Royal Commission – Victoria's Mental Health System

Formal submission prompt questions

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

Increasing community understanding of mental health will help reduce stigma and discrimination of mental illness. In their engagement with Melbourne's suburban communities, the Metropolitan Partnerships have heard that mental health issues and diagnoses often, for young people in particular, come with stigma. In planning for mental health responses, it is necessary to recognise this as a reality that can impact an individual's, particularly a young person's experience of and engagement with mental health services. Addressing stigma will require an approach that embeds and normalises proactive mental health responses within mainstream or universal services such as schools, community and youth services as well as specialists' services located in different settings to offer greater privacy. Addressing stigma in the workplace setting also has flow on effects to the community, and better understanding of mental health by diverse communities can help to inform more inclusive and accessible services.

A strong message from the Metropolitan Partnerships' targeted engagement activities with young people was the need to help young people understand, access and navigate mental health services as a way to reduce the stigma associated with mental illness. Supporting young people to make their own informed decisions was also an important component. Young people from the Inner metro and Northern regions of Melbourne reported that they did not know what services were available to support them, or how to access them. This identifies a clear need to provide individuals, particularly our young people, with improved information and support services. The Inner Metro Partnership is currently using seed funding to undertake a project with local government to understand the challenges of young people in accessing mental health services in the Inner Metro region. This project will also explore the possible tools which can enhance the youth awareness and access to the services.

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?*

 The advice of the Metropolitan Partnerships promotes taking a place-based approach to the planning and delivery of integrated, user centered services. A place-based approach is interconnected with a local co-design and focuses on and compliments a user centered design process. The needs of the end user are at the centre of the design process, so the system can identify the various barriers to accessing services and tailor an appropriate response. This can ensure for example, that families with young children have stronger social support and the interface between communities and services is improved so that service systems can be more responsive to community needs. Integrating services and building more supportive communities are best done through a place-based approach that seeks to make individuals and communities more engaged, connected and resilient.

Major changes or life stage transitions can become overwhelming and stressful for young people and families. For example, the Northern Metropolitan Partnership, through its engagement with DHHS and

practitioners, heard that there is an emerging younger cohort (late primary and secondary school children) experiencing significant levels of anxiety. A common theme that needs to be considered as part of planning and developing mental health responses is the challenge and potential mental health risk or 'stressors' that all cohorts of young people face as part of life transitions – physically and developmentally through childhood into adolescence and into adulthood as well as socially, educationally and economically.

The Metropolitan Partnerships' advice has also highlighted the importance of access to social and affordable housing for metropolitan Melbourne. Secure housing is important in preventing poor mental health and is one of the key component in the supporting those that are experiencing mental illness find appropriate treatment.

The Metropolitan Partnerships have researched and heard feedback from their communities that good access to parks, recreational facilities and the opportunity to spend time with nature has a positive impact on the mental health of suburban populations. The Metropolitan Partnerships recognise that investing in public parks, walking and cycling trails plays an important preventive role in community mental health. This should be a further consideration for all governments as they plan future development in our metropolitan regions.

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

Suicide remains the leading cause of death for Australians between 15-24 years old, and the suicide rates are significantly higher in men The suicide rate amongst Aboriginal and Torres Strait Islander people is more than double the national rate. In 2015 suicide accounted for 5.2% of all indigenous death compared to 1.8% for non-Indigenous people.

Recognition and self-determination of Aboriginal people is a priority theme shared by all the Metropolitan Partnerships. Given the over representation of indigenous people dying of suicide, the continuation of work on Treaty and self-determination is important in improving the health, safety and wellbeing of Aboriginal people and communities in Victoria. The Inner Metropolitan Partnership continues to advocate for wrap-around support for all Aboriginal children within the region to give them the best start at life. The Northern Metropolitan Partnership supports continued fulfillment of Korin Korin Balit-Djack – Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027. Continued testing and evaluation of the initiatives of this framework will ensure that Victoria's approach can be refined and remain useful in preventing the rates of suicides whilst realising the Victorian Government's vision for 'self-determining, healthy and safe Aboriginal people and communities in Victoria'.

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.*

The Metropolitan Partnerships have heard that there are many factors that make it hard for people to experience good mental health. The biggest challenge is accessibility; both physically in having the necessary services and infrastructure available in the community and the appropriate transportation to connect with and use them, and accessibility in the sense of a user centered system that is place-based,

integrated, navigable and culturally appropriate. Currently in places like the outer Eastern suburbs, some people do not have a single-entry point for accessing the health and social services they need to achieve and maintain good mental health, and many vulnerable people are not accessing any services at all. Other considerations include cultural, literacy and cost barriers.

As Melbourne expands on the urban fringe in the North, South and West, there is potential for reduced access to critical human services, transport and options that enable personal independence and healthy lifestyles. We need to reconsider how we plan for and develop integrated services and infrastructure so that delivery of new services occurs to a schedule that matches population growth.

Feeling connected to your community and having social networks matters for people's wellbeing. The Eastern and Inner South-East Partnership are particularly interested in the role of loneliness and social isolation and are directing their 2019 engagement on this theme. They have heard that high proportions of people in these regions are experiencing loneliness and social isolation and the Partnerships are supporting a collaborative and multilevel approach to understanding factors associated will social isolation and loneliness and developing shared solutions on what measures could be put in place to increase connection and participation in community life.

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

Many Metropolitan Partnerships identified loneliness and social isolation as a driver behind poor mental health outcomes. In the Inner South East, Partnership members have allocated funds for collaborative, multi-level approaches to understanding the issue, suggesting baseline data gathering to profile the prevalence of the issue, community asset mapping to identify gaps in services or amenity, and co-design approaches to address the issues. Across the regions, Partnerships heard that people from culturally and linguistically diverse communities may experience greater social isolation. For the Southern Metropolitan Region, social isolation and loneliness are directly related to lack of transport connectivity, with barriers to getting to jobs and educational opportunities impacting negatively, particularly on young people. They have allocated funds to understand this issue and are partnering with local government.

For the Inner Metro and Inner South-east Regions, direct links were made between lack of secure housing and mental health, as well as specific mental health issues faced by people experiencing homelessness. The Partnerships have all heard through their engagement, that access to secure, affordable and social housing is a concern for communities across Melbourne. The Metropolitan Partnerships are working through the joint advisory panel of the Minister for Planning and Minister for Suburban Development – the Metropolitan Development Advisory Panel to consider how the Government's investment through Homes for Victorians and other initiatives could be aligned with other health and wellbeing priorities to help improve social and affordable housing for Melbourne.

The Metropolitan Partnerships heard strong messages from young people about the need for mental health support both in their local communities and in schools, a need for betterqualified counsellors in schools, and barriers to inclusivity for LGBTIQ and Aboriginal young people. It is also important to recognise the diversity of the experience of young people and mental health. For example, there may be a focus on mental health of young people disconnected to school and education, but there is a need to

also understand the mental wellbeing of those who are from disadvantaged backgrounds who are supported. They can still carry the impact of their backgrounds and experience the weight of pressure to succeed.

This is perhaps indicative of the pressure placed on young people to adapt and succeed in a fast changing and dynamic workforce environment. Although young people are consistently – and perhaps accurately – told that they have access to far greater opportunities than the generations before them, these high expectations may place additional strain on young people. In addition, the advent of social media, the increasing requirement for adaptable education and skills requirements in at times a lagging school system and elements of this inter-generational tension further tests the resilience of our young people in new and challenging ways. The Partnerships have heard that more needs to be done to support young people as they are consistently required to adapt changing workforce and social technologies. This particularly applies in the transition from school to further education, training or the workforce which may place further strain on the mental well-being of our young people.

Addressing the social determinants of health was a strong theme across all Metropolitan Partnerships, where connections between transport, secure housing, meaningful work, access to open space and recreational services and activities need to be provided to communities to ensure their health and wellbeing.

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

The needs of family members and carers were raised specifically in the Inner South-east region, noting that carers can experience social isolation. The Inner South-east region has promoted a collaborative, integrated and co-designed approach to social isolation experienced by many community members, including carers, proposing a baseline mapping of the prevalence of the issue, community asset mapping to identify gaps in services and amenities, and focus on the full range of health needs including mental, social, and emotional wellbeing. The Partnership is using seed funding to undertake research and asset mapping to develop a regional loneliness and isolation impact profile.

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

While not specifically addressing this question in their community consultations, job creation and skills development are priorities across the Metropolitan Regions. The Western Metropolitan and Southern Metropolitan Regions are developing jobs and skills profiles of their regions, with a view to formulating jobs and skills action plans in collaboration with Victorian Government partners. There are strong opportunities for co-design and collaboration in terms of mental health workforce and peer support staff workforce development, linking to the Victorian Government's TAFE expansion and Free TAFE policy. Adequately forecasting and funding the mental health workforce based on population needs/skill shortages can attract, retain and support the mental health workforce is required.

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?*

The Metropolitan Partnerships have heard strong messages from their communities that secure housing social inclusivity, and access to meaningful work are directly connected to mental health and wellbeing, especially for young people. Partnerships have heard that barriers to social and economic participation for people experiencing mental health relate to the built environment, lack of access to services, lack of affordable housing and access to green spaces. Addressing these social determinants of health will support the social and economic participation of people living with mental illness.

All Partnerships have heard that having secure housing is important. An example of a service system approach is the Housing First model that prescribes safe and permanent housing as the first priority for people experiencing homelessness. Once housing is secured, a multidisciplinary team of support workers can address complex needs through services like drug and alcohol counselling or mental health treatment.

Many Partnerships have identified jobs and skills planning as a priority outcome, and welcome opportunities to work with the Victorian Government to shape job creation, investment attraction and skill development strategies which specifically relate to supporting people living with mental illness. Further, opportunities to reduce discrimination and improve gender equity can help to improve mental health.

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?*

Ideally, Victoria's mental health system should be user centered, with a place-based approach that includes service integration to provide wrap around support to those in need. The Metropolitan Partnerships recommended approach to Victoria's mental health system is underpinned by three key aspects – place-based approach, user centered design and service integration.

This approach, informed by community voices across Melbourne, suggests a coordinated approach to facilitating better access to the mental health system. A place-based approach to address service gaps and system issues is interconnected with a local co-design as an essential feature of the planning and evaluation process to address specific challenges while building local capacity and leveraging local opportunities. Therefore, a place-based approach focuses on and compliments a user centered design process. This ensures the needs of the end user at the center of the design process, so the system is appropriately identifying the various barriers to accessing services and tailoring an appropriate response suited to its target cohorts. This is also supported by a service integration approach, to simplify the various touch points in the health system to better coordinate and more effectively respond to individual needs.

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

Ongoing community engagement is a critical part of preparing for the changes to Victoria's mental health system to support lasting change and improvements. This consistent conversation with the community is needed to help address the stigma of mental illness while better informing the design of system improvements so they resonate with the community these changes are impacting. This community conversation needs to be meaningful and ongoing, to update the community with the changes both during and after the Royal Commission.

Equally important, is ongoing engagement and support to local government, state government departments and health organisations to ensure they are adequately geared to respond to these changes. These organisations, particularly local government and service delivery organisations are key partners in shaping the response and helping support its lasting impact.

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

The mental health system touches on all aspects of our community and suburbs. This requires a whole of government approach to better orientate government and its partners to respond to what matters most to our diverse and dynamic communities. A whole of government approach will help ensure community infrastructure and services are planned and delivered in an integrated manner, maximizing outcomes and improving the equitable access to the services and infrastructure that support livability and prosperity.

The work of the Metropolitan Partnerships has identified how urban form and the shape of our suburbs can influence mental health outcomes. The sprawling nature of our suburbs and the challenge of keeping communities connected with frequent and reliable public transport services is a significant factor contributing to the experience of social isolation in Melbourne. The Partnerships have consistently heard how social isolation and loneliness contributes to poor mental health outcomes.

For those who cannot afford a car and live far from community services, the experience of living in greenfield developments or on the peri-urban fringe, such as the Eastern, Northern, Southern and Western regions, can be extremely isolating. The rapid response to metropolitan Melbourne's unprecedented population growth has influenced how we plan and develop our city. This has influenced the type and scale of our suburbs, placing a premium on density perhaps at the expense of social connectedness.

The Partnerships have also consistently heard how secure housing is linked to good mental health. This feedback has been expressed as a spectrum of challenges across our suburban communities. From higher rates of homelessness in some suburbs to poor housing affordability contributing to mortgage stress, and anxiety in not being able to enter the housing or rental markets, particularly for young people. The Metropolitan Partnerships are working through the joint advisory panel of the Minister for Planning and Minister for Suburban Development – the Metropolitan Development Advisory Panel to consider how the Government's investment through Homes for Victorians and other initiatives could be aligned with other health and wellbeing priorities to help improve social and affordable housing for Melbourne.