[69] The AIHW describes that children who have grown up in a family with domestic violence "have a higher risk of anxiety, depression, learning difficulties, relationship problems, and alcohol and drug misuse".[70] The imperative to address family violence therefore has a crucial mental health dimension. For boys, this experience combined with gendered norms that tell them to not share or express these feelings, is leading to intergenerational family violence and high rates of adolescents (particularly boys) perpetrating violence against parents/caregivers/siblings.

The need for better collaboration between the family violence, mental health and drug and alcohol sectors was recognised by the Victorian Royal Commission into Family Violence, which reported in 2016. The commission recommended a model of "interagency and inter-sectoral collaboration", with the Victorian Government to fund the establishment of specialist family violence advisors to be located in major mental health and drug and alcohol services (recommendation 98).[71] The Victorian government now classes this recommendation as 'implemented' and has funded family violence advisors in a number of service delivery organisations, such as the Victorian Police. We commend this progress.

However, our assessment of the Family Violence Rolling Action Plan 2017-2020 is that there are a number of recommendations where the response has not been adequate, particularly in relation to

adolescent family violence. Currently, progress reports related to the Royal Commissions' recommendations 123-128 covering Adolescent Family Violence indicate these recommendations are 'implemented' or 'in progress'. Questions remain, however, regarding the quality of this implementation given the lack of funding to develop a holistic service response to adolescent family violence. To date, no funding has been provided by government to undertake evidence based service design for adolescents using violence in the home, nor for testing these models with different cohorts of young people (including those from CALD and refugee communities). From a mental health perspective, this is a serious concern, given the enduring detrimental impacts that family violence can have on victims, including post-traumatic stress disorder, anxiety and depression.

The existing DHHS Adolescent Family Violence Program (AFVP), located in only three areas across the state, is being 'linked' to existing group conferencing programs in these areas funded by the Department of Justice and Community Safety. There has been an evaluation of the AFVP (not public) that indicates it is 'effective' but there has been no move to roll it out across the state. Likewise, there is no new money to link the group conferencing system, court system reforms, and the AFVP with the new housing solutions through the Rolling Action Plan. This means that young people and their families find themselves in multiple systems that are not coordinated or integrated.

Jesuit Social Services has been approached by area/regional justice and police agencies to assist with the response to adolescent family violence problems (including in areas with an existing AFVP). There are long waiting lists in existing AFVPs, and no programs that intervene at the first Police callout to divert families from the justice system. The feedback from stakeholders working on these issues is that there are no referral points for Police, particularly after hours, when adolescent family violence occurs. This results in further call outs until it escalates to the point of an IVO and contact with courts.

The feedback from local areas/frontline staff (including our Jesuit Social Services' frontline workers), coupled with our research as part of The Men's Project, indicates there are alternative options to respond to adolescent family violence. We are in the process of developing evidence based solutions that are tailored to local contexts. For example, Jesuit Social Services is currently developing a partnership with Victoria Police to better respond to young people using violence in the home and their families at the point of crisis. Evidence demonstrates that many of these families are seeking an intervention to address the violence but are wary of criminalizing the young people in their care. As a result, Jesuit Social Services' is currently developing an appropriate response for young people and their families when police are called to respond to adolescent violence.

Restorative approaches to addressing adolescent family violence

In Jesuit Social Services' experience, restorative approaches to addressing adolescent family violence can be effective interventions when accompanied by rigorous processes to hold people to account to ensure the safety of all family members. When men use violence, support to change their behaviour must be grounded in the reality of their lives and the interconnected relationships of their families and communities. Restorative justice approaches can hold young men and boys to account for the harm they have caused, while engaging with communities, families and loved ones.

Jesuit Social Services uses its experience delivering Youth Justice Group Conferencing to work with adolescent boys who perpetrate violence in the home. Commencing in early 2018, Jesuit Social Services and The Men's Project have partnered with the Children's Court of Victoria to deliver the

RESTORE program. This twelve-month pilot is being evaluated by experts at the University of Melbourne and has been extended to December 2019.

This program was developed in response to an identified absence of interventions for adolescent perpetrators in the Family Division of the Children's Court. RESTORE delivers an effective intervention which applies restorative practice principles and offers a Family Group Conference process for civil cases involving young people who are using family violence. It assists the family member victims and adolescent perpetrators to address the harm caused by family violence and prevent further harm being caused. By offering an additional intervention option in the Family Division of the Children's Court, RESTORE aims to prevent the risks associated with a young person entering the Criminal Division of the Children's Court.

Restorative justice provides avenues for, and support to, men to speak about their emotional experiences. This includes reconnecting them with family – where appropriate – and, in doing so, not exclusively relying on them attending a Men's Behavioural Change Program. The process seeks to help them to understand the impact of their violence on others with the insight and oversight of professionals alongside them. Doing this in the assertive outreach model provided by RESTORE with adolescents is also important given obstacles for men/boys face in recognising they need help, or seeking it.

It is an innovative response both in terms of adolescent family violence and also in expanding the use of restorative interventions. Jesuit Social Services is funding the direct delivery of the Pilot from its own resources and through philanthropy. Additional funding is now required to ensure that the program continues.

RECOMMENDATIONS

- **Assign responsibility within the Victorian Government for developing a coordinated response to adolescent family violence (recommendations 123 – 128).**
- **Informed by Jesuit Social Services' design work, provide the Police with greater support during the first response to adolescent family violence, including additional referral and housing pathways as well as longer term work supported by assertive outreach to prevent further violence from occurring.**
- **Invest in restorative approaches to prevent and address violence in young boys and men including resources to support the coordination with existing adolescent family violence services.**

Supported employment programs

Mental illness has been linked to a lower likelihood of finishing school or gaining full-time employment,[72] and unemployment itself is associated with poor psychosocial outcomes, including mental health issues. A 2017 study found a positive association between youth unemployment and a mental diagnosis requiring inpatient care — a risk that increased the longer a person was unemployed.[73] This connection is a particular concern in the Australian context, where the youth unemployment rate is at 11.9 per cent (as of May 2019), compared to the overall national unemployment rate of 5.2 per cent.[74]

We know from analysis of 12 of our key programs in 2018 that participants with reported mental health concerns who did not participate in education or employment were *more likely* than fellow participants with mental health concerns who did participate in education or employment to:

- experience less improvement in the impact of their mental health on their daily life;
- experience a psychotic disorder;
- be homeless; and
- have abused substances since referral.

Our analysis also showed that, of participants over 18 years with mental health concerns (N=279), only 24 percent had completed year 12, with 33 percent having completed year 9 or lower. Such low rates of educational attainment are reflected in high prevalence of mental health issues, combined with criminal justice involvement and other complex needs.

Jesuit Social Services' education, training and employment programs assist people who have had limited learning or job opportunities and face a range of barriers to inclusion, including poor mental health. As a starting point, Jesuit Social Services believes that for this cohort of people, the employment and wider human services system needs to broaden its focus from the narrow aim of securing short-term employment outcomes and, instead, support people on a journey to social inclusion that can be measured against a wider range of social markers. For people looking to enter or re-enter the workforce, and who face significant barriers to do so, intensive, flexible and individualised training may be needed to support the individual, as well as prospective employers.

Current initiatives under the Jobs Victoria banner have enabled organisations such as Jesuit Social Services to work closely with individuals to address issues affecting their ability to secure employment and to maintain that employment. This cohort includes people involved with the criminal justice system who already face barriers to employment such as lower educational attainment, lower socioeconomic status, higher levels of alcohol and drug use and higher levels of mental health conditions.[75] Employment can be an important protective factor against mental ill health[76] and involvement in the criminal justice system. Recent research by the Australian Institute of Health and Welfare found that 54 per cent of people entering prison reported they were unemployed during the 30 days before being imprisoned.[77]

Programs such as the Jobs Victoria Employment Network (JVEN) and JobsBank enable individual support, provided over a longer period of time, and enhanced where necessary by tailored training. The current funding cycle for Jobs Victoria ends in June 2020. Jesuit Social Services advocates for ongoing funding for programs such as JVEN, JobsBank, Skills First Reconnect and Transition to Work. People with mental health problems and complex needs require the kind of intensive support that a program such as JobsBank allows.

RECOMMENDATIONS

- **Expand access to, and fund over the long-term, initiatives such as JobsBank, JVEN, Skills First Reconnect and Transition to Work, to help assist people with significant barriers to participation and employment, including mental health issues.**

4. Suicide prevention

Jesuit Social Services believes it is critical that suicide prevention starts as far upstream as possible. This understanding is critical to establishing an effective suicide prevention approach — without the fundamentals of education, opportunities in employment, housing, freedom from violence and discrimination, access to healthcare and social support, any prevention approach will be fundamentally flawed.

Any suicide prevention framework must commit to consistent quality and availability of mental health services across **all** regions of Australia. Access to high quality assistance following a mental health episode, such as a suicide attempt, should not be based on a person's geographic location. This pertains both to suicide specific services and mental health services generally.

Postvention support

The experience of bereavement after suicide is complex and prolonged and people who don't receive the help they need from specialists in the postvention field often have mental health issues in the long-term. Jesuit Social Services has delivered Support After Suicide throughout Melbourne and regional Victoria since 2004. The program provides support to people after a death to suicide, including parents, partners, young people and children. It involves counselling, group work and online engagement, delivered by psychologists and social workers. We also deliver training to health, welfare and education professionals.

> *"We've had incredible support from Support After Suicide. They came out here and did a group session with all the people that were there attempting to resuscitate my son. They've offered ongoing counselling to all members of the family."*
> **— Support After Suicide participant**

> *"The people we work with often say that they feel guilty, or they feel like they've failed the person, or that they've let them down. They question whether they caused it or could have prevented it, and they say they feel shame, blame, or that they should have done something different. These experiences can have a profound and detrimental effect on their sense of self and identity. A person bereaved by suicide often has a relentless experience of trying to understand why it happened; how it was that this much loved person ended their own life. Family breakdown and estrangement can sometimes occur as well. In some situations, families can feel additional distress if they feel let down by the mental health system; that not enough was done. Overall it is a deeply distressing and difficult experience."*
> **— [redacted], Manager, Support After Suicide**

It is critical to recognise the risk of suicide amongst those who are bereaved by suicide. The stark reality is that some of our participants present as suicidal. However, we know from our experience that postvention support delivered by experienced practitioners reduces this risk. Through Support After Suicide, we work closely with people to address psychological distress and trauma, promote general health and well-being, and encourage social and community engagement. In 2017-18, Support After Suicide directly assisted 964 children, young people and adults bereaved by suicide.

The experience of Support After Suicide staff is that counselling and support are crucial for people bereaved by suicide. Counselling should take into account bereavement, trauma and stigma, and also consider the psychological impact of suicide on the bereaved. Group support can also increase a sense of belonging and connection, aids in understanding why the person took their own life, and increases a person's ability to speak about what has happened.

Disappointingly, however, Support After Suicide receives no state government funding, and there is a lack of certainty regarding ongoing funding provided by the Commonwealth, putting Victorians at risk of missing out on timely service, including the high numbers of people referred by the Victoria Police. Additionally, while Support After Suicide operates in regional areas (the Macedon Ranges and Geelong), its ability to provide robust services, in spite of increased demand, is limited due to restricted funding. In Jesuit Social Services' view, there are not enough services available in Victoria for people bereaved by suicide, particularly in rural and regional areas.

Postvention research

Jesuit Social Services is currently conducting research with family members who are bereaved by suicide, investigating service system issues. As part of the research, more than 140 Support After Suicide participants have undertaken an online survey. This study seeks to understand what information and support was provided to family members following a suicide. While the findings of this important research are still being finalised, the comments of many participants provided so far point to multiple systemic issues experienced by people who are bereaved by suicide.

The early findings of this research also underline the importance of postvention services for people bereaved by suicide and the value of including those with lived experience in examining the mental health system. The bereaved participants provided insight into the help and support sought by people before they took their own life. The findings of this research will be available in September 2019.

Building on this forthcoming study, further dedicated research will be required to develop a strong evidence base on the impact of suicide on others, and the effectiveness of bereavement support in reducing risk.

Reflections of Support After Suicide participants

"There is not much support for parents of children that have suicided. There is a huge stigma around suicide. I was shunned and seen as an object of pity. Not many people knew what to do or say to me. There is little information about the traumatic grief that occurs, its effects and what to expect. No information for other family members about how to support me."

"There should be a process whereby family members are offered counselling and support, especially children. I personally had difficulty finding a support/counselling service to assist me with my grief."

"I wish our society cared about grief. Work offered three sessions and then I fell apart physically and mentally but had to keep working. It's disgraceful. I was dying but white culture just handles grief so very poorly."

"Many family members commented that they were not linked to support services and were left to try to search for services on their own following the death of their loved one."

"Nobody told me about support services I could access. I found JSS Support After Suicide myself online. The system just forgot about us, the family."

"I think more concrete services should be offered because I was so traumatised and in a state of shock, lots to organise including caring for our 16 year old son, financial difficulties and blame from my husband's family that I found it hard to find time to breathe let alone reading a leaflet and making phone calls for an appointment."

Short-term residential care

We welcome the Victorian Government's recent expansion of the HOPE initiative, which provides support and follow up for people leaving hospital after a suicide attempt. Research has established that people are at high risk of suicide after a discharge from hospital following a suicide attempt.[78] The Victorian Suicide Prevention Strategy cites a study in the United Kingdom which found that 43 per cent of deaths by suicide occurred within one month of discharge from hospitalisation or treatment following a previous suicide attempt, with nearly half of those deaths occurring before the first follow-up appointment.

The Victorian Chief Psychiatrist's investigation into inpatient deaths between 2008 and 2010 attributed this increased risk after hospitalisation in part to the emotional isolation and lack of social support individuals often experience after a suicide attempt.[79]

We commend the HOPE model of assertive outreach, which works with families, friends and carers of people who have attempted suicide. We know that suicide can occur in clusters, making support for the networks around people after suicide all the more critical.[80]

We call for the establishment of short-term residential care following suicide attempts, beyond a clinical environment. We can look to the UK for examples of this model – the Maytree Respite Centre offers a free stay in a non-medical setting, filling a gap in service provision for individuals experiencing suicidal crisis. However, we note that the Maytree facilitates a stay of up to five days. Jesuit Social Services believes that a longer term program, of up to six weeks, would be more effective in delivering holistic support.

Jesuit Social Services supports a short-term residential care model that is therapeutic and offers relationship-based support and counselling, and connection to peer support. A residential option will help fill a service gap for the most vulnerable who may have limited family and community support.

In addition, programs will include families of individuals who have attempted suicide, providing education on responding to suicide and suicide attempts. Tapping into family and community networks around individuals, and ensuring this network is well-informed, gives individuals at risk of suicide much-needed support. We believe the period immediately after a suicide attempt is a critical time in which to provide support to individuals in crisis.

RECOMMENDATIONS

- **Provide secure, long-term funding for postvention services, including access to postvention services for regional and rural areas.**
- **Provide funding for a dedicated research stream to develop an evidence base on the impact of suicide and the effectiveness of postvention services in reducing risk.**
- **Invest in short term residential care for people who have attempted suicide or are suicidal.**

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