Royal Commission into Victoria's Mental Health System

Outline of questions we ask as part of the Formal Submission process

We have been asked to consider some important themes relating to Victoria's mental health system. The 11 questions set out in the formal submission cover those themes. There is no word limit and you can contribute as many times as you like. Attachments are also accepted. You do not have to respond to all the questions. You can also make a Brief Comment submission if you wish. To help us focus on the areas that matter most to the Victorian community, the Royal Commission encourages you to put forward any areas or ideas that you consider should be explored further. You can request anonymity or confidentiality when filling in the cover page, which also allows us to capture details about your age, gender etc. These are the questions that you will be asked:

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

- **A WHOLISTIC APPROACH**
  To best understand mental illness, it is essential that a wholistic approach to its understanding is taken which considers the psychological, social, cultural and spiritual dimensions of a person. Such an approach empowers members of communities to assist in the prevention and minimisation of mental illness, especially where it is non-medical factors that contribute significantly to the onset and development of that mental illness. If a wholistic paradigm is adopted then no aspect of a person's wellbeing profile is overlooked. Indeed, a wholistic lens ensures greater interpersonal rapport and sensitivity, which in turn means a more informed and attuned pastoral care response can be implemented. Such a paradigm acknowledges that people live and respond within multi-faceted contexts, informed by layers of conscious and unconscious attitudes, beliefs and values. It also acknowledges that we respond as a whole person, not just as a mind, nor emotions nor any one segment of our personhood. There is a danger in over-medicalising our responses to mental health; that medical and medicinal solutions are prioritised over personal, social and spiritual solutions. We are primarily **be**ings and as such, our sense of who we are, our sense of connectedness, our understanding of our capabilities and our ability to experience a sense of contentment all need to be addressed as part of our response to a person's mental health. This is the approach already being taken by Chaplains in schools, hospitals, workplaces and other places where people gather. As people of faith, they are able to provide this wholistic approach to a person's care, including care of their mental health. Such a wholistic approach treats the individual and does not focus unnecessarily on their mental health; such care reduces the stigma of mental health by not making it the primary or only focus of the care. Those who interact with religious Chaplains are invited on a relational journey, without any stigma or discrimination attached to their mental health state.

- **A POSITIVE/PROACTIVE APPROACH**
  To reduce stigma, mental health needs to be framed positively similar to one's physical health care. For example, in the same way people proactively invest in their physical health through self-nurturing (rest/life balance), exercise (walking, gym, stretching), healthy eating, sun exposure and GP check-ups etc. – a positive mental health journey also needs to be framed as a positive and routine part of one's health. It would be fitting to suggest a mental health care plan is adopted by 'all Victorians'. For example, an online survey or mental health audit could be established and rolled out to help people determine if they have adopted time for rest, personal reflection, and positive socialisation. In addition, the suggested survey/audit tool would need to flag mental illness 'risk indicators' and guide people to professional support. Through marketing, information sessions, social media and public health campaigns – the public needs to be invited to invest in their mental health in a proactive and collaborative way, as well as their physical health. A positive health

campaign needs to encourage the community be more informed, intentional, proactive and engaged in reaching their full potential as emotional, social and spiritual beings. This could be as simple as encouraging people to invest in their friendships and relationships, to turn aside from their phones and other connected devices for a self-selected period - for the better mental health of all parties. In this regard, the announced ban on mobile phones in government schools from 2020 is very likely to have a positive effect on mental health as it provides greater opportunities for students to connect with each other in face-to-face interactions. Tools and resources need to be developed to support people in accessing mental health audits, assessments, proactive wellbeing tools and more.

- **SHARED RESPONSIBILITY**
  There will be a better understanding of mental illness and reduced stigma if psychosocial wellbeing is perceived to be everyone's responsibility. For example, the RUOK initiative has successfully achieved a collective response by a simple mandate, which is: ***We inspire and empower everyone to meaningfully connect with people around them and start a conversation with anyone who may be struggling with life.*** Furthermore, RUOK has achieved great social impact by debunking the myth that someone needs to be an expert to provide an initial care response and provides an easy to follow response plan, being: ***1. Ask R U OK? 2. Listen 3. Encourage action 4. Check in.*** Similarly, Chaplains and Community Connectors (community-based Chaplains) have achieved positive social impact by recognising that collaborative partnerships with existing community groups and local experts effect positive social impact. For example, by basing a Community Connector in a shopping centre, retailers and centre management, with the support of other community organisations are providing a local frontline response to mental health, social disadvantage and loneliness, which are so prevalent in many Victorian communities.

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

There are already a number of initiatives, particularly with young people, that may not at first glance appear to be working in preventative and supportive roles in relation to mental health. Their acknowledgment however, presupposes that a wholistic perspective is chosen when seeking to address mental health prevention, education and support.

- **A TRAJECTORY OF SUCCESS**
  Research for example supports the significant role that spiritual/religious beliefs and activity, enacted within supportive faith communities play as a protective factor in mental health and wellbeing (WHO, 2001; Search Institute, 1997; Spencer et al, 2016; Pew Research, 2019; Chen and VanderWeele, 2018). This is recognised in some sectors of our community; for example in the armed services, in aged care and in hospitals through the provision of spiritual care services including faith-based Chaplains. Similar recognition needs to be afforded to similar initiatives among young people and others in our community.

  Such recognition is not a denial of the secular nature of our society but rather is a supporter of it; it recognises that in a multicultural and pluralistic society there are many who value a religious/ spiritual perspective on life as it provides meaning, purpose and hope to their lived experience, a basis for their ethical framework and a strong sense of belonging to their community. Those who do not wish to participate in such an approach to life need not feel that they are treated differently for their choice, but neither that their choice is the only valid expression of life in a secular state. We would do well to support such a wholistic approach to wellbeing (including mental wellbeing). This is not to diminish the efficacy and impact of other approaches and supports of the mental wellbeing of all Victorians**.**

  Collectively, Victorian Chaplaincy providers offer initiatives which endorse the Victoria Government's mandate that ***every Victorian can have the opportunity to experience their best mental health, remain well and live a full life.*** The wholistic care and approach to people's

wellbeing and mental health afforded by Chaplains enables attention to be given to the various components of a person's wellness, directly or via referral (physical, psychological, social, cultural and spiritual).

Both traditional School Chaplaincy positions and the post-school-gate 'community connector' roles compassionately, effectively and skilfully respond to the 20% of Victorians suffering mental illness. Both Chaplain and Community Connector roles work effectively to prevent mental illness: by listening to others, supporting positive wellbeing and directing people to mental health services, and other support agencies as highlighted below (under *About Community Connectors)*.

- **ABOUT SCHOOL CHAPLAINCY**
  School Chaplains provide a proactive and reactive response to mental health drawing upon a pastoral care approach, which brings attentive listening, empathy and referral to those requiring psychosocial support. School Chaplains are also equipped to respond reactively to crises such as suicide, accidents, and other tragedies. A Chaplain is a seamless complement to a school wellbeing team, helping educational communities to provide wholistic student-centred care. Chaplains play a significant role in meeting with students, staff and family members in a longitudinal way, helping to provide resilience, hope and support in the face of life's challenges, and helping to prevent life's challenges from developing into diagnosable mental illness.

  [redacted] '***We aim to build emotionally healthy and resilient students who can deal positively with life challenges, and experience a sense of connection with our school and others. Pivotal to this work is the role of our School Chaplain.'***

  A School Chaplain also provides essential support to the staff and families of a school community. [redacted] '***Being a Principal is an extremely rewarding job at times but very demanding. Having a person who listens, is non-judgmental and I know will only take the positives out of life, is someone who makes my day more enjoyable.'***

- **ABOUT COMMUNITY CONNECTORS**
  Community Connectors are local people who operate in the area where they live. This means they have built local knowledge, and established relationships within their community.

  Operating out of shopping centres, aged care facilities and a range of other community hubs, Community Connectors are passionate about people. They are qualified to offer advice on spirituality, ethics, and personal matters and are trained to engage with people in different social contexts to identify those at risk.

  Community Connectors provide pastoral care and build bridges of support to help people reach their full potential. They walk alongside people, listen, affirm, and connect them with other community organisations, local businesses, and external support and welfare agencies. They offer time, friendship and trustworthiness, so critical to helping people grow their sense of connectedness, meaning and worth.

  The skills which a Community Connector brings to help people reach their full potential include:
    - Welfare Support
    - Multicultural, Multifaith Care Responses
    - Unbiased Gender/Sexual Orientation Care Responses
    - Risk Identification and Prevention
    - Mental Health Support
    - Family Breakdown Support
    - Bereavement, and Grief and Loss Support
    - Crisis Care
    - Psychological First Aid

- Suicide Prevention
- Building Resilience
- Accessing Services
- Mentoring

To view a video of one Community Connector generating positive social impact at Chirnside Park Shopping Centre in Melbourne's eastern suburbs please visit https://bit.ly/2UXSFSt

- **ABOUT SPECIAL RELIGIOUS INSTRUCTION**
  Special Religious Instruction is a program that has been contributing to positive mental health in Victorian communities for more than 100 years. Through this program, students are invited to see themselves as part of a much bigger narrative, and having significance and value that is independent of their success, popularity, strengths or achievements, thereby supporting a positive self-image and healthy self-perception. This program validates and values the exploration of the spiritual, non-material, relational aspects of life, so critical to our overall health as individuals and members of communities. It encourages and supports positive life choices including choices that impact on those around us. It is a program that encourages and supports social strength and cohesion (Gross and Rutland, n.d.), significant preventative factors in social isolation, loneliness and a deterioration of mental health. A member of a small regional town recently attributed the deterioration in the community's health and tone in part to the loss of the positive impact and messaging of the Special Religious Instruction program that had been a part of that community for many years. Non-religious principals have expressed the value they perceive that this program brings to their school community, including by reinforcing the values they promote as a school. It would be helpful to offer principals the freedom to include this program as part of their designated instruction time, for its contribution to the overall wellbeing of their students.

3. What is already working well and what can be done better to prevent suicide?

- **PROFESSIONALS WHO LISTEN, DETECT AND REFER**
  As highlighted above, the presence and influence of a School Chaplain or Connector in a community setting can effectively prevent suicide by building a trusting relationship (not rigidly restricted by the strictures of time or role delineation). Pastoral care workers are in a position to detect elevated stress levels, acute mental health issues and suicidal tendencies. Critical to this approach is collaborating with other professionals, organisations, support networks including family and friends, equipping staff, and referring to partnering organisations. The provision of listening and time cannot be underestimated in their power to remind people that they are not alone; that their burdens are not theirs alone to carry; that there are others who are committed to their wellbeing and sense of balance; and to offer them hope, that suicide is not the only available option.

- **FAMILY SUPPORT**
  From pre-natal classes, the importance of communication, relationships and trust need to be carefully encouraged in parents-to-be. Alongside teaching parents how to care for their babies, these relational aspects ought to be covered as well. Our sense of self – our self-esteem – is birthed and best developed in the context of our family units by adult carers/parents who take seriously their role in our overall psychosocial development. Victorian parents need help in developing strong developmental relationships for the benefit of both children and adults. Such strong relationships will act as a strong protective factor against the conditions that are conducive to a deterioration of mental health of both adult and child. See the table below for an overview of such relationships:

Elements
Express Care Show me that I matter to you.
Challenge Growth Push me to keep getting better.
Provide Support Help me complete tasks and achieve goals.
Share Power Treat me with respect and give me a say.
Expand Possibilities Connect me with people and places that broaden my world.
(Source: Pekel, K. et al, 2018)

Additionally, all sectors of society need to be reminded of the importance of community, of face- to-face relationships and interdependency, and that all of these are critical components of a positive approach to mental health and wellbeing.

- **SPECIALIST TRAINING FOR CARE PROVIDERS**
  It is also evident that specialist training is required to prevent suicide. Chaplaincy providers run training, professional development and accreditation for their staff with a vision to see vibrant and connected communities where individuals and families can thrive. To this end, Korus Connect addresses the issue of suicide head on within the *Responding to Crisis* training. Accredited and experienced trainers present a wholistic response to a myriad of critical incidences including suicide prevention, postvention and psychological first aid. This ensures both Chaplains and Community Connectors are equipped to identify suicide risk indicators, intervene and make the referrals to ensure ongoing support for those requiring help. Indeed, the niche training has provided positive social outcomes. Korus Connect Chaplains have reported that such training has directed and guided them to effectively intervene when a person presents with suicidal thoughts and behaviours. In short, the feedback received is that the training had a positive outcome on preventing people with acute mental health issues from fatally harming themselves or others.
  Providing such training through the framework of one religious position for persons of that same religious position creates a strong perspective for care and response, not able to be achieved when multiple faith and non-faith perspectives are assumes/ taught concurrently.

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 services link with each other.

- No response supplied

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

- No response supplied

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

- **SOCIAL ISOLATION AND LONELINESS**
  As the population ages, so does the risk of loneliness. This is because the elderly may be widowed, separated, have outlived friends, have adult children living interstate, adult children with family commitments/demanding careers or a myriad of other factors. However, social isolation and loneliness are not just restricted to the elderly – they are also experienced by new mothers with nursing babies; adult carers caring for family members with limited free time; and even those separated from their families by work arrangements.

- **RESILIENCE**
  There is a need to teach people resilience. This is an essential quality to navigate stress, disappointment, and fundamentally one's level of happiness. Invariably life will present grief, loss, disappointments, health concerns, injustice and misunderstanding. When the tougher challenges of life present, mental health issues can easily manifest as stress, anxiety, depression and even suicide. If the discipline of resilience is taught, imparted and executed, people are well equipped for life. Resilience help create meaning, positivity, objectivity and in doing so, addresses hopelessness, negativity and lack of perspective. The positive role of faith communities and personal faith needs to be included in information provided about ways to develop resilience (see for example, Charney and Southwick, 2012).

- **FAMILY CARERS**
  Family carers are a high-risk cohort as they are so invested in attending to the needs of others that they can neglect their own physical and mental health. Family carers are at risk of grief, loss and social isolation due to their caring commitments. Vulnerable and at-risk carers will benefit through identification by family GPs, community nurses, allied health teams, pharmacists, shopping centres, churches and other community support agencies. Promoting the work of the Carers Association along with their helpline and resource centres, including respite options is also necessary to ensure the family carer cohort maintain optimal physical, mental and social wellbeing.

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

- **CARING FOR 'MENTAL HEALTH PRACTIONERS**
  The mental health workforce is fundamentally a service industry, which draws heavily upon on a care worker's mental and emotional stamina. Therefore, it is essential that mental health workers have a mentor, supervisor and/or a professional network where they can debrief within the confines of confidentiality.

- **EFFECTIVE ORGANISATIONAL STRUCTURE**
  Korus Connect Chaplains and Community Connectors receive ongoing and high quality pastoral care support. This has led to positive staff work satisfaction. In staff surveys, Chaplains and Community Connectors have indicated that they receive adequate support and this staff contentment is reinforced by longevity of staff in their current workplace. The Korus Connect organisational structure includes an appointed Regional Manager to reach out, support, and monitor Chaplains and Community Connectors. In addition, Korus Connect includes provision for professional supervision as well as extensive administrative support, via a dedicated team in head office, to ensure Chaplains and Regional Managers may invest more time working directly in the area of caring for others.

- **MENTAL HEALTH WORKER SUPPORT LINE**
  Another resource that will help to retain and support mental health workers is to create a dedicated support line where practitioners are heard, nurtured and affirmed in the work they are doing. This can be particularly useful where there is limited support or infrastructure for staff in their existing workplace. The emphasis needs to be on reinforcing a balanced lifestyle, resilience and self-nurturing with this model, along with the fundamentals of attentive listening, empathy and affirmation. As with those they are supporting, the spiritual wellbeing of staff needs to be factored into the wellbeing support they receive.

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?

- **NEW NORMS AND CULTURAL AWARENESS**
  Victorian leaders need to raise awareness about mental health being a critical personal matter that needs to be addressed with vigilance. Mental health needs to become an open and continuous conversation built into the core operations of schools, workplaces and family life. Ultimately, this will lead to happier and healthier communities and reduce the burden of mental health illness on the State's resources and hip pocket. Some simple strategies are outlined below.

- **REGULAR MENTAL HEALTH AUDIT**
  Similar to other health screening, mental health can be checked (by optional consent) in schools, workplaces, nursing homes, hospitals, doctors surgeries, pharmacies, child care centres, city councils and shopping centres, ideally, every 12-24 months. We need bipartisan advocacy and support to roll out a positive response through the health, education and welfare systems. Mental health should be a cradle to grave approach with early intervention starting with children in kindergarten/early learning programs right through to ensuring seniors remain mentally well and socially connected. As previously posited, such audits need to include an audit of a person's spiritual wellbeing, due to the integral role it plays in overall wellbeing, including mental wellbeing.

- **LOCALISED RESPONSE**
  Local councils, in partnership with local organisations have a key role to play in tackling mental health – particularly promotion, prevention and early intervention. Building on local relationships, relying on local corporate history/expertise and working collaboratively at a local level will transform communities. Ongoing training for all involved with the community response to mental health is also paramount.

- **RESPONDING TO LONELINESS EPIDEMIC**
  The most immediate response needs to be focused on combatting loneliness and social isolation. This is particularly evident with an ageing population where many people are living on their own after outliving their partner, or through separation. Community Connectors provide an immediate, tangible and effective strategic response to reach out to those vulnerable, isolated and at risk of escalating mental health issues. Their unique skill set can be applied to shopping centres, aged cared facilities and to other community settings.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

- **HIGH MENTAL HEALTH BENCHMARK**
  The issue is not what the mental health system should look like – but rather what people in our society should collectively look like. It is essential that we set the benchmark high and seek to achieve high functioning, educated, healthy, cohesive and socially connected communities. We *should* live in happy, healthy and vibrant communities where people have reached their full potential and are flourishing in every facet of their life – mentally, emotionally, financially, socially, spiritually and culturally. Obviously, this is a utopian vision of society, but it is a necessarily high benchmark for where society *should* be 'ideally' positioned to know our 'ideal' destination, which is a community made up of 'mentally well' and thriving individuals.

- **SOCIETAL IMPACT AND COST**
  More realistically, at least one in five Victorians are currently struggling with mental illness, which impacts on others (family, friends and workplaces) emotionally, socially and even financially. Mental health creates stress on families, and impacts workplaces too as it impacts on collegial relationships, absenteeism and productivity.

The Victorian mental health system cannot 'fix' all mental health issues overnight but it can make a significant contribution to promotion, prevention and early intervention of mental health by addressing the most prescient social issue in our time: **loneliness.** The evidence supporting an epidemic of loneliness is compelling and needs to be considered by governments, policy makers, health professionals and broader society as a matter given urgent priority. A synopsis of the loneliness epidemic is presented below.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

- **A COMMUNITY CENTRED APPROACH**
  It is evident that the Victorian Government needs to place a greater emphasis on decreasing the prevalence of mental issues, loneliness, and suicide by focusing on positive, effective and community-centric initiatives. Such an approach would run in tandem with professional psychological support and skilled community services. Chaplains and Community Connectors are well placed to be a conduit for frontline pastoral care to serve people in their community. Furthermore, Chaplains and Community Connectors can identify risk factors, individual needs and manage local referrals.

  The health system cannot diminish mental and social issues in society until a wholistic view is adopted. While advocating acute care is vital, the key factors which contribute to mental health crises need to be addressed locally in safe community settings. This is why the Chaplain and Connector models are pivotal in proactively encouraging wellbeing, social support and encouragement to people, while also having the local community resources and relationships, which can segue, to other community services as required.

  In summary, Chaplains and Community Connectors provide early intervention in the mental health journey – which helps avoid spiralling health complications for individuals/families and the potential high costs and resources on the mental health system. Proactively finding ways to mitigate mental health risk is reinforced in the Australian and New Zealand Journal of Psychiatry (2018) where it states: ***To improve the population's mental health, risk factors and social determinants must be addressed, in addition to effectively treating those who are living with mental illness***.

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

- **WE INVITE THE VICTORIAN GOVERNMENT TO MAKE LONELINESS A HEALTH PRIORITY**
  Loneliness is rightly becoming a front and centre topic in medical conferences, psychological research and in community forums. Why? Because loneliness has enormous ramifications on both the mental health system and the broader health sector as is demonstrated below.

- **AUSTRALIAN LONELINESS REPORT**
  In 2018, the Australian Psychological Society, in collaboration with Swinburne University of Technology, released the results of the most comprehensive Australian survey on loneliness called the *Australian Loneliness Report*. The results clearly articulated the direct impact of loneliness on mental and physical wellbeing.
  - One in four adults are lonely
  - Half the population feels they lack 'companionship' some of the time
  - People who are single, separated, widowed or divorced are more lonely than those married or partnered
  - Those who are lonely have more significant health issues (physical and mental) than those who are better socially connected
  - Lonely people are 15.2% more likely to feel depressed and 13.1% more likely to experience anxiety about social engagement that those who are not identified as being lonely
  - Loneliness is linked with higher levels of social anxiety, reduced social connection, poorer life quality and mental wellbeing.

- **A PUBLIC HEALTH CHALLENGE**
  The Victorian Government has identified loneliness as a legitimate mental wellbeing concern requiring a local strategic response, using the relationships and social capital of other community-based organisations. Korus Connect is positioned to support health groups and community leaders mobilise an effective, empathetic and creative response to loneliness drawing on 70 years' experience in pastoral care, including the provision of Community Connectors.

- **MODELLING OTHER COUNTRIES**
  Australian leaders would do well to emulate a proactive national response to loneliness. For example, England was the first to appoint a Minister for Loneliness and Scotland was one of the first countries in the world to develop a loneliness strategy. A key element of the strategy is collaboration between health organisations, local government, businesses and other community groups. Importantly it singles out life transitions as touch points where loneliness is triggered and responds to loneliness by intentionally tackling infrastructure planning and housing legislation.

- **MORE LONELINESS RESOURCES**

  - Vic Health https://www.vichealth.vic.gov.au/media-and-resources/publications/feeling-lonely
  - Lifeline https://www.lifeline.org.au/static/uploads/files/what-are-loneliness-and-isolation-wfqpnpzdubvt.pdf
  - Black Dog Institute https://www.blackdoginstitute.org.au/news/news-detail/2018/11/12/what-is-loneliness-and-how-can-we-overcome-it-explained
  - New York Times https://www.nytimes.com/2018/02/09/opinion/sunday/loneliness-health.html
  - American Research – Duke University https://today.duke.edu/2006/06/socialisolation.html
  - UK Research – Time Magazine http://time.com/5248016/tracey-crouch-uk-loneliness-minister/

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