

3rd July, 2019.

Royal Commission into Victoria's Mental Health System
PO Box 12079
A'Beckett Street
VICTORIA VIC 8006

To the Royal Commission,

RE: Knox Infolink Submission to the Royal Commission into Victoria's Mental Health System

Thank you for the opportunity to contribute a submission to the Royal Commission into Victoria's Mental Health System.

Knox Infolink is a small NFP organisation located in the LGA of Knox which is situated in the Outer East of Melbourne. We are the largest Welfare and Emergency Relief provider in Knox which covers the suburbs of Boronia, Bayswater, Ferntree Gully, Knoxfield, Lysterfield, Rowville, Scoresby, Studfield, The Basin, Upper Ferntree Gully, Wantirna and Wantirna South, with a population of approximately 162,000.

We assist more than 1200 registered clients every year with more than 9,000 food and other material aid services. In addition, we provide non client access to a food table to more than 2400 people every year. The concerning statistic is that more than 80% of our registered clients identify with a disability and of those, 47% identify with a psychiatric/mental health condition. According to our statistics, the key drivers of disadvantage are clearly, mental health, homelessness, housing stress, drug and alcohol addictions, unemployment, low income and a disconnect from community. All these conditions influence each other and it is difficult to identify which comes first. As an example – was it poor mental health that came first that impacted on a person's capacity to maintain stable housing and avoid homelessness or vice versa? These conditions, including low income, housing stress, addictions and unemployment are all inextricably linked.

As an active member of the Knox Council Safety, Health and Wellbeing Advisory Committee and a board member and active member of our peak organisation, Community Information Services Victoria (CISVic), Knox Infolink would like to fully support the submissions and recommendations of both Knox Council and CISVic to the Royal Commission into Victoria's Mental Health System. At the same time Knox Infolink would like to add to these submissions and recommendations, our observations through the lens of a grass roots organisation into the mental health system. We do not have the capacity or expertise to respond to all the questions posed by the Royal Commission, but will respond to those of particular relevance to our welfare agency.

Case Study: (de-identified)

Bill, a long term homeless person with multiple diagnosed mental health issues attended his chemist to fill some scripts – the chemist issued the wrong dosage level (a separate legal issue to be pursued) of a medication that caused Bill to behave in an erratic way, which he personally recognised his changed behaviour. As a result, he returned to the chemist to complain; his level and capacity to control his feelings and behaviour was considerably reduced, he had a mental health episode in the chemist, the police were called, he was admitted to the local hospital's psych ward and had a stay of 5 days. On discharge, the hospital secured a rooming house for 3 days accommodation for him. On

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his discharge he attended our office to get some basic food requirements and a blanket before entering the rooming house accommodation. Bill presented to our office very agitated and unwell, with a very low level of coping of the situation he now found himself in. Angry and aggressive, he appeared to be a 'ticking time bomb' before he had another mental health episode. This is a cycle of mental health and homelessness that needs to be addressed.

- What could/should have been done to handle this situation more adequately would be for him to: have had a longer stay in hospital until his health was truly stabilised rather than being pushed out to make room for another person in need in an already over stretched psych ward hospital environment.
- Better and more long term appropriate and affordable housing offered to him.
- A medium to long term case worker provided to support him navigate the limited support system available to him.

If he had not used our service previously, he would not have known where to get emergency relief services as this was not provided to him on his discharge from the hospital.

In answer to your question:

Q 4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how service link with each other.

The above is just one example of the many situations that we see on a daily basis where our clients are impacted by their life situation that is exacerbated by a mental health illness.

- Some of the other issues that impact on the mental health of our clients is the unreasonably complicated and long process to speak to a Centrelink person to query a payment – 50 minutes on hold would cause anyone to become stressed and agitated. Those with the added burden of a mental health condition can often give up and find themselves in a 'breached' position with Centrelink. They end up at a Welfare agency like ours to get food while they are without an income.
- The gaps in the NDIS sees people who have mental health conditions that preclude them from qualifying for NDIS, because their illness does not impact on them functioning in a 'normal' capacity on a daily basis, long term. So when they are in and out of a mental health condition and not covered by the NDIS, they struggle to cover their fluctuating medical expenses, their life and health because they have fallen through the cracks, therefore needing to access welfare services like ours to make ends meet.
- Those experiencing drug and alcohol dependency often turn to these as a coping mechanism when life gets too difficult. Once again, long term drug and alcohol use impacts on a person's mental health. Once again it is difficult to identify what may come first, but they certainly go hand in hand. When clients are attending our service for support it is frustrating after many many visits and encouragement to address their addiction, they are finally ready to do something and when you try to get them into a detox, the wait time is too long and they lose the enthusiasm to make a change in their life and the cycle just continues.
- The Centrelink payments have not kept pace with the cost of living and people are struggling to survive. Rents are unaffordable, forcing people to share their accommodation to make ends meet, mixing personalities and health conditions that are not conducive to

good mental health and wellbeing. Or people struggle to survive independently on a very low income and resort

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to rooming houses as a housing option, adding a further burden to their already fragile mental health. There is becoming a greater need to access welfare services to meet the gap. There has been no increase in Centrelink payments in real terms for more than 20 years. The mental anguish of someone unable to put food on the table for themselves or their family is distressing enough without the added burden of looking for work, constant knock backs and if they are lucky enough to get an interview, the struggle to put petrol in their car or find the money for public transport on such a limited income creates a very high level of anxiety. It is no wonder so many of the clients accessing welfare services experience depression, anxiety and a loss of hope.

- Lack of affordable housing and a range of housing options impacts negatively on a person's mental health. In the example given above, 'Bill' who has been long term homeless, is put in a rooming house for 3 days while still in an unstable mental health condition, to be potentially in an environment with drug and alcohol users with erratic behaviour patterns, others experiencing mental health issues, all of which could be triggers for 'Bill' to have another mental health episode. The housing is short term and unsuitable and he will be back on the streets in 3 days. In many instances people in a similar position to 'Bill' will choose to sleep rough rather than expose themselves to the unsuitable conditions of a rooming house. Living rough is not conducive to good health and wellbeing, but equally rooming house living is not either, but choices of affordable and stable housing options are extremely limited.

RECOMMENDATIONS:

1. The Royal Commission recommends adequate funding for grass roots organisations such as welfare agencies who are the referral and entry point for many people experiencing a crisis, to have caseworkers to help those who are marginalised because of a mental health illness and/or have other barriers to good health and wellbeing, to navigate and access the support services available – medium to long term support.
2. The Royal Commission recommends that the NDIS guidelines be expanded to support those with mental illness that currently do not qualify.
3. The Royal Commission recommends that additional and more suitable transitional housing is available for those experiencing a mental health illness on their discharge from hospital.
4. The Royal Commission recommends considerably more affordable and social housing options are available to address the current housing option shortages.
5. The Royal Commission recommends an increase in government benefits across the board, in particular Newstart and Youth Allowance.
6. The Royal Commission recommends a more integrated health and welfare support system that recognises the intrinsic link between mental health, homelessness, housing stress, drug

and alcohol dependency, low income, unemployment, family violence, gambling and a disconnect with community – a well connected referral pathway system.

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7. The Royal Commission recommends additional funding be provided to increase the number of mental health support workers, so referrals from other support workers are quick and efficient with no long wait lists.
8. The Royal Commission recommends additional funding be provided to increase drug and alcohol support services (affordable and accessible detox and rehabilitation), more emergency and transitional housing options (less rooming house solutions, more independent living solutions supported by caseworkers – medium to long term).

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

Carers that include immediate family members and the extended family are under enormous pressure to provide support for their family member experiencing a mental health illness. There is a lack of education and support for the family, a lack of affordable and accessible respite, and a lack of understanding from employers that a family member may need to be absent from work to support a family member experiencing a severe mental health episode. Like the recent improvements to employment conditions that now cover family violence leave, so should there be mental health leave for the person experiencing a mental health episode, but also for the family member that needs to take time off to support them. The lack of adequate support for family members who are carers, creates anxiety, depression, and isolation and lack of social interaction. The Mental Health system is so underfunded that when a person experiences a mental health episode, they receive a critical response from the health system, but as soon as the person stabilises – if they have family willing to support them they are sent home – regardless of whether the family has the skills or capacity to look after them. It forces families to make a choice to say their family member cannot come home so that the health system will continue to look after their family member – a decision that is heartbreaking, but necessary.

RECOMMENDATIONS:

9. The Royal Commission recommends a review of employment conditions to include mental health leave.
10. The Royal Commission recommends that the mental health sector works in conjunction with families and recognise their individual capacities or lack there of, to provide support for their family member and provide more support and transition options.
11. The Royal Commission recommends additional funding to provide free counselling and support services for carers and family members supporting a family member living with a mental illness.

12. The Royal Commission recommends additional funding to provide more respite and intervention options for families that include social and community connection.

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Q.8 What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

As a welfare agency, our clients are all economically disadvantaged, and there is an over representation of people identifying with a mental health condition. Due to their economic position and as stated in our response to Q. 4, homelessness, housing stress, low income, drug and alcohol dependence, unemployment, gambling and mental health are all intrinsically linked. All are barriers to social and economic participation. It is widely recognised that social and community connection is good for a person's health and wellbeing. The challenge is how do we break down these barriers and break the cycle. There are many low cost activities offered through community houses, but why do our most disadvantaged not access these. There are many reasons that need to be taken into consideration. The cost, even at \$5 a class is out of their reach, access is difficult because of the extra cost of petrol for the car or public transport costs, the fear of being looked at as a charity case or different, not fitting in with those from more economically stable backgrounds, the possibility of additional costs for equipment, lack of interest in what is being offered – there are so many possible reasons why there are barriers and each person needs to be assessed as an individual with sensitivity and understanding.

As an example of how our agency is trying to break down barriers, in a very small way, to economically disadvantaged families; with the support of a Knox Council Community Development Grant, we have created a program called 'Connecting Kids to the Knox Community'. The program matches disadvantaged children with sporting and leisure activities that they would not normally have the capacity to access due to financial constraints. We have negotiated free, or highly subsidised places in a range of activities and have a pot of money to pay for uniforms, equipment and fees not covered by the club. What makes this program different is it recognises each family and child as individuals with different needs – not everyone wants to play football. This connection with community is not only beneficial for the child, but also for the family because barriers have been broken down, they are connecting with their community, gaining confidence and self respect because they are offering their child opportunities to grow, learn and connect. The range of activities range from pottery classes at a community house to participation in Venturers for an older child.

Case Study (de-identified)

Mum, as a client of Knox Infolink who was accessing material aid support because she was on a Single Parents Payment, struggling to pay the rent and put food on the table, was experiencing deep bouts of depression. She was assessed as a family unit by one of our volunteer Community Support Workers and it was identified that her 11 yo child was miserable and not wanting to go to school. We offered her the 'Connecting Kids to the Knox Community' program. She went home and spoke to her daughter about what sort of activity she would like to do and she chose singing. We placed her with a music school who offered a discounted rate, mum paid \$5 per lesson and the program

paid the balance of the fees. Mum felt good because she was contributing. The first singing lesson mum was allowed to sit in on the lesson and she rang Knox Infolink the following day to speak to the project worker in tears, saying she never knew her daughter had any talent to sing, the teacher told her she had great potential. She could not thank us enough for the opportunity to participate in this program because she would never have been able to afford the lessons on her own. The child is now in her 3rd term of singing lessons, much happier to participate in school and mum is accessing less material aid support

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from Knox Infolink. The problem with innovative programs like this, they are limited by short term funding.

RECOMMENDATIONS:

13. The Royal Commission recommends that innovative programs that break down barriers to social and economic participation are adequately funded, looking beyond the traditional community house network, rather than leaving the funding responsibility to philanthropic and short term grants.
14. The Royal Commission recommends an increase in Newstart, Youth Allowance and other government benefits to help break down the financial barrier to social and community participation and maintain a quality of living conducive to wellbeing.
15. The Royal Commission recommends that a special activity and participation payment be available for those who are economically disadvantaged to access for participation in healthy and socially inclusive activities of their choice – particularly for individuals and families who are being impacted by poor mental health.

Thank you for the opportunity to respond to the Royal Commission into Victoria's Mental Health system. The impact of poor mental health has no boundaries, but there is a clear over representation from those who are economically disadvantaged and the link between mental health, homelessness, housing stress, low income, unemployment, drug and alcohol addiction, gambling and family violence needs to be fully investigated. There needs to be a fully integrated and well funded support system that includes the grass roots entry points into the support system, such as welfare agencies, right through to a well funded and fully developed mental health system that not only supports the person experiencing poor mental health but extends to supporting the whole family.

Should you wish to discuss any of the issues raised in this submission, do not hesitate to contact me on [REDACTED]

Yours sincerely,



DENISE BUDGE
Centre Manager

