

5th July 2019

Royal Commission into Victoria's Mental Health System

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Submitted via on line portal

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

Merri Health welcomes the opportunity to provide a response to the Royal Commission into Victoria's Mental Health System. The Royal Commission in Mental Health is a once in a lifetime opportunity to reshape Victoria's mental health system and we will eagerly be awaiting the recommendations that will effectively prevent mental illness, and deliver treatment, care and support so that all those in the Victorian community can experience their best mental health possible.

Merri Health creates healthy, connected communities through local health services for people at every age and stage of life.

We know that at different times, health needs change. That's why we support people throughout life, with a range of wraparound services available all through the one local network.

Our approach addresses the medical, social, environmental and economic aspects that affect health, with services spanning across:

- children and families
- young people
- carer support
- management of chronic conditions
- dental
- mental health
- disability services
- health and wellness
- aged care.

We've been the trusted health service of local communities for over 40 years.

Merri Health is one of the largest community health centres in Victoria providing over 65 different services and programs across the life span. We provide holistic, integrated health care that encompasses the physical, social, emotional and mental health. We view our role critical in keeping people out of the acute system, to keep people healthy and active in local community and to support people to live the best lives possible. Over 50% of our mental health clients access other Merri Health services and programs i.e. dental, allied health, and carer services. Community health is unique in this service offering and our service is a safe harbour for these vulnerable clients.

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

As a part of the 2014 mental health recommissioning process, the former Victorian government defunded Merri Health, a 40 plus years mental health service provider to the local community, from what was known as PDRSS mental health services. At that time, and in order to meet the ongoing demand for locally provided mental health services, Merri re-oriented its services with the application of commonwealth funded programs, Day to Day Living (D2DL) and Personal Helpers and Mentors Service (PHaMS) and with the extensive use of volunteers. This is in addition to delivery of a range of counselling services funded through our community health funding stream and the development of a number of peer led programs.

Merri Health has an established 'mental health hub' operating from its VIC Place site in Coburg, where we currently run **32** groups per week where clients are given the opportunity to participate in community life, develop practical life skills for independent living and self-care and get the support they need to make the journey towards recovery. Our clients learn new skills, build social and community connections and support each other. Through this distinct range of consumer driven evidenced based programs we continue to facilitate social and economic community participation and decreased social isolation, a key contributor to mental health. We have a kitchen, art room, computer room, music room and key spaces for simple and meaningful interaction and a safe drop-in space.

In addition to services provided from a number of our sites across northern metropolitan Melbourne we also support ten (10) Supported Residential Services (SRSs) in the Cities of Moreland Darebin, Banyule and Whittlesea. The support provided to residents of these SRSs includes access to a range of mental health programs that assist people to remain living in the community.

As a not-for-profit organisation, our focus is on partnering with people, responding to local needs, and strengthening the health of entire communities.

To ensure that Merri Health's submission was representative of the whole organisation and key stakeholders, Merri undertook consultation with all staff, clients and carers and a diverse range of key stakeholders. Key Merri personnel also participated in a range of consultations undertaken by key stakeholder groups across the community sector inclusive of Mental Health Victoria and Victorian Council of Social Services.

This feedback is provided by:

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Merri Health provides the following responses to the specified questions of the inquiry:

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

Understanding the impact of stigma and discrimination is crucial to developing a systemic and community response to mental illness that addresses the often hidden barriers to seeking support. Stigma around mental illness is still prominent within our community, with often devastating repercussions for those whose lives are affected by mental health issues. Shifting perceptions around mental illness is critical to the development of a service system and broader community who are able to respond, support and better understand the experiences of people living with mental health issues.

Addressing stigma and discrimination requires a range of interventions, across multiple levels of the service system and also across the broader community. The key interventions fall into 2 main categories:

1. Community Education
2. Responsive service system

Improvements across each of these interventions are required in order to fully address this issue. Suggested improvements include:

Community Education

- Use of advertising to dispel myths and promote understanding of mental health issues and common presentations. For example, ad campaigns through mainstream media that provide factual information about mental health issues, including less common diagnoses such as schizophrenia.
- Portrayal of people living with mental health issues- both through people speaking about their personal experience and also through characters depicted in shows/movies etc
- Education in schools- focus on generating understanding, awareness and skills/strategies for managing and promoting wellbeing. Education should include:
 - i. Knowledge and understanding around all mental health issues- not limited to the high prevalence disorders (eg. depression, anxiety), but also including other diagnoses such as schizophrenia, bi-polar disorder and personality disorders;
 - ii. Relevant information around the service system and how to seek support when necessary;
 - iii. Skills-based information and strategies on how to promote and manage mental wellbeing. For example, mindfulness strategies.
- Workplace education, as with education in schools, there needs to be a focus on the promotion of wellbeing as well as the support of people with mental health issues, within workplaces. Workplaces provide a unique environment to share valuable information about mental health to staff, as well as demonstrating positive ways in which to value and support people experiencing mental health issues. Co-ordinated mental health awareness campaigns to be delivered within workplaces, would be a valuable and positive way to

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

deliver key messaging around mental illness.

- Sharing of real stories from consumers and carers; valuing the 'voice' of those with lived experiences - working to shift the often negative community dialogue and representations of people living with mental health issues

Responsive Service System

- Easily accessible, high quality mental health services - by having a service system, both clinical and community-based, that is easy to access and provides a high quality service that is respectful, responsive, inclusive and supportive is crucial to improving stigma and discrimination. In order to seek support, the community must believe that they system is there to value and support them. Building a system that is responsive and accessible demonstrates that the care of people living with mental health issues is valued and important. To be truly responsive the system needs to provide services that are:
 - i. Easy to access and navigate - including being accessible before situations become acute/crisis-driven;
 - ii. Person-centred- with a focus on understanding the person holistically;
 - iii. Valuing of consumer experiences- including the utilisation of both peer support and formalised peer workforces;
 - iv. Varied- offering consumers a range of support modalities;
 - v. Flexible- allowing for responses that are tailored to the differing experiences and needs of consumers;
 - vi. Appropriately funded.

Underpinning both of these interventions is a common theme of needing to normalise the experience of mental ill health and work towards fostering an understanding of mental health issues as an element of overall health; one that should be discussed and responded to in the same way as other health issues.

Addressing stigma is a central component of delivering a positive and responsive mental health care system. Unfortunately, too often stigma is manifested as discrimination, resulting in people living with mental health issues being treated unfairly and sadly, often inhumanely. These fundamental issues need to be addressed at the core of any work to improve and enhance the mental health service system.

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?

Prevention and early intervention are cornerstones to a responsive, integrated and thriving mental health system. However, too often service delivery is skewed to the acute, crisis response end of the continuum with little time and resourcing directed to prevention and early intervention. Unless there is firm commitment to prevention and early intervention services and strategies through adequate funding and an understanding of the full scope of prevention work, the mental health service system will continue to struggle under the weight of responding to acute or crisis presentations. The Victorian community requires a range of mental health interventions that span the spectrum from prevention through to acute care. Much like other areas of health care, investment in prevention and early intervention can have significant and long-lasting impacts on the efficiency and efficacy of the service system.

Prevention and early intervention responses that have worked well

When done well, prevention and early intervention work can have lasting impacts on individuals and broader communities. Some of the key elements of successful work in this area are:

- Services with a holistic, consumer-focus;
- Services based in primary prevention settings, such as schools, local government or workplaces - this approach broadens the scope and reach of the interventions;
- Whole-of-community responses that seek to address factors such as social isolation by building social cohesion and connection;
- Community-based support - both specialised and general - that seeks to engage with people outside of the clinical/medical system;
- Social models of health, such as those that operate within the Community Health sector that provide multiple contact/entry points to the healthcare system;
- Services that are adequately funded and resourced;
- Flexible and creative programs that allow for innovation in how programs are devised and delivered;
- Quality care provided by quality service providers.

Suggested improvements for prevention and early intervention responses to mental illness

Given the importance of prevention and early intervention, it is essential that the service system continues to look for ways to improve and enhance the support that is offered to the community.

Some suggested improvements include:

- Building capacity of non-clinical professionals, such as teachers, to identify and respond to early presentations of mental ill-health;
- Development and funding of supports and services targeted at children. This will allow for intervention to occur early in childhood rather than waiting for issues to escalate in adolescence;

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

- Delivery of place-based community interventions, which seek to enhance community connection, sense of belonging and inclusion - all of which contribute to improved experiences of wellbeing and connection;
- Adequate funding of the entire spectrum of support needs, to allow for people to receive appropriate support before an acute or crisis response is required;
- Development of access points to the mental health system which are user-friendly, non-confrontational, flexible and responsive, for example drop in, 'shop front' type services. This will support the establishment of positive patterns of engagement with the service system;
- Enhance connection between clinical and community service providers, to ensure collaborative work practices;
- Increase funding and resources to Community Health services, to facilitate both their role as a smooth entry point into the broader service system and also the work yjru undertake in the population health space, building and strengthening communities;
- Developing referral pathways into the system that are easy to access, in terms of:
 - i. Accessible information about available programs
 - ii. Length of wait time to receive service
 - iii. Sensitive to the needs of vulnerable communities, such as the LGBTIQA+ community, those from CALD backgrounds and people who are homeless
 - iv. Flexible intake process, which seek to screen people in rather than out of the system
 - v. Timely and appropriate referrals out, if required
- Development of community hubs, which bring together a range of services, both clinical and community, that are committed to providing holistic care. Community hubs such as these would allow for people to access a range of services in one location, thus minimising the need for consumers to navigate the system on their own.

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

The rates of suicide within the community are at levels which are very concerning and are potentially reflective of the complex range of factors and pressures impacting on people's lives. **Suicide** remains the leading cause of death for **Australians** aged between 15 and 44 and in 2017, 3,128 people took their own lives. There is no doubt that **suicide** has devastating impacts on family, friends and community, as well as the tragic loss of lives.

Effective healthcare responses are vital across the range of suicide interventions, from prevention through to aftercare. As with all mental health care interventions, work around suicide prevention and care requires a service system that:

- is flexible and able to tailor service delivery to the needs of consumers;
- has a skilled workforce who are able to work with complex needs, including crisis level responses;
- is connected with the broader service systems for example, the acute care (i.e. hospitals) sector and areas such as alcohol and other drug services.

Suicide prevention also requires a whole-of-community response that seeks to both educate and connect the community. Through community education and enhanced community connection it is hoped that the broader community will be able to contribute to tackling this serious issue. The service system response is only one element of the work that can be done to address the high suicide rates. A community who are invested in the common goal of reducing suicide numbers, will be a key feature of significant and long-term change.

What has worked well

A number of initiatives have had positive affects in supporting the fight to curb the suicide rate including:

- **Public health campaigns**
 - Incorporating community education, marketing and media campaigns
 - Use of campaigns targeted to particular community groups who are more vulnerable to suicide including, young people, men and members of the LGBTIQ+ community
 - Focused on enhancing community awareness of mental health generally, but also specifically the prevalence of suicide within the community
 - Encouraged more open discussions around suicide
- **Tailored training for clinical and non-clinical health professionals**
 - For example ASIST training and Mental Health First Aid
 - Beneficial as they equip people with understanding, skills and intervention strategies
 - Allows for an appropriate response from any professional who may come in contact with someone who is suicidal
- **Coordinated service responses**
 - Focused on delivering multidisciplinary responses during both acute and aftercare interventions

Challenges and suggested improvements

Despite these initiatives, the Victorian mental health system still faces a number of challenges

around the prevention and support for people who are suicidal.

Challenges

Some of the challenges of the current service system include:

- Lack of acute inpatient beds- which often leads to the early discharge of consumers who are returned to the community without adequate aftercare supports;
- Insufficient funding across the clinical and community mental health sectors- which leads to insufficient or inappropriate levels of support for people who are suicidal;
- Acute service responses that are too slow and potentially put consumers and the community at risk;
- Long wait times for services;
- Impact of the transition to the NDIS and the current significant gaps in the service system.

Suggested improvements

The following initiatives should be considered for adoption in order to provide a coordinated and comprehensive response to suicide:

- Increased resourcing of acute/crisis services so that they can provide a timely response to people experiencing suicidal ideation;
- Development and delivery of a suite of services addressing the different elements of suicide prevention and care/support;
- Increase in the number of acute beds available in inpatient units across the State;
- Increased funding for programs that provide long term support and engagement- as services such as these will allow for more consumers to have their suicide risk noted and managed as early and quickly as possible;
- Enhanced working relationships between clinical and community based supports;
- Development and delivery of specific Aftercare services that seek to provide coordinated support for consumers after a suicide attempt;
- Community Education campaigns around recognizing triggers/warning signs, how to respond and where to get additional support from;
- Development and delivery of programs targeting susceptible cohorts (eg youth, LGBTIQ+, culturally and linguistically diverse, etc);
- Increase in the number of psychologist sessions allowed under a mental health care plan;
- Increased promotion of existing suicide call back and helplines;
- Increased education within schools and workplaces;
- Establishment of community hubs to increase community participation and decrease social isolation.

As a Rainbow tick accredited organization, Merri Health has a strong history and commitment to addressing the inequalities and inequities faced by the LGBTIQ+ community. As part of this commitment, Merri Health along with 42 other leading health organisations has become a signatory to a statement calling on the Royal Commission into Victoria's Mental Health System to consider LGBTIQ+ mental health (statement attached).

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.

There are many barriers to people experiencing good mental health- both at an individual and systems level. Addressing these barriers will go a long way to improving the health and wellbeing outcomes for many vulnerable Victorians. We encourage the Victorian Government to take this unique opportunity to make fundamental structural and systemic changes that will allow for both consumers and the system as a whole to flourish.

Barriers

Barriers to good mental health occur across the service spectrum; from access through to treatment including the availability of longer term supports for consumers to remain mentally well. Some of the key barriers are:

- **Underfunding.**

The current service system within Victoria is underfunded and therefore unable to deliver on its mental healthcare aims. Currently there is a mismatch between available services and community need. This has left consumers without appropriate services to provide them with timely responses to their support needs.

- **Fragmented and complicated service system.**

Significant barriers exist with accessing the service system and receiving integrated, coordinated and high quality responses. Some of the key barrier points are:

- i. Access: it can be extremely difficult to not only understand how and where to access the system but also many consumers report being turned away or needing to wait for services when they do seek support;
- ii. Referral pathways: the current service system is incredibly complicated with multiple and confusing entry points. Challenges with navigating referral pathways are experienced by both consumers and professionals;
- iii. Navigation: Once within the system, consumers are often expected to manage their own navigation through the complicated service system. This often results in consumers disengaging from the system or not receiving the full range of services that they need and deserve;
- iv. Responsiveness: The response time from services has become increasingly longer, as the service system struggles to keep up with demand. This has been particularly noted in terms of acute/crisis responses, with experiences of long waits to receive support when in crisis;
- v. Integration: a healthy service system needs services to work together to provide the best possible care for consumers. However, how the current system is set up encourages the fragmentation and siloing of services, resulting in a lack of coordination and integration of a consumer's range of support needs.



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

- **National Disability Insurance Scheme (NDIS)**

The transition to the NDIS has had a significant impact on the service landscape within Victoria. Unfortunately it has created significant barriers for consumers in accessing the support and care they require. This significant change in service delivery modality has meant that many people experiencing mental health issues have either been denied access to this system (through being found ineligible) or who have found the transition too daunting and have stepped away from the service system all together. Whilst this transition has occurred, other State and Commonwealth services have begun to wind down, therefore creating significant gaps in the service delivery options for people living with mental health issues. Even those who have been found eligible have struggled to receive service due to the market failure that has occurred due to many service providers stepping out of mental health service delivery due to struggles with factors such as maintaining financial viability.

- **Reduced access to community based mental health support**

One of the key barriers to achieving good mental health has been the reduction of community based mental health support options. As funding for many of the State and Commonwealth funded programs has wound up, there is now a significant gap in the service system for people wanting to access local, community-based supports for their mental health. Services such as PHaMs and PIR once offered and flexible and easy access point to the service system, however, they are no longer available.

Given these quite significant barriers to people experiencing good mental health, it is important to look at ways of improving and strengthening the system so that these barriers are diminished.

Suggested improvements

Through our consultation process with staff and consumers, a range of improvements were suggested to help build and strengthen the system. These included the following recommended improvements:

- **Development and delivery of holistic, consumer-focused service provision** - this is integral to positive support outcomes, as mental health issues rarely exist on their own and there needs to be service responses that consider the person as a whole, rather than segmenting their mental health issues as a separate part of their care;
- **Establishment of easy to navigate, centralised access and intake processes** - if we want people to seek support they need to be able to do this easily, therefore we must remove the barriers to access;
- **Block funding** - in order to deliver a service system where people do not fall through the cracks, we need to supplement the work of the NDIS, with block funding options. This will allow services to maintain their viability, as well as continuing to offer flexible and responsive service options for people who can't or won't access the NDIS;
- **Delivery of services which value and foster social and community connection** - engaging and connecting with the community is an extremely important component of promoting good mental health outcomes. Therefore, it is necessary for the service system to value programs that foster these connections. Our consumers particularly value the opportunity to work in groups and to use creativity as a means of addressing their mental health issues
- **Longer term services that offer flexible, ongoing and consistent support;**

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

- **Ongoing and increased funding of positive initiatives, such as PARCs;**
- **Enhanced relationships between community and clinical service systems** - ensuring positive and strong relationships between the clinical and community sectors is integral to ensuring the best possible outcomes for consumers;
- **Cohesion between State and Commonwealth governments** - service responses and funding need to be coordinated between the State and Commonwealth governments to ensure a whole-of-government direction/vision. We advocate for a structured reform across the service system that addresses the fragmentation of the two systems, and enables a more integrated approach to service delivery that encompasses a whole of health approach, and recognises the social determinants of health as a key influence of the burden of disease in mental health.

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

The drivers behind poorer mental health outcomes are varied, complex and often embedded within broader structural inequalities and inequities. Each individual's experience of mental illness is different, with a range of experiences and circumstances impacting their overall health and wellbeing outcomes. Whilst there are many factors that contribute to the range of outcomes that are experienced, in our opinion there are some key drivers that are common to many of those who experience poorer outcomes. We will highlight five of these drivers, but also wish to acknowledge that there are many other factors that also contribute to poorer outcomes.

Five of the key drivers for experiences of poorer mental health outcomes are:

1. Poverty
2. Housing
3. Social Isolation
4. Trauma
5. Physical Health issues

1. Poverty

Individuals who experience poverty face significant challenges across all elements of their daily life. The stress and inability to engage fully in social and economic life can both trigger and/or exacerbate mental ill-health. This is further heightened in situations of intergenerational poverty, where individuals and families have experienced long term poverty. Closely correlated to poverty, is the likelihood of decreased access to educational and employment opportunities. This lack of education and employment options only serves to further push the individual/family into a cycle of poverty-which is incredibly difficult to get out of. The impacts of poverty on mental health outcomes include:

- Heightened levels of unemployment;
- Limited access to education and training opportunities;
- Inability to pay for support services, thus excluding them for a number of services that may be beneficial to their mental health and wellbeing;
- Increased likelihood of discrimination;
- Disconnection from broader community.

Addressing poverty requires a structural and systemic response that seeks to ensure equitable outcomes for all people experiencing mental health issues. Poverty can be both a driver and consequence of poor mental health. The fact that there are people who will experience poorer health outcomes due to their socio-economic status, indicates that there is still much work to do in making the service system more accessible and equitable.

2. Housing

Access to safe, secure and affordable housing is an essential component of an effective service system and a basic human right. The lack of housing options within Victoria has long been a

concern, which continues to detrimentally impact on positive outcomes of many people experiencing mental health issues. It is very difficult to work on and address underlying issues, when the consumer does not have a safe and secure place to live. The quest for housing dominates the work, leaving little resources to work on improving mental health and wellbeing outcomes. The Victoria government needs to urgently consider and fund additional housing stock across the State to provide essential housing options to vulnerable people within our community. The impacts of housing issues on mental health outcomes include:

- Increased numbers of homelessness;
- Heightened stress levels due to insecurity around housing availability and affordability;
- Prioritisation of basic survival needs, often resulting in neglect of mental health needs;
- Increased likelihood of having to access expensive and potentially dangerous housing options, such as private rooming houses.

Access to safe and appropriate housing is a basic human right, and one that is not able to be experienced by many people living with mental health issues. People who experience housing instability are also likely to be those that are experiencing poverty- thus creating complex situations where people are experiencing multiple levels of disadvantage.

3. Social Isolation

Social connection and a sense of belonging to the community are important elements of overall health and wellbeing. Unfortunately, people experiencing mental ill-health are often socially isolated and therefore not connected to their broader community. This social isolation is difficult to break down and often requires more assertive support services in order to build trust and engagement. Community health services, such as Merri Health, are acutely aware of the importance of community connection and see addressing social isolation as a key component of their service delivery. Unfortunately, as funding has decreased to community based supports such as group work and one-on-one outreach, the ability to address social isolation has also decreased. Building in supports/services that value the importance of social connection will be an integral component to developing a mental health service system that is holistic and responsive to all factors contributing to positive mental health outcomes.

4. Trauma

The impact of trauma on the mental health outcomes of consumers is significant and needs to be acknowledged as an important factor in understanding the experience of mental illness. Service providers should approach their work with consumers through a trauma-informed lens, as it shapes so much of the work that is done. People with trauma histories may experience significant barriers to seeking and engaging with support services- particularly in cases where the trauma has been inflicted upon them by the mental health service system itself. The experience of trauma can impact on an individual's mental health outcomes in numerous ways, particularly by increasing the likelihood that they may not be able to engage with services in standard or straight forward ways. Some of the barriers include:

- Difficulties in trusting and engaging with the service system;
- Risks of further or re-traumatisation;
- Need for flexible and creative service responses that are tailored to the individual's needs;
- Working with staff who are not skilled and experienced in delivering trauma-

informed care.

5. Physical Health

Addressing the correlation between poor physical health and mental ill-health is a key health concern that needs to be built into any system reform. There is much evidence that demonstrates the significant and detrimental impact that mental ill-health can have on physical health outcomes. Examples of this impact include a reduction in life expectancy and increased risk for serious physical health concerns, such as cardiovascular disease, diabetes and metabolic issues due to medication. The Mental Health Commission of New South Wales released a document in 2016 titled 'Physical Health and Mental Wellbeing: evidence guide' which documents the serious physical health issues that are facing people living with mental illness. Some of the key ways in which this health concern can be addressed is through service models that provide holistic care and education. Holistic care is central to ensuring that all aspects of an individual's health - both physical and mental - are considered and support provided around all elements of well-being.

Consumers who experience serious physical health issues are also more likely to experience poorer mental health outcomes. Thus holistic and integrated health care across all aspects of well-being is vital and needs consideration in service planning and delivery.

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

Carers need access to a range of services at different points in time in order to continue in a caring role and still have a rewarding and contributing life of their own. Respite opportunities are very important for mental health carers and often difficult to access or locate. Carers are frequently unable to have holidays or even spend extended time away from their loved one for a quick break. NDIS packages for carer recipients do not include any consideration of the carers needs and the assumption seems to be that if the care recipient is receiving NDIS support there is no significant carer burden. Currently if a care recipient is in receipt of NDIS support the carer is not eligible for Commonwealth Respite Support and this is a major issue for mental health carers. Even if there are services and access is available, the carer recipients often will not accept or respond to a general respite worker and need access to someone they have established a credible and trusting relationship with. The cessation of the Commonwealth Flexible Mental Health Respite program has also taken access to flexible, short term respite options away from carers. This leads to considerable carer distress and fatigue and leads to an increasing isolation of carers and greatly reduced social, and at times, economic participation of carers.

People who are carers are developing mental illness conditions by being socially isolated, neglected and unsupported by formal and informal supports, abused and many are mistreated by the people they care for. They also need to be recognized as needing support to live their own lives separately from the arduous role of carers.

For carers to be effective in their role they need:

- easy access to information about all mental health interventions available and how to access these;
- to be informed, and to feel empowered to support their family member with their mental health issues;
- to be a central part of the care team and understand what positive role they have played and can play in the affected members life;
- support to participate in paid employment by provision with flexible working arrangements, dedicated mental health leave from employers to attend to appointments and caring for people with mental health issues;
- education support and understanding;
- recognition of their role and financial support;
- case management, carer support groups, carer counseling and more flexible respite options;

A major service gap is access to short term crisis respite facilities as the Emergency Departments at local Hospitals do not provide any real options for people in crisis unless this is at a level where it is clearly and presently life threatening. This is made even more difficult when, as is often the situation, the person with a mental illness abuses alcohol and the acute system is frequently unable or unwilling to provide support. These situations are devastating for the family and carers, and particularly for working carers as the time lost attempting to negotiate and locate support impacts

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

significantly on their ability to maintain employment. Better access to short and medium term respite and treatment or short term secure accommodation could be a key measure to address this.

Two other key carer considerations that need to be explored and addressed through the Royal Commission into Victoria's mental health system are:

- Children of people with mental health issues or who act as carers of people with mental health issues experience neglect and fall through the gaps of the health and community services sector creating multi- generational health and mental health concerns;
- Review of Family Law and Child Protection system to protect women and children from violent abusive partners and fathers who have the potential to cause stress, trauma, anxiety and abuse that may lead to mental health issues.

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

The mental health workforce play an integral role in the functioning and quality of the mental health system. Therefore, it is highly important that there is a focus on supporting, developing and strengthening the workforce to ensure it is able to provide the level and quality of support that consumers and carers deserve. Unfortunately, the current upheaval in the service system has seen mental health professionals becoming increasingly disillusioned, burnt out and turning their backs on the sector. This trend is concerning and needs to be addressed as a matter of urgency.

Given the nature of the work, staff providing support and service to people experiencing mental health issues need to be highly skilled, experienced, agile and flexible. The mental health sector has a strong history of a workforce who are both passionate about the work they do and skilled in providing client-centred, responsive and high quality service. However, service delivery changes such as the transition to the NDIS, have shifted the nature of the work resulting in many workers feeling de-skilled and unable to provide the type and amount of support that is needed and valued by consumers. Therefore, addressing some of the underlying issues with the current service system will be an important step in ensuring that the workforce remains committed and engaged with the sector.

In order to better understand the current status of the Victorian mental health workforce, it is necessary to consider the external pressures that are impacting workers across the State. Some of these factors include:

Stress and turnover of staff

Stress and turnover among mental health workers is an issue that needs to be addressed in order to ensure that the service system continues to provide high quality care and support. A number of factors impact on the stress experienced by workers, and need to be addressed in order to minimise turnover rates. The following issues are important to consider:

- **Funding instability.** Job security is a key element in maintaining the wellbeing of staff, however the current situation in the mental health sector does not provide workers with any stability or sense of security about their ongoing work. Providing stable and long term funding of programs would go a long way to mitigating this source of stress.
- **Demand exceeding resources.** Another source of stress for staff is the level of work that is required in order to meet demand. Current levels of resourcing/funding do not match the level of need within the community, therefore staff are under pressure to try and meet demand with limited resources. Adequate funding of the sector would work to alleviate/minimise this source of stress.

Given the levels of stress and dissatisfaction, there are currently high levels of staff turnover within the sector, as experienced and skilled staff **opt** out of working within the mental health system. This is challenging at both an organisational level, as services struggle to retain and recruit to mental health positions, but also for consumers who need to engage and connect with new staff on a regular basis. This is not good practice and is having an impact on the outcomes experienced by consumers. Fundamentally, staff are feeling overworked and undervalued and thus not truly engaged in the service system, which they were once passionate about.

Transition to the NDIS

The transition to the NDIS is the source of much of the current upheaval and levels of dissatisfaction

within the mental health workforce. Unfortunately, as the sector transitions into the NDIS, the workforce is being lost as NDIS pricing does not allow for tertiary qualified and experienced staff. This is a great concern as access to skilled and appropriate staff is central to the provision of high quality care.

The shift to delivering services under the NDIS has been a great source of stress and discontent within the existing workforce. The current NDIS model does not value skilled and qualified staff which has led to staff either leaving the mental health sector or feeling undervalued. Similarly, there has been a shift in the nature of the work with staff not being able to engage with consumers in the same way, particularly around recovery-oriented practice. Fundamentally, the NDIS operates from a deficit framework, with funding based on what consumers are unable to do. This is philosophically different to the way in which staff have previously delivered psychosocial supports, where they were working from a strengths and recovery focus. The shift has been difficult for many staff, who are struggling to match the current conditions within the NDIS, with the professional values that led them to the work in the first place. Similarly the shift to a market- driven model has taken the focus away from providing collaborative, community focused work, which has long been the attraction to this field of work.

Given the current conditions, the question then becomes how the sector as a whole can work to attract, retain and support the workforce through this period of immense change. Some ways in which this could be achieved are:

- The creation of new funding streams that offer stability, through:
 - i. Longer term funding contracts (particularly beyond year by year arrangements)
 - ii. Development of services that sit outside the NDIS
- Funding arrangements that are based on consumer need. This will ensure that:
 - i. Programs are appropriately funded to meet current and predicted need
 - ii. Need does not exceed resource levels
 - iii. Staffing levels are reflective of service demand levels
 - iv. Services are able to provide high quality and responsive programs
- Sector-driven advocacy around NDIS pricing
- Valuing of staff training and development
- Development of clear career pathways within the mental health sector
- Increased remuneration to reflect the nature and skill-level requirements of the work
- Strong sector-wide leadership around the needs of the mental health workforce
- Acknowledgement of current challenges and a commitment to seeking to rectify/correct current systemic issues.

Peer workforce

A key component of the mental health workforce now and into the future is the engagement and valuing of the peer/lived experience workforce. Utilising peer workers within the workforce is shown to have positive impacts on the engagement of people living with mental health issues. This area of the workforce is one that has great potential for positive change within the service system and is therefore something that needs to be encouraged and supported within the sector.

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?*

Consumers and carers wish to live the best life possible and engagement with meaningful activities is a vehicle to this desire. Meaningful participation encapsulates paid employment and volunteering; social connection and engagement with community, family and friends, and engaging with relevant components of the broader service system.

All levels of government play a critical role in addressing social inclusion and participation. Local governments in particular are well positioned to drive social inclusion and participation at the community level, however are often hampered by resourcing, capacity, and their core role in supporting all residents, constituents and rate-payers, regardless of whether certain communities experience greater need.

Non-Government Organisations (NDOs) and Community Health networks can also play a strong role in addressing social participation and inclusion and can often more easily navigate prioritising marginalised communities than local governments can. In order to be effective it's critical for NGO's to be integrated with local networks and partners, and to have strong connections with local communities. In order for NGO's to be most effective in this space, greater funding and stronger links with the primary health care and acute systems are also necessary.

NGOs are heavily involved in promoting social inclusion and participation, both generally through their work in the community but also through the specific mental health programs they may have been funded to provide. At a grassroots level, this is often the core business of NGOs, particularly Community Health Services and is often work that is done unfunded as it benefits the community. With adequate and specific funding more work could be done in this space. Consideration could be given for some sort of 'credentialing' for such organisations to legitimately incorporate them as service providers in part of the broader architecture of the health and mental health services.

Social participation and inclusion are principles have traditionally been embedded in mental health programs and have been focused on enhancing connection between people experiencing mental health issues and the broader community. Group-based programs in particular facilitate this connection, and seek to increase social participation and enhance the inclusion of people living with mental health issues into the broader community.

By investing in programs such as these, we are able to foster the creation of healthy and connected communities that are then able to support themselves separate from the service system. Developing skills and providing opportunities for social engagement and participation is essential in minimizing social isolation and creating healthy and vibrant communities. Such services can therefore be seen as offering both intervention and prevention work. At an intervention level they are providing services that work to build skills, confidence and social participation in people experiencing mental health issues, however it is this very work that is then able to reduce the need for more ongoing work as those we have supported are able to utilize the skills and social connections they have developed to manage their mental health into the future. Therefore, the benefits of these programs far outweigh the costs involved in delivering the service.

Consideration needs to be given to the following issues to facilitate opportunities to further develop

and support social and economic participation by mental health consumers and carers:

- Adequate easy to access ongoing mental health supports would facilitate more people with mental health issues being able to gain and maintain employment and/or volunteering opportunities;
- Flexible workplaces that understand and support employees with mental health with more tailored and individual support;
- Workplace education;
- Employment Support Programs focussed on mental health, housing insecurity, health, financial hardship, drug and alcohol programs;
- Investment in inclusive systems that welcome people living with mental health conditions to participate and tap into their strengths and abilities that contribute to society;
- Development of sporting and recreational options specifically tailored to people living with poor mental health.

A variety of existing indicators are available to measure improved social participation and inclusion such as; the Victorian Outcomes Framework and the Victorian Community Indicators. However these frameworks need to be strengthened to ensure data is consistent, particularly at a suburb-level, and has the ability to be analysed and understood by population groups. There are also several projects currently underway between the Scanlan Foundation and Community Indicators Victoria with the view to develop shared measures. Merri Health is also part of the Inner North West Primary Care Partnership project to develop shared Social Inclusion indicators for our region.

The use of outcome measurement tools, such as the Recovery Star, are also important in understanding the improvements people experience across a range of life domains when they are engaged and participating in the community. Key outcomes that should be measured and reported on for consumers include:

- Overall wellbeing (mental, social and physical);
- Community connection and engagement;
- Reduction in social isolation.
- Improved self-efficacy.

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?

The Royal Commission into the Mental Health system in Victoria provides a unique and exciting opportunity to reform and rebuild the system, to create long lasting and meaningful change for the community.

With this in mind, there are a number of key areas of change that would benefit from a prioritised response. These priorities for change fall into three main areas; funding, system cohesion and integration.

Funding

Given the current inability for the service system to meet the needs of the Victorian community, we are advocating for an injection of funds into the system (both clinical and community) to allow for services to maintain and grow service delivery, and prevent people falling through the cracks of the system. We believe this is a priority to ensure the government is meeting its obligations to the mental healthcare needs of the community. Features of this funding should include:

- Sufficient funding to fill the gaps in service left from the NDIS transition;
- An investment in both immediate stop-gap funding and also longer term options to ensure all consumer and carer needs are met;
- Focus on Community Mental Health options, that can support the integration of services and the connection of consumers to the broader community;
- An investment of fund that will support and facilitate more equitable access to services and support.

System Cohesion

The service system in Victoria is currently fragmented and difficult to navigate. We are advocating for prioritised change around building system cohesion so that we can rebuild trust and engagement in the service system. There are a number of layers where cohesion can be built and strengthened. These include:

- Enhanced cohesion between State and Commonwealth governments- this is an integral element of ensuring that the service system is cohesive and doesn't have a duplication of programs. Working together in a more co-ordinated manner will improve the service landscape within Victoria and also allow for the best possible outcomes for consumers and families.
- Enhanced cohesion between clinical and community based services- these two systems both perform important roles in the delivery of a positive mental healthcare system in Victoria. Working together in a more cohesive and focused manner will allow for the strengths of both systems to be enhanced and the service experience of consumers improved.

Integration

In order to support consumers and their families in the best possible way, the service system needs to be integrated, with there being 'no wrong door' into the mental health service system. In order to

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

achieve that all service sectors need to be committed to working together and sharing their knowledge and expertise. With a focus on holistic care, government directed integration is vital to ensure the system provides optimal care to consumers and families. Integration needs to happen in numerous forms to ensure the system is accessible and responsive. Some priority areas for change include:

- Enhanced integration across service sectors, for example there needs to be a close alignment between AOD and mental health services. Operating in silos is not an effective way of driving change, so the integration of services needs to be prioritised, funded and delivered;
- Enhanced accessibility into the service system- issues with accessibility were raised numerous times in our consultations around this submission. The current system is difficult to understand, access and navigate. Breaking down the barriers to access should be addressed as a priority;
- Development of a stronger interface between the NDIS and other parts of the healthcare system.

If these priority areas are addressed as a matter of urgency, the access to quality care for people living with mental health issues will be enhanced. A stronger system that is well funded, cohesive and integrated will hopefully begin to move Victoria back to being a leader in mental health care.

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

A whole of government approach is required to prepare for changes to the mental health sector in Victoria. This approach requires system wide integration encompassing the sectors of mental health, health and disability.

In preparation for the recommendations from the Royal Commissions, the Victorian Government needs to be proactive and commence immediate discussions with the Commonwealth Government regarding the vast number of poor outcomes for mental health consumers from the NDIS and the disconnection of the scheme from the need for psycho-social supports in the community. The NDIS is a disability focused deficit model of service provision whereas the premise of mental health support services are strengths based and recovery oriented, these are proven to achieve the best outcomes for mentally ill consumers.

Additionally, consideration needs to be given towards training and education and preparing for an appropriately skilled workforce across the sector. The current challenges of the sector have seen a vast number of staff leave for other career choices and this can only transpire in poorer mental health outcomes for individuals and the broader community. Engagement with tertiary institutions and peak bodies requires a joint approach to planning for the workforce of the future..

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

Merri Health supports the vision for effective mental healthcare where *All Victorians have the opportunity and right to experience their best mental health*. To achieve this, a whole of government and whole of system approach is required, where there is a range of strategies from health promotion, to early intervention, to community based and acute mental health services. Service delivery design and responses should be consumer centred and include family and carers. Consumers should be able to easily access and choose appropriate support when and where they need. Services should operate within a social model of health, addressing both physical and mental health within the broader context of the consumer's life.

Merri Health would like to share the following concluding thoughts as part of this submission:

Structural weaknesses

Many of the structural weaknesses in healthcare for people with a mental illness can be attributed to the following factors:

- Underfunding.
- Lack of cohesion between State and Commonwealth funding.
- Funding limitations.
- Fragmented and complicated service system.

Reform environment

Some of the key structural weaknesses in healthcare are not being specifically targeted in the most recent and foreshadowed reforms by government; the main one of these being the fragmented and complicated service system. A number of new programs have been initiated in an effort to tackle the service gaps generated by the NDIS; however, the addition of these new services has the potential to further add to the existing fragmentation and confusion around how to access appropriate services. One potential way of addressing this would be to streamline how these programs are tendered and then launched. Wherever possible, small pieces of funding should be combined into more substantial funding options, thus minimising the confusion around the number of programs, what they are being offered and their access points.

Access to Justice

Merri Health views access to justice as a fundamental civil and human right. Significant barriers exist that limit and prevent people from adequately accessing the justice system or utilising appropriate resources available to the broader community. The justice system can be confusing and intimidating for a large cohort of the community who are not legally trained, have low literacy and/or low cognition capacity and instils a notion of fear by its association with law enforcement and police. Complaint processes, court and tribunal hearings are difficult to understand and navigate, written material is not in plain English and vulnerable clients generally have multiple and complex needs that need a tailored and holistic care response.

Access to justice goes beyond the physical access to a lawyer, it's about the confidence, empowerment and capacity to action one's civil and legal rights. The community needs to have a voice and be heard; policy formulation needs to consider the voices of all the community it serves. Policy makers need to ensure they elicit, hear and respond to the voices of all Victorians and not

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

only those that have the capacity and advocacy skills to present their argument and position on vital community and civil matters.

Through the community we serve our observations indicate that:

- Health-justice partnerships are crucial and provide value and support to mental health consumers. Merri health has a partnership with the Northern Community Legal Service where outreach community lawyers provide services, offer advice and counsel to mental health consumers at Merri's mental health hub at its Coburg VIC Place site;
- Legal Aid is a positive and valuable experience with regard to support for court proceedings for clients;
- support from the duty service on the day of a court hearing is considered a vital mechanism for access to representation and engagement with the law and justice system. This service is important as people would otherwise be left without support, advice and/or representation.

A number of challenges are identified through our consumer and services' experience of the justice system inclusive of:

- Legal Aid is usually not available for day-to-day legal matters;
- limited funding for legal aid makes it restrictive as demand exceeds service capacity;
- access to local community legal centers are often limited by their hours of operation, office locations and catchment restrictions due to limited funding;
- timely access to service response due to both demand pressures and system design and flow.

Merri Health identify the following service improvements for consideration that would assist vulnerable and disadvantaged mental health consumers:

- Increased funding for Legal Aid and community legal services;
- tailored and targeted mental health training for Legal Aid staff to ensure appropriate responsiveness to clients experiencing and/or at risk of mental health issues;
- expansion of the scope of the current community based legal advice to support consumers with more day-to-day legal issues that sit outside the court system. This would alleviate both system demand pressures and provide expanded services supporting community health and wellbeing;
- improve accessibility for all mental health consumers to information, resources and services with a collective bank of relevant Easy English Icons free of charge to appropriate agencies to use within their material as the cost of this on small agencies is quite prohibitive.

Leading Health Organisations call on the Royal Commission into Victoria's Mental Health System to Consider LGBTI Mental Health

27 June 2019 – All lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) people deserve to live happy and healthy lives, and to enjoy the benefits of a mental health system that is respectful, safe, affirming and supportive.

The life experiences of LGBTI people are diverse and the majority of LGBTI Victorians are happy and content. However, a range of mental health outcomes are known to be associated with experiences of marginalisation, discrimination, stigma, violence and abuse.

Community-controlled LGBTI organisations, and experts in LGBTI health, have identified significant gaps in service delivery and policy frameworks that support the mental health of LGBTI Victorians.

This Royal Commission into Victoria's Mental Health System represents an opportunity to make real change.

We, the undersigned, stand in support of LGBTI communities, and call upon the Royal Commission to address these gaps as a matter of urgency.

We call for the complete de-pathologisation of people with diverse sexual orientations, gender identities and sex characteristics. Difference is not a defect.

We call for the protection and promotion of human rights of LGBTI people, including the right to bodily integrity and autonomy for trans and gender diverse and intersex people. Human rights are non-negotiable.

We call for greater government investment in more general and specialist community-controlled and mainstream LGBTI mental health services, including in-person, phone-based and bed-based services.

We call for specialist family services to support people coming out or transitioning and their families.

We call for a comprehensive review of data gathering infrastructure, including coronial data, to better capture rates of mental health outcomes and suicide in LGBTI communities.

We call for greater inclusion and safety of LGBTI people within the general mental health system, supported by organisational accreditation and whole-of-workforce training.

SIGNED BY:

Thorne Harbour Health

Rainbow Health Victoria

Switchboard Victoria

Access Health and Community
Alcohol and Drug Foundation
Australian Healthcare and Hospitals
Association
Australian Health Promotion
Association
Australian Medical Students
Association
Australian Primary Health Care
Nurses Association
Australian Psychological Society
Ballarat Community health
Black Dog Institute
Brophy Family Services
Chronic Illness Alliance

Cobaw Community Health Services
cohealth
DPV Health
EACH
Equality Australia
Gateway Health
Headspace
HEY Partners
Life Without Barriers
Lifeworks
Mental Health Australia
Mental Health Victoria
Merri Health
Mind Australia
National LGBTI Health Alliance
Nothorn District Community Health

Northside Clinic
Peninsula Health
Pahran Market Clinic
Public Health Association of Australia
Queerspace
Rainbow Network
Royal Australasian College of
Physicians
SANE Australia
Star Health
Victorian Alcohol and Drug
Association
VicHealth
VincentCare
Your Community Health

