
MISSION
AUSTRALIA
together
we stand
Royal Commission into Victoria's
Mental Health System 2019

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Introduction

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable Australians move towards independence for more than 160 years. In the 2017-18 financial year we supported over 120,000 individuals through 461 programs and services across Australia.[1] This included support for over 3,700 individuals through 40 programs and services in Victoria (VIC).[2]

We work with families and children, young people and people experiencing homelessness and also provide specialist services for mental health, disability and alcohol and other drug (AOD) issues.

Mission Australia welcomes the opportunity to provide input to the Royal Commission into Victoria's mental health system. This submission is based on a combination of research and insights from direct service provision across Australia.

Recommendations

The Royal Commission should recommend that:

- Education and public awareness raising campaigns be funded by the Victorian government to destigmatise mental illnesses and to prevent discrimination against people with mental health issues.
- Mental health services should be co-designed with people with lived experience and carers, and be based on evidence and research.
- The Victorian government significantly increase investment in community based mental health services through long-term, sustainable funding, in order to ensure people with mental health issues are receiving the requisite supports within a community setting and are diverted from costly acute care services, including Emergency Department presentations.
- Support be increased for successful peer support programs that will harness human capital, develop community capacity to address stigma associated with mental ill health and suicidality, and provide a valuable connection for people to engage with support services as well as increased employment opportunities for people who have experienced mental health issues.

[1] Mission Australia, Annual Report, 2018, accessible at: https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2018/809-annual-report-2018/file

[2] Ibid

- A cross-sectoral and whole-of-government approach to address mental health issues should be adopted. This governance framework should coordinate the involvement of all the relevant government portfolios and address underlying social determinants of health. It is essential that this framework also ensure the engagement of the community sector and people with lived experience from diverse backgrounds.
- Access to services and supports be improved by increasing outreach services that are delivered beyond the standard working hours to enable people to access services at times and places that are convenient for them.
- A multitude of approaches to service delivery should be available, particularly where there are issues in relation to stigma or shame including discreet options for people to access services online, in person or over the phone.
- Successful mental health services that provide holistic, wrap-around supports in community including access to housing, support to maintain tenancies, services to prevent social isolation, and other ongoing support with education, employment and training should be replicated across the state.
- Efforts be made to increase mental health literacy through meaningful engagement and education that targets diverse cohorts such as Aboriginal and Torres Strait Islander people, CALD communities, LGBTI communities, women, older people and people in rural and remote communities. These measures should be coupled with free access to mental health first aid.
- The deeper, structural causes of mental health issues for Aboriginal and Torres Strait islander people should be identified and solutions co-designed and co-implemented under Aboriginal and Torres Strait Islander community-leadership including community controlled organisations and health services.
- Group based community initiatives and services that are not directly related to mental health service provision should be promoted as early intervention opportunities to engage with people who are otherwise unlikely to engage with mental health services.
- Greater efforts and investment should be directed to divert people experiencing mental illness from coming into contact with the justice system and from imprisonment, including addressing the intersections between mental health and substance use, as well as supports to people with mental health issues on exiting prison.

Improving community understanding of mental illness and reducing stigma and discrimination

Accessing mental health services can be challenging for people due to social and cultural factors, attitudes and understanding of mental health and awareness of available services in local areas. Limited education and understanding about mental health issues increase the risk of conditions developing into more severe issues. This lack of mental health literacy, particularly in rural and remote areas also contributes to stigma, reluctance to seek help, and misunderstandings about mental health services.[3]

Males in particular can have negative attitudes towards mental health services that mitigate against help seeking. Preconceived notions of gender and masculinity make it difficult for men to express their emotions and reach out for supports. Accepted norms may also include high levels of alcohol consumption, violence and aggression as an acceptable way to solve problems.[4] The level of mental health literacy is considerably lower, particularly among young men, and behaviours such as aggressiveness, dominance, competitiveness are sometimes encouraged or expected.[5] There needs to be an attitudinal shift through education and increasing mental health literacy particularly among men.

> "You don't talk about mental health in remote areas, especially if you're a man. Men should be tough and not show emotions. They are responsible for the family and can't fall apart. It's harder for people who do not fit this stereotype. There should be more information about services where men can talk about their problems discreetly."
>
> -Mission Australia, Area Manager

Services should be available in various formats to ensure people with mental health issues are able to access services that are most appropriate and in the form that is most comfortable for them including face to face, online and over the phone. A multitude of approaches should be adopted to encourage and normalise conversations in relation to mental health within various settings including schools, work places or other institutions.

> "When people of influence such as respected community members, politicians and teachers talk about their personal experiences dealing with mental health issues, it can have a significant impact on people in the community … it normalises the conversation and gives people the impression that they are not going to be judged because of their mental health struggles and there are avenues to get support."
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> Mission Australia – Program Manager

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[3] A. Jorm, Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health, American Psychologist, Advance online publication, 2011, accessible at: http://www.tips-info.com/wp-content/uploads/2011/12/mental-health-literacy-ap-in_press.pdf

[4] P. Erwin, *A Critical Approach to Youth Culture,* 2010, p. 124.

[5] T. Rae and L. Pederson, *Developing Emotional Literacy with Teenage Boys,* California, 2008, p.4.

What services are already working well and provide better prevention and early intervention supports

The majority of the community services such as domestic and family violence, housing and homelessness, family and children's services, education and employment, work with people who may experience mental health issues. Therefore, it is imperative that the Royal Commission looks beyond the mainstream mental health services and examines the effectiveness of community services that are providing informal counselling and supporting people with mental health issues to navigate the appropriate services.

Social isolation and the lack of opportunities to engage with the community can have a significant impact on mental health. In many communities, the community designed and led programs are effective in addressing social isolation and provide opportunities for people to connect with others, which results in an overall increase in their general health and wellbeing. These programs are often not directly related to mental health.

Evidence suggests group based parenting interventions are effective in improving child behaviour, and found to be successful in improving mental health and wellbeing among people from culturally diverse populations.[6]

The Australian Vietnamese Women's Association (AVWA)

AVWA delivers playgroups to Vietnamese families in Dandenong, that enhance positive child and parent relationships and engage families experiencing multiple barriers to community participation. The participating families of the Supported Vietnamese Playgroups are experiencing social isolation, language and financial barriers.

The programs consist of two structured weekly playgroups with children aged birth-5 years old and their parents. The playgroups are structured in a way where children benefit from activities including story time to improve English skills, outdoor activities to build social skills and meal time to reinforce safe food practices and improve motor skills. Parents benefit from increased bonding with their children, social inclusion, access to information sessions and referrals by facilitators to health services and additional supports. Through participation in the playgroups, parents achieve better outcomes for their families.

This program is delivered through Communities for Children in Dandenong for which Mission Australia is the Facilitating Partner.

[6] VicHealth, Promoting equity in child and adolescent mental wellbeing, Victorian Health Promotion Foundation, 2015.

Case study

Mary* is a single mother with two children, who volunteers at the playgroup. Mary has poor social connections with the wider community and feels isolated due to language barriers. Participating in the playgroup has allowed her to become more confident in her abilities to engage with other families and she has developed capabilities in safe food handling and parenting skills.

Through access to resources in the playgroup Mary is now participating in an English course through AVWA. This highlights how the playgroup is strengthening parent's and children's protective factors against mental health issues including improved self-esteem, gaining life skills and improving social connectedness.

*Name has been changed for privacy

Impact of mental health and suicide prevention

Mental ill-health can have significant impacts on many aspects of a person's life as well as their family and broader community. There are numerous internal and external factors that can heighten the risk of developing mental health issues. These include a person's cultural and socio-economic background, change in circumstances, physical illness or disability, and experiences of loss. There is also a need for specific services that cater for mild, moderate and severe mental health issues. Often, the lack of or limited availability of supports for people experiencing mild to moderate mental health issues mean that issues go unaddressed and may evolve into more severe issues requiring long-term and intense supports.

> "Supporting people when they see the early signs of mental health issues saves a lot of hardship on people and their families. This is also cost effective for the government … currently we see investment for people with mild mental health conditions like headspace or services for people with severe mental health issues like the NDIS or the hospitals. There should be more support for people in the middle with moderate mental health issues."
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> Mission Australia, Program Manager

Suicide is the leading cause of death among people aged 15-44 years and remains the leading cause of premature mortality in Australia. In 2017, suicide deaths occurred at a rate of 12.6 deaths per 100,000 people.[7] There were just over 3,100 reported deaths by suicide in Victoria between 2013 - 2017.[8] In

[7] Australian Bureau of Statistics, Suicide in Australia, 3303.0 - Causes of Death, Australia, 2017, accessible at: https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Media%20Release~Alcohol-induced%20deaths%20decreasing%20over%20time%20(Media%20Release)~6

[8] Ibid

addition to mental health conditions, a range of emotional and environmental causes such as feelings of rejection and loss, academic pressure or experiences of bullying, abuse and neglect, and alcohol and drugs dependence can be factors behind suicide.[9]

A person does not need to be experiencing a diagnosable mental illness in order to consider suicide.[10] Therefore, services and supports need to be broad enough in scope to capture people with suicide ideation and a history of mental health issues or self-harm as well as equip people with information in relation to the supports available in instances where individuals experience a trigger event.

It is also estimated that for every death by suicide, as many as 30 people attempt to end their lives.[11] In addition to supporting people with suicide ideations, targeted after care and crisis care must be available to those who have previously attempted to end their life. The support services must have mechanisms to engage the person's family members, peers and the community to ensure that these people receive the necessary supports.

Aboriginal and Torres Strait Islander young people

The Productivity Commission report *Overcoming Indigenous Disadvantage: Key Indicators 2016* showed worsening mental health outcomes for Aboriginal and Torres Strait Islander Australians and much worse suicide and self-harm rates compared to non-Indigenous Australians.[12] Aboriginal and Torres Strait Islander people were almost three times as likely as non-Indigenous people to report high or very high levels of psychological distress.[13] Limited or lack of access to age and culturally appropriate mental health supports in regional and rural areas can increase the risk of suicidal ideation among Aboriginal and Torres Strait Islander young people.[14]

The current national mental health strategies and frameworks in place provide the foundation for service development and delivery which are co-designed with communities and approved by the respective community leaders.[15] Mission Australia strongly encourages the implementation of these frameworks through Aboriginal Community Controlled Organisations.

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[9] R. M. Homes and S. Homes, Suicide: Theory, Practice and Investigation, Youth and Suicide, 2005, Ch. 4, p. 39 – 50.
[10] Education and Health Standing Committee, Parliament of Western Australia, *The impact of FIFO work practices on mental health Final Report*, 2015, p.2.
[11] Lifeline, Statistics on Suicide in Australia, accessible at: https://www.lifeline.org.au/about-lifeline/lifelineinformation/statistics-on-suicide-in-australia
[12] Productivity Commission**,** *Overcoming Indigenous Disadvantage: Key Indicators 2016,* Chapter 8.37-8.47.
[13] National Rural Health Alliance, *Factsheet: Mental Health in Rural and Remote Australia*, December 2017, accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf
[14] P. Dudgeon, R. Walker, *et al*, *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People*: Issues paper no. 12, produced for the Closing the Gap Clearinghouse, 2014, accessible at http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf
[15] Department of the Prime Minister and Cabinet, National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing, 2017.

The Lowitja Institute was commissioned in June 2017 by the National Mental Health Commission to conduct research in Aboriginal and Torres Strait Islander mental health.[16] The research identified the key risk and protective factors as they relate to Aboriginal and Torres Strait Islander peoples' experience of trauma and other identified factors, and, using that knowledge to improve the mental health of Aboriginal and Torres Strait Islander peoples.[17] Mission Australia encourages this Royal Commission to closely consider the findings and the recommendations of this report.

In addition to developing and delivering services through the Aboriginal and Torres Strait Islander community organisations, it is imperative that there are a range of early intervention services that provide supports to children and young people as well their families.

Girls on the GO and Boys on the BOUNCE

Dandenong and District Aborigines Cooperative Limited (DDACL) is funded by Mission Australia through the Communities for Children program to deliver the 'Girls on the Go' and 'Boys on the Bounce' programs to facilitate school engagement with and support for Aboriginal and Torres Strait Islander students and families. This is the only program of its kind in the City of Greater Dandenong, providing essential support to Aboriginal and Torres Strait Islander children in a culturally safe and supportive environment.

Participants are referred through local primary schools, local services and the DDACL. Girls on the GO program is a culturally-tailored program for Aboriginal girls to help maintain their participation in school while supporting girls through later primary years and the transition to secondary school. Boys on the BOUNCE runs a similar culturally-tailored program for Aboriginal boys which supports their school engagement through later primary years and the transition to secondary school.

Both programs also develop complementary education/information and support for parents, grandparents and partners, and facilitate referrals into other services offered by the DDACL and additional appropriate mainstream services. The program incorporates a range of different activities which support students with: social and emotional well-being; healthy eating; trust and confidence; physical activity; reconnecting to culture; body image; personal safety; and finish with a celebration at the end of the program.

The programs are delivered through an empowerment and positive role modelling approach. Facilitators encourage the participants to actively make decisions about their own health needs, which supports the continuation of positive practices at the completion of the program. The flexible approach of this program provides ongoing support and mentoring for children experiencing

[16] The Lowitja Institute, *Journeys to Healing and Strong Wellbeing Final Report*, 2018.
[17] Ibid

challenges. The responsive nature of the program has been proven to support children achieve positive outcomes, including increased school engagement.

Developing the Aboriginal health workforce and peer workforce as well as involving communities in service design and delivery, have been identified as important first steps in more culturally sensitive practices.[18] A well trained, well supported and well-resourced Aboriginal mental health workforce is widely seen to be critical to the delivery of equitable, culturally engaged mental health care for Aboriginal and Torres Strait Islander people.[19]

Institute for Urban Indigenous Health (IUIH) training programs[20]

IUIH employs Indigenous trainees to work across a range of settings and to train as allied health assistants. Trainees complete one or two days a week of work experience and rotate each term through the Deadly Choices health promotion team, the Work it Out chronic disease rehabilitation program and children's therapy services.

Trainees receive a comprehensive introduction to work as an allied health assistant, and are mentored by Allied Health and Health promotion staff. IUIH is committed to mentoring trainees through their traineeship and into work and/or further study after training. Over half of the 2013 trainee graduates are currently enrolled in the University of Queensland Tertiary preparation program.

IUIH is partnering with University of Queensland to launch Deadly Pathways. This program provides intensive support for Indigenous children from disadvantaged families to access practical pathways into secondary and tertiary education.

Services designed to benefit Aboriginal and Torres Strait Islander people should be co-designed and implemented with community members, Elders and Aboriginal Community Controlled Organisations to ensure they are culturally secure, adapted and effective. Particularly in regional and remote areas, relationships with the local community and having a strong understanding of local cultures and

[18] See further: Hansard, Report on Proceedings before Portfolio Committee No. 2 – Health and Community Services, accessible at: https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryEventTranscript/Transcript/10127/Hearing%20Transcript.pdf

[19] Northern Territory Mental Health Coalition, Mental Health & Suicide Prevention Service Review, 2017, accessible at: http://apo.org.au/system/files/126901/apo-nid126901-558076.pdf

[20] Institute for Urban Indigenous Health, Research, Innovation & Workforce Development, accessible at: http://www.iuih.org.au/Services/Research_Innovation_Workforce_Development

protocols are critical to developing the necessary trust from community members to engage with local services. Further, the location and confidentiality of services are key to uptake of support in small communities.

Recent reports demonstrated that Indigenous youth suicide rates are on the rise.[21] Aboriginal children as young as 10 years old dying by suicide has caused national alarm and the communities and sector organisations are calling on the Federal and State governments to adopt immediate measures to address these issues as a matter of priority. More needs to be done to provide the requisite supportive framework to prevent suicide. Thus, there is an urgent need for all levels of government to work with the community, particularly, Aboriginal and Torres Strait Islander people, their representative organisations, and other relevant community and government organisations to take urgent action to provide culturally appropriate suicide prevention related supports.

The Mission Australia Youth Survey 2017 investigated young people's mood and wellbeing by using the Kessler 6 (K6) questionnaire, a mainstream assessment tool used to help diagnose generalised psychological distress, optimally in combination with sensitive questioning and a broader understanding of a person's situation. Based on their responses to this scale, nearly a third (31.3%) of Aboriginal and Torres Strait Islander respondents indicated some form of distress, compared to 24.2% of non-Indigenous respondents.[22]

The recent federal budget announced that the government will commit $5 million over four years from 2019-20 to implement Indigenous suicide prevention initiatives.[23] These are expected to be led by local youth Indigenous leaders to ensure that support is culturally appropriate and tailored to meet the specific needs of affected communities.[24] However, this level of funding is inadequate to respond to the gravity and the impact of Indigenous youth suicide and there needs to be further state government investment into suicide prevention.

The increase of youth suicide across the state is a clear indication that more concrete and effective measures are needed to address these issues. These measures should include early intervention, eliminating stigma, education, awareness raising about the existing services and avenues of support.

Addressing the social disadvantages experienced by Aboriginal and Torres Strait Islander young people, (including higher rates of incarceration, higher rates of child protection intervention, unemployment, housing stress) is an essential cornerstone in combating suicide. It is also essential that local

[21] See further: P. Dudgeon, T. Hirvonen and R. McPhee, Why are we losing so many Indigenous children to suicide?, 29 March 2019, accessible at: https://theconversation.com/why-are-we-losing-so-many-indigenous-children-to-suicide-114284 and NITV, Indigenous youth suicide at crisis point, 15 January 2019, accessible at: https://www.sbs.com.au/nitv/article/2019/01/15/indigenous-youth-suicide-crisis-point

[22] Mission Australia, Aboriginal and Torres Strait Islander Youth Report 2017, 2018, accessible at: https://www.missionaustralia.com.au/publications/youth-survey

[23] The Treasury, Budget Measures Budget Paper No. 2 2019-20, p.155 accessible at: https://www.budget.gov.au/2019-20/content/bp2/download/bp2.pdf

[24] Ibid

communities are respected as experts in their own needs and ways to resolve their needs and are engaged with in a meaningful way in order to design, implement and deliver programs and services to address local needs.

Gift of Gallang

The Gift of Gallang (GoG) is a school-based wellbeing program for Aboriginal and Torres Strait Islander children in the Inala region (Grades 4-6). The program has a strengths based approach with a focus on healing mind, body and spirit. Program development occurred after a need for a suicide prevention program was identified by key community groups and Mission Australia. The wellbeing of individuals, families and communities had been significantly impacted by several deaths by suicide of Aboriginal and Torres Strait Islander children and young people. Concern was held that additional suicide attempts may have occurred as children as young as 8-11 years of age had expressed suicide ideation.

In order to foster resilience and wellbeing, GoG was designed with the local Aboriginal and Torres Strait Islander community in Inala through the formation of the Committee of Hope and supported by Mission Australia and Inala Wangarra. Committee members consisted of Aboriginal and Torres Strait Islander community members from Inala including staff from local community service organisations, Queensland Health and community Elders. The Committee of Hope worked in consultation with the former Cultural Connect Worker with Mission Australia, currently Community Resource Officer with Inala Wangarra to develop the overarching purpose of the program as well as contributing to the content and format of the program.

Consultation began in late 2015 and after considerable collaboration, the program ran for the first time across Term 2 in a local primary school. The program duration was for one hour across nine weeks with content aiming to provide students with strategies to foster social and emotional wellbeing, as well as a strong connection to community and culture. The facilitators that delivered the sessions were local Aboriginal and Torres Strait Islander community members, purposefully selected by the Committee of Hope.

Mission Australia completed an evaluation of GoG in 2019.[25] The report indicates that there was a high level of engagement of students with the program, as well as increased community connections. Another recognised strength is that the consultation and development process has allowed ownership of the 'Gift of Gallang' to rest with the local Aboriginal and Torres Strait Islander community of Inala, Queensland.

[25] Mission Australia, Gift of Gallanf Evaluation Report, 2019, accessible at: https://www.missionaustralia.com.au/publications/research/young-people

Learnings from this model can be used to develop services for Aboriginal and Torres Strait Islander young people in Victoria. This should be done in collaboration and consultation with local communities and Elders to meet the respective needs and cater for cultural practices in those communities.

Experiences of young people

Mission Australia conducts an annual youth survey with the participation of young people aged 15-19 years. Last year, over 28,000 young people participated in the survey and 43% of the young people identified mental health as one of the top concerns in Australia today. Further, the number of young people identifying mental health as a national concern has nearly doubled since 2016.

The top 3 issues of personal concern for young people from Victoria in 2018 were coping with stress (45%), school or study problems (35%) and mental health (33%) and rates over all these concerns were slightly higher compared to the national average. All these directly relate to poor mental health. Unaddressed self-identified concerns in relation to elevated levels of stress may lead to the development of other serious mental health issues such as anxiety or depression. The participants of Mission Australia's youth survey also indicated that they are much more likely to seek support from friends (85%), parents (76%) and relative/family friend (60%).[26] Interestingly, about 50% of young people indicated internet as a source of help and a lesser number of young people identified teachers and school counsellors (38% and 36% respectively) as sources of help. These demonstrate the diverse range of sources of supports young people access.

Mission Australia has written extensively on the need for targeted mental health supports for young people based on the findings of the youth survey results.[27] We also recommend that investment is targeted to co-designed programs with young people from diverse backgrounds who are likely to access these services.

Following continuous advocacy by the community sector, there are some state government initiatives that identified the needs of young people and aim to provide appropriate supports such as the NSW and Federal government investment to increase the number of full-time onsite school counsellors or psychologists and full-time onsite student support officers.[28] A similar approach can be adopted in Victoria. However, it is important to note that there might be students who prefer to receive support outside the school premises due to stigma and shame. Thus, additional supports need to be targeted

[26] Ibid p. 26

[27] Mission Australia and Black Dog Institute, Youth mental health report Youth Survey 2012-16, 2017, accessible at: https://www.missionaustralia.com.au/publications/research/young-people/706-five-year-mental-health-youth-report/file and Youth mental health and homelessness report, 2017, accessible at: https://www.missionaustralia.com.au/publications/research/young-people/720-mission-australia-youth-mental-health-and-homelessness-report/file

[28] NSW Government, Media release: Huge boost to support student welfare and mental health, 2019, accessible at: https://www.nsw.gov.au/your-government/the-premier/media-releases-from-the-premier/huge-boost-to-support-student-welfare-and-mental-health/

towards young people who are at risk of disengaging from school as well those who are currently disengaged from school.

SPACE 4 US[29]

Mission Australia's Navigator Program is working in partnership with Peninsula Health and Good Shepherd in the delivery of the SPACE 4 US program.

SPACE4US is a peer support program for young people aged 13 – 18 years who have a parent, sibling or other family member with a mental illness. It provides participants with the opportunity to share their experiences and be supported by other young people in a situation similar to their own. With a focus on early intervention and prevention the overall aim of SPACE4US is to reduce the likelihood of the development of mental health difficulties in young people who have been identified as being at increased risk.

The objectives of SPACE4US are:

- to increase participant's knowledge of mental health and illness
- to improve participant's coping strategies and help-seeking behaviour
- to improve participant's sense of connection to their peers, family and community
- to provide opportunities to engage and support families and carers of participants
- to provide leadership pathways for young people who participate

Space4us builds on extensive knowledge gained over a number of years on what is most helpful to young people and their families when they are living with a family member with a mental illness.

It evolved from Paying Attention to Self (PATS), a program originally developed in 1993 by the Centre for Adolescent Health at the Royal Children's Hospital. PATS has been running in various parts of Victoria since then.

The Space4Us partnership undertook a review of the PATS program, its content, and its capacity for state-wide implementation, and developed Space4Us over two years.

To support the local implementation of Space4Us, Families where a Parent has a Mental Illness (FaPMI) coordinators are embedded within area mental-health services in Victoria. The development of peer-support programs within a collaborative framework is a key performance indicator and is core to the work of the FaPMI coordinators.

[29] See further: Space4us: accessible at: https://www.space4us.org.au/

Universal school-based interventions have shown positive effects in improving mental wellbeing, attitude, behaviour, self-esteem and resilience in students.[30] There should be more investment into these early intervention models by the Victorian government.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people

People who identify as LGBTI were found to be six times more likely to attempt to end their life compared to their peers.[31] Discrimination, prejudice, isolation and family rejection because of their sexuality and gender identity may increase the risk of suicide and suicidal ideation. Rejection by family based on one's core identity (sexual orientation or gender identity) was more damaging than other family conflicts and may have a greater impact on mental health.[32]

Within the LGBTI community, young transgender people had a higher tendency to attempt suicide compared to other LGBI young people.[33] A report released in September 2017 found that almost 50% of transgender young people in Australia have attempted suicide at some point in their life and over 80% had suicidal thoughts.[34] The report sets out a series of recommendations including enacting transgender inclusive legislation and policies, transgender community-led funding and peer-based, proficient, holistic service provision and the like.[35]

In addition to the above, the National LGBTI Mental Health and Suicide Prevention Strategy identify the following broad measures:[36]

- Recognition and specific inclusion of LGBTI populations in the development of any child, youth or family strategies, frameworks, programmes and services.
- Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for LGBTI children and young people, and their families.
- Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and support groups for LGBTI children and young people.

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[30] Victoria Health Promotion Foundation, Evidence Review: Addressing the social determinants of inequities in mental wellbeing of children and adolescents, 2015, p. 18.
[31] National LGBTI Health Alliance, LGBTI people, Mental Health and Suicide, 2011, p.3 accessible at: http://lgbtihealth.org.au/sites/default/files/Biefing_Paper_FINAL_19_Aug_2-11.pdf
[32] R McNair, et al, GALFA LGBTQ Homelessness Research Project, 2017, p.32.
[33] Ibid
[34] P. Strauss, A. Cook, et al, *Trans Pathways: the mental health experiences and care pathways of trans young people*, Telethon Kids Institute, p.10.
[35] Ibid
[36] Commonwealth Department of Health, *National LGBTI Mental Health and Suicide Prevention Strategy*, 2016, p. 25, accessible at: http://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf

- Develop and resource mental health and suicide prevention initiatives that specifically target LGBTI children and young people and where possible are implemented and delivered by LGBTI peer led organisations that have a core mission of providing programmes and services to LGBTI children and young people.

Mission Australia encourages the adoption of such policies to prevent the high rates of suicide, suicidal ideation and mental health issues among LGBTI people as a matter of priority.

People from culturally and linguistically diverse (CALD) backgrounds

Refugees and people seeking asylum are particularly vulnerable to self-harm and suicidal behaviour.[37] For people seeking asylum who spent time in immigration detention, the experience of detention also increases the likelihood of mental health problems such as anxiety, depression, and Post Traumatic Stress Disorder (PTSD), as well as self-harm behaviours and suicidal ideation.[38]

Risk factors of suicidal behaviour among immigrants are influenced by a range of factors including living circumstances in the host country, experiences in the country of origin and low socio-economic status.[39] Language and cultural barriers are also highly relevant for mental health. Non-English speaking migrants are reported to be less likely to communicate that they have a mental health disorder compared to Australian born residents.[40] Pre and post migration experiences, limited communication skills and unfamiliarity with Australian support services may further isolate people from CALD backgrounds. The relationships with immediate and extended family may also play a critical role in young people's lives. Culturally sensitive and appropriate supports at the initial stages of settlement are essential for these people, particularly those who have had traumatic experiences prior to migration.

With the Federal government changes to Status Resolution Support Service (SRSS) payments, more asylum seekers are experiencing additional financial pressure which can contribute to increased stress, risk of homelessness and other challenges. Some local governments in Victoria are providing additional supports. However, the State government should identify measures to support these individuals.

[37] AFRAM (Australian Medical Students' Association (AMSA) campaign on Refugee and Asylum Seeker Mental Health), The Effect of Australia's Policy on Refugee Mental Health, accessible at: http://afram.amsa.org.au/the-effect-of-australias-policy-on-refugee-mental-health/

[38] K. Ratkowska and D. De Leo, Suicide in Immigrants: An Overview in Open Journal of Medical Psychology, 2013, 2, 124-133.

[39] ibid

[40] Migration Council of Australia, The Health Outcomes of Migrants: A Literature Review, 2015, accessible at: https://migrationcouncil.org.au/wp-content/uploads/2016/06/2015_Smith.pdf

Ucan2

Delivered by Foundation House in Victoria, Ucan2 aims to facilitate and support the social inclusion of recently arrived young people of refugee background, aged 16-25 years. It does this by fostering cooperation between providers of education, social support, training and employment services to provide refugee background young people with:

- access to, and engagement in education, training and employment.
- mental health and wellbeing support.
- social connections and networks.

Ucan2 was developed and is delivered through a collaborative partnership between Foundation House, Centre for Multicultural Youth (CMY) and Australian Multicultural Education Services (AMES). It runs for 16 consecutive weeks, one day per week, in an education setting which delivers on-arrival English language programs.

Ucan2 has three core delivery components:

- Contextualised and experiential learning focusing on work skills, with opportunities for part-time work or volunteering.
- Psychosocial support.
- Development of social connections and networks through contact with peer volunteers, work experience placements, increasing knowledge of support agencies, and group processes that create strong connections among the Ucan2 group.

Program planning and referrals of program participants requiring additional support are addressed through fortnightly case coordination meetings of the delivery team.

Successful programs such as these should be continued to ensure people from refugee or migrant backgrounds at risk of mental illness are provided early intervention supports to engage in their new local community.

Ageing population

The prevalence of psychosocial disability generally increases with age, to 1 in every 4 women (27%) and 1 in every 5 men (21%) aged 85 years and over.[41] Mental health supports in the home are likely to be much more effective for the older people themselves and cost effective for the government.

Homelessness, particularly the disadvantages associated with it, can contribute to premature ageing through earlier onset of health problems more commonly associated with later life.[42] Research also demonstrates that homelessness and housing stress has a significant bearing on mental health of older people.[43]

The ability to provide secure, long-term and sustainable housing coupled with in-home services including mental health supports reduce the cost of hospital and emergency department admissions and will save a significant amount of funding for the government and the mental health system in general.

Exposure and Impact of suicide

Measures adopted to address and prevent suicide should also focus on people who have witnessed or who are affected by suicide within their family or community. In addition to the grief and trauma of learning that a loved one has died by suicide, the family members and friends may experience feelings of guilt, anger, confusion and distress.[44]

The concept of 'suicide contagion' or 'suicide clusters' refers to the process whereby one suicide or suicidal act within a school, community or geographic area increases the likelihood that others will attempt or die by suicide.[45] These risks are more prevalent or heightened among young people. Recently, suicide clusters were identified across Australia where several young people died by suicide within a short span of time. Considering the risk factors, it is imperative that practical and immediate preventative measures focus on early detection and provision of timely, community and early intervention services.

Financial pressure and unemployment

Due to the significant lack of community mental health services and an inadequacy of understanding of mental health first aid or other tools to manage crisis situations, when an individual demonstrates or

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[41] Australian Bureau of Statistics, (2017), Psychosocial Disability, 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015, accessible at: https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features902015?opendocument&tabname=Summary&prodno=4430.0&issue=2015&num=&view=

[42] Australian Institute of Health and Welfare, Older Australia at a glance, 2018, accessible at: https://www.aihw.gov.au/reports/web/194/older-australia-at-a-glance/contents/diversity/people-at-risk-of-homelessness

[43] A. Morris, The Australian Dream, Housing Experiences of Older Australians, 2016, p. 147-149.

[44] Healthy Place, Effects of Suicide on Family Members, Loved Ones, accessible at: https://www.healthyplace.com/suicide/effects-of-suicide-on-family-members-loved-ones/

[45] Headspace: School support, Suicide Contagion: Fact sheet, accessible at: https://www.headspace.org.au/assets/School-Support/Suicide-contagion-web.pdf

indicates suicide ideation, the only option is to call ambulance services and usually they are taken to emergency departments after a risk assessment.

> "People we support are usually on Newstart or something similar and they can't even afford to put food on the table for their children. Most of them are already accessing emergency relief and food banks … if these people have to pay for an ambulance because they had suicide ideation it would take weeks, if not months for them to recover financially after settling the cost of the ambulance. This is why we need to invest more in the community based mental health services, mental health first aid and educate family and friends."
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> Mission Australia, Senior Mental Health Case Manager

Suicide prevention strategies must focus on addressing a range of factors including assisting people who are experiencing financial pressure. Studies have indicated that financial pressure had the largest impact on attempted suicides across all age groups.[46] Financial pressure can lead to family breakdown, increased violence within families and can have detrimental impacts on mental health.[47]

Therefore, additional supports should be made available to people experiencing financial pressure and information about such services should be communicated widely. Further, the financial pressure resulting from inadequate income support payments needs to be addressed as a priority.

Unemployment has a significant negative impact on physical health and mental health as it contributes to, or accentuates these negative health impacts that can result in increased rates of suicide and mental illnesses.[48] Unemployment and poor educational outcomes may also impact on self-esteem and lead people to feel that they are a burden to the society.[49]

Employment can provide people with a sense of purpose and value as well as an opportunity to interact with other people.[50] Mission Australia's social enterprise services provide culturally safe spaces that also encourage positive and practical engagement. These social enterprises offer young people with mental health and other wrap-around supports to address their challenges to economic participation by providing a range of supports including creating career pathways.

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[46] Y. Wang, J. Sareen, T. Afifi, S. Bolton and E. Johnson, Recent stressful life events and suicide attempt in Psychiatric Annals, 42.3, 2013, 101-108.

[47] Relationships Australia, August 2015: Impact of financial problems on relationships, accessible at: https://www.relationships.org.au/what-we-do/research/online-survey/august-2015-impact-of-financial-problemson-relationships

[48] Australasian Faculty of Occupational & Environmental Medicine, Australian and New Zealand Consensus Statement on the Health Benefits of Work Position Statement: Realising the Health Benefits of Work, 2014, p.12

[49] Boystown, Preventing Suicide by Young People: Discussion Paper, 2015, p. 10, accessible at: https://www.yourtown.com.au/sites/default/files/document/BT-Discussion-Paper-Prevention-of-Suicide-byYoung-People.pdf

[50] See further: Social Ventures Australia, Fundamental principles for youth employment, 2016, p.18

Charcoal Lane[51]

Charcoal Lane is Mission Australia's social enterprise in Fitzroy, Victoria that combines a restaurant specialising in native flavours with a comprehensive training program for young people who have experienced vocational and non-vocational barriers to employment. Charcoal Lane enables Aboriginal and Torres Strait Islander and other young people to gain both accredited hospitality qualifications and professional experience within a supportive developmental environment.

The young people who are completing their traineeships are supported with a range of other challenges they are experiencing including mental health, alcohol and drug related issues and housing. On completing traineeships at the restaurant, young people are well prepared to move into careers in hospitality, or other related industries.

Rural and Remote communities

People living in rural areas experience a higher prevalence of deprivation, generally higher rates of social disengagement, the highest rates of service exclusion, and higher rates of economic exclusion compared to those living in inner cities.[52] Timely diagnosis, treatment and ongoing management of a mental health condition in rural and remote areas is likely to occur later or not at all, often resulting in an increased likelihood of hospitalisation and sometimes leading to the most tragic of outcomes - self-harm and suicide.[53] Deaths by suicide for those living in remote and very remote areas are almost twice as high as those living in major cities.[54]

Concerningly, rates of self-harm and suicide increase with remoteness suggesting that there are significant mental health issues to be addressed in rural and remote areas.[55] These figures demonstrate that people living outside a major city may be exposed to a unique set of structural, economic and social factors that result in poorer mental health outcomes and increased risk of suicide.

[51] Charcoal lane is a social enterprise managed by Mission Australia, more information available at: https://www.charcoallane.com.au/

[52] Australian Institute of Health and Welfare, *Australia's Welfare 2017,* July 2017, accessible at: https://www.aihw.gov.au/getmedia/088848dc-906d-4a8b-aa09-79df0f943984/aihw-aus-214-aw17.pdf.aspx?inline=true

[53] National Rural Health Alliance, Mental health in rural and rural Australia. Fact Sheet, 2017, Accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[54] Australian Institute of Health and Welfare, Rural and Remote Health, May 2017, p.1.

[55] National Rural Health Alliance, Factsheet: Mental Health in Rural and Remote Australia, December 2017, accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

Lifespan Integrated Suicide Prevention Program[56]

Lifespan Integrated Suicide Prevention program developed by the Black Dog Institute, the Centre of Research Excellence in Suicide Prevention and the Mental Health Commission of NSW adopted an innovative and inclusive approach to suicide prevention.

This model involves nine strategies for suicide prevention, including aftercare and crisis care, psychosocial and pharmacotherapy treatments, frontline staff training, school programs, community campaigns and media guidelines. This is being rolled out across 4 sites in NSW, namely, Newcastle, Illawarra, Central Coast and Murrumbidgee.

Evidence based early intervention and prevention services including suicide prevention programs should be replicated across Victoria with necessary financial and human resources.

Difficulties with experiencing good mental health and improving access to mental health services

The term 'good mental health' can be subjective and may not provide an accurate measure of a person's experience of mental health. People may experience mental ill-health due to personal or societal factors and these can be short-term or episodic. Irrespective of the cause of mental health issues, there needs to be a range of supports for people based in the community.

The factors discussed under suicide prevention and drivers of poor mental health outcomes impact on the mental health of Victorians. Evidence demonstrates that 3% or nearly 150,000 adults experience severe mental health issues in Victoria, 6% or nearly 300,000 adults with moderate mental health issues and 11% or close to 550,000 adults experience mild mental illness each year.[57] It was also reported that Victoria's per capita expenditure on mental health is the lowest of all States and Territories.[58] Considering the significant proportion of people experiencing mental health issues each year, it is imperative that the Victorian government adopt immediate measures to increase funding for a range of services as a matter of priority.

There are some services that are available online and some people may prefer accessing services in an anonymous platform, that does not involve cost and time of travel. However, mental health services should also be available in person, based in local communities and must incorporate outreach supports

[56] Lifespan, Integrated Suicide Prevention, accessible at: http://www.lifespan.org.au/
[57] Mental Health Victoria, Saving lives. Saving money: The case for better investment in Victorian mental health, June 2018, accessible at: https://www.mhvic.org.au/images/PDF/Policy/FINAL__Saving_Lives_Money_Brochure_HR.pdf
[58] Ibid

to ensure that services can be delivered in a manner that meets the needs of the person seeking those supports.

> "People shouldn't have to take time off work or school to see a counsellor or other mental health support workers. They should be able to access these services afterhours or over the weekends. Some people might also like the services to be discreet because they might be worried that the word might get around that they are having mental health problems. We see this a lot in small, close-knit communities. different options should be available for different people."
>
> Mission Australia - Program Manager

Destigmatising mental health related issues and raising awareness through education campaigns, publicising information about available support services in the community are vital in improving access to mental health services.

Drivers of poor mental health outcomes and solutions to address the drivers

Housing and homelessness

People with mental illness have a right to live in safety and with stability, and to choose where they want to live, with whom, and the amount of support they require.[59] People with mental health issues are a group who are particularly vulnerable to homelessness, and can be isolated, have disrupted family and social networks and sometimes suffer poor physical health, all of which impacts their capacity to find and maintain adequate housing.[60] Several studies suggest that when people with mental health issues are supported by homelessness agencies, they are more likely to remain housed rather than return to homelessness.[61]

[59] S. Sowerwine, and L. Schetzer, Skating on thin ice: Difficulties faced by people living with mental illness accessing and maintaining Social Housing. Sydney, Public Interest Advocacy Centre, 2013.
[60] See further: Homelessness Australia, States of being: Exploring the links between homelessness, mental illness and psychological distress: an evidence based policy paper, 2011 and NSW Mental Health Commission, Living Well: A Strategic Plan for Mental Health in NSW. Sydney, NSW Mental Health Commission, 2014.
[61] Ibid

Over 24,000 Victorians and 116,000 Australians are homeless on any given night.[62] Victoria spends less on social housing per head of population than any other state with just $83 per head compared to $172 per head in NSW.[63]

Of over 288,000 people accessing Specialist Homelessness Services (SHS) last financial year, over 81,000 indicated that they were experiencing mental health issues in 2017-18.[64] Victoria had 50.6 people experiencing mental health issues per 10,000 of general population, the highest proportion compared to other states and territories and much higher than the national average of 32.9 people per 10,000 people.[65]

Considering the bidirectional relationship between housing and homelessness and mental health concerns, it is imperative that the solutions are holistic and meet the diverse needs. Once people are able to find appropriate affordable or social housing, people with mental health issues who may be experiencing other co-occurring issues such as alcohol and drug dependence, poverty and economic disadvantage are likely to require support to maintain their tenancies. Thus, tenancy support should include services that are able to provide referrals to community services to address social isolation, increase community connectedness and general wellbeing.

Room to Grow Program - NSW

From July 2015 to June 2016, MA implemented and evaluated an intervention for hoarding disorder and domestic squalor across the central and eastern Sydney region. The pilot program aimed to address the physical, cognitive and psychological factors contributing to situations of severe domestic squalor and hoarding disorder, thereby reducing the risk of tenancy loss and homelessness.

Within the program, participants progressed through an individualised case coordination plan with a number of potential referral pathways dependent on diagnosis, co-morbidities, living conditions and insight/motivation. Participants transitioned through a diagnostic or assessment phase, followed by a referral process to relevant services and encouragement to access these, proactive encouragement to

[62] Australian Bureau of Statistics, 2049.0 - Census of Population and Housing: Estimating homelessness, 2016, 2018, accessible at: https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Media%20Release12016?opendocument&tabname=Summary&prodno=2049.0&issue=2016&num=&view=

[63] Productivity Commission, Report on Government Services 2019, 2019, accessible at: https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/housing-and-homelessness/housing_link

[64] Australian Institute of Health and Welfare, Specialist Homelessness Services Annual Report 2017-18, 2019, accessible at: https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents

[65] Australian Institute of Health and Welfare, Specialist Homelessness Services Annual Report 2017-18: Victoria, 2019, accessible at: https://www.aihw.gov.au/getmedia/46473685-40d3-471b-b28d-ae6aaac81e84/aihw-hou-299-vic.pdf.aspx

engage with case management, access cognitive rehabilitation and/or cognitive behavioural therapy where appropriate, and to move through to final transition into ongoing case management and monitoring to prevent recurrence towards program exit.

Mission Australia's *Room to Grow evaluation report* found an increase in personal wellbeing of participants.[66] The program made a statistically significant positive change in the clutter and cleanliness of participants living environments and overall wellbeing, based on the Environmental Cleanliness and Clutter Scale (ECCS) and Personal Wellbeing Index (PWI) measures. Improvements were also seen in participant's subjective assessment of clutter in their homes, in participant's capacity to complete instrumental activities of daily living and in participants' overall cognitive functioning.

There are programs specifically designed to support people experiencing issues with mental health and provide a range of supports to maintain housing, address social isolation and increase access to mental health services.

The Doorway Model – Victoria

Doorway is an innovative and evidence-based housing and recovery program that supports people experiencing mental health issues who are homeless, or at risk of homelessness, in securing and sustaining a home within the private rental market. The Victorian State Government has funded Wellways to deliver the Doorway program to 100 people between 2014 and 2018.

Doorway provides a collaborative approach to supporting people in choosing a home, building on personal recovery and developing skills for sustaining tenancies in the community. A Housing and Recovery Worker assists people in finding a suitable, affordable home in the private rental market and support to building skills to maintain your tenancy, working through your recovery related goals, finding employment and becoming involved in your local community.

Similar successful models are currently in operation in NSW. For example, the Housing and Accommodation Support Initiative (HASI) and Enhanced Adult Community Living Supports (EACLS) in NSW provides psychosocial support to people living with severe and persistent mental illness.

[66] Mission Australia, Room to Grow Program Evaluation Report, 2016, accessible at: https://www.missionaustralia.com.au/publications/research/homelessness

However, one of the challenges with these accommodation models is the lack of availability of appropriate step-down accommodation for those people who are ready to transition out of support model into the community. More safe and affordable accommodation is required to ensure people can continue their journey to recovery from a place of safety and stability.

Economic disadvantage

The social gradient theory explains the relative disadvantage people experience from disadvantaged backgrounds. For instance, people from low socioeconomic status (SES) areas tend to have worse health outcomes than those in the middle SES areas, who in turn have poorer health than those at the high SES areas.[67] Therefore, it is imperative that these inherent disadvantages experienced by people from low socioeconomic backgrounds are carefully considered when looking at mental health and wellbeing of people.

As discussed under the previous section on suicide prevention, there is a clear link between financial pressure and mental health issues. Thus, it is evident that measures and strategies to address mental health issues must focus on addressing a range of factors including assisting people who are experiencing financial pressure.

Mission Australia's *Working through it': A Youth Survey report on economically disadvantaged young people* examined the impact of intergenerational disadvantage young people from economically disadvantaged backgrounds. These young people reported a higher level of personal concern about a range of issues that each impact upon mental health.[68] Compared with respondents with parent/s or guardian/s in paid work, higher proportions of economically disadvantaged respondents indicated they were extremely/very concerned about family conflict (24.7% compared with 17.1%), discrimination (16.1% compared with 10.3%), domestic/family violence (14.2% compared 9.2%), bullying/emotional abuse (20.0% compared with 15.4%) and suicide (20.2% compared with 15.4%).[69]

Current social security payments including the Newstart Allowance, Youth Allowance, and Commonwealth Rental Assistance (CRA) are insufficient for many people, particularly those in lone households and in the private rental market.[70] It is widely accepted that these payments are far too low and are acting as an impediment to people looking for work.[71] The National Housing Supply Council

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[67] S. Friel, Social determinants – how class and wealth affect our health, The Conversation, 2016, accessible at: https://theconversation.com/social-determinants-how-class-and-wealth-affect-our-health-64442

[68] Mission Australia, Working through it': A Youth Survey report on economically disadvantaged young people report, 2019, p. 33, accessible at: https://www.missionaustralia.com.au/publications/youth-survey

[69] Ibid

[70] See further: W. Stone, S. Parkinson, *et al* (2016) *Housing assistance need and provision in Australia: a household-based policy analysis*, AHURI Final Report 262, Melbourne, accessible at: https://www.ahuri.edu.au/__data/assets/pdf_file/0021/7617/AHURI_Final_Report_No262_Housing-assistance-need-and-provision-in-Australia-a-household-based-policy-analysis.pdf

[71] See further: Business Council of Australia, Submission to the Senate Inquiry into the Adequacy of the Allowance Payment System for Jobseekers and Others, accessible at: http://www.bca.com.au/publications/submission-to-the-senate-inquiry-into-the-adequacy-of-the-allowance-payment-system-for-jobseekers-and-others

calculated that 60% of people who are on low incomes in the rental market are in housing stress[72] and therefore at risk of homelessness. Even for those receiving CRA, 41% of people are still living in rental stress after the payment is taken into account.[73] This financial pressure may result in people experiencing deteriorating mental and physical health, exacerbate existing mental health issues and increase social isolation.

Mission Australia, along with other community sector organisations as well as other stakeholders including local governments and business sector are currently calling on the government to increase the lowest income support payments by $75.00 per week.[74] Although, the social security payments at the federal level are outside the scope of the State government's remit, we encourage the commission to make recommendations to the Victorian government to provide substantial financial subsidies to people who are experiencing significant financial pressure due to the inadequacy of social security payments.

Domestic and family violence (DFV)

Research demonstrates clear causal links between the experience of DFV and the development of mental health conditions in victim-survivors.[75] Further, research also demonstrates that women receiving treatment for mental ill health are likely to be reluctant to exercise their rights to protect themselves and the children from further violence for fear that the perpetrator may use mental illness to deny access to children.[76]

A survey conducted by Women with Disability Australia (WWDA) found that the mental health sector is a primary site that women and girls with disabilities utilise and disclose their experiences of violence, both current and past.[77] Therefore, clear pathways should be in place for mainstream and mental health related services to refer and support people experiencing or suspected of experiencing domestic and family violence.

Alcohol and drug related comorbidity

It is generally accepted that people with mental health issues are particularly vulnerable to alcohol and drug dependencies and those with alcohol and drug dependency issues are also vulnerable to

[72] National Housing Supply Council, *Housing Supply and Affordability Key Indicators*, 2012, NHSC, Canberra.
[73] Australian Institute of Health and Welfare, Housing Assistance in Australia 2017, accessible at: https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2017/contents/financial-assistance
[74] See further: Raise the Rate Campaign, accessible at: https://www.acoss.org.au/raisetherate/
[75] Holden, Libby, et al, (2013) Mental Health: Findings from the Australian Longitudinal Study on Women's Health Final Report, Women's Health Australia, accessible at: http://www.alswh.org.au/images/content/pdf/major_reports/2013_major%20report%20H.pdf
[76] Humphreys, Cathy, and Ravi Thiara, (2003), 'Mental Health and Domestic Violence: "I Call It Symptoms of Abuse"' 33 *British Journal of Social Work* 209-226.
[77] Dowse, L., Soldatic, K., Didi, A., Frohmader, C. and van Toorn, G. (2013) Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper. Women with Disabilities Australia.

developing mental health issues.[78] This is substantiated by the evidence from service delivery experience through various alcohol and drug rehabilitation and detoxification facilities.

For example, Mission Australia's Triple Care Farm Withdrawal Service and Rehabilitation Program in NSW supports people to overcome alcohol and drug dependence. During the 2018 financial year, 62% of young people accessing Triple Care Farm services indicated that they had a history of suicide ideation and in 2017 this rate was as high as 83%. In addition, the number of young people presenting for alcohol and drug treatment with a co-occurring mental illness has also grown significantly from 78% in 2012 to 95.3% in 2018. This demonstrates the intrinsic link between alcohol and drug dependence and mental health and the need for more residential support services that provide wrap-around services, particularly for young people.

In 2015 Social Ventures Australia conducted a *Baseline Social Return on Investment (SROI)* analysis of Triple Care Farm.[79] The analysis highlights that that between 2009 and 2013 TCF provided treatment and care to 370 young people and in total Triple Care Farm's activities generated approximately $39.5M in value for its stakeholders across a range of outcomes. The analysis further stated that, when the total investment in Triple Care Farm between 2009 and 2013 is compared to the total social and economic value created, for every $1 invested into Triple Care Farm, approximately $3 of value was created.

There is increasing evidence that integrated treatment models which have the capacity to address both mental illness and substance dependence are both feasible and effective.[80] Therefore, it is imperative that there is better recognition of comorbidity and coordination between services, particularly mental health and alcohol and drug rehabilitation services.

Attracting and retaining mental health workforce

In order to deliver effective services to people experiencing mental health issues, it is vital to have a qualified and experienced health workforce. Given the complexity of issues experienced by people experiencing or at risk of developing mental health issues, the workforce should have access to adequately funded multidisciplinary training.

Developing the Aboriginal health workforce and peer workforce as well as involving communities in service design and delivery have been identified as important first steps in more culturally sensitive

[78] See further: R. Shivani, J. Goldsmith and R. Anthenelli, Alcoholism and Psychiatric disorders: diagnostic challenges, Alcohol Research & Health, 2002, Vol. 26(2), pp 90-98.
[79] Social Ventures Australia, *Social Return on Investment (SROI) analysis of Triple Care Farm*, May 2015, accessible at: https://www.missionaustralia.com.au/publications/research/young-people-research/382-triple-care-farm-baseline-social-return-on-investment-analysis
[80] M. Deady, M. Teeson, K. Mills, et al, One person, diverse needs: living with mental health and alcohol and drug difficulties, A review of best practice, Sydney: NHMRC Centre of Research Excellence in Mental Health and Substance Use, 2013.

practices.[81] A well-trained, well-supported and well-resourced Aboriginal mental health workforce is widely seen to be critical to the delivery of equitable, culturally engaged mental health care for Aboriginal and Torres Strait Islander people.[82]

Peer support mental health workforce

A peer support approach is able to produce positive outcomes for people experiencing mental illness as people who have similar experiences can better relate and can consequently offer more authentic empathy and validation.[83] In addition to the benefits for people using services, mental health and financial benefits of peer support and peer work are also demonstrated for peer workers themselves.[84] Training and work as a peer worker can increase an individual's skill base, which makes them more employable and opens up other employment and educational opportunities.[85]

Understanding the importance of lived experience in delivering services in local communities, Mission Australia has developed and implemented a suite of resources and training modules for Lived Expertise staff, their managers and co-workers. Mission Australia's Lived Expertise practitioners bring significant value to the organisation through their contribution to the development of person led and recovery focused support and care.

Mission Australia currently has Lived Expertise staff employed in each state and territory (with the exception of ACT). Lived Expertise practitioners enrich the provision of mental health services (and other services) by bringing skills and knowledge gained through lived experience and engagement with support services, to collaborate with others in overcoming life adversity.

[81] See further: Hansard, Report on Proceedings before Portfolio Committee No. 2 – Health and Community Services, accessible at: https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryEventTranscript/Transcript/10127/Hearing%20Transcript.pdf

[82] Northern Territory Mental Health Coalition, Mental Health & Suicide Prevention Service Review, 2017, accessible at: http://apo.org.au/system/files/126901/apo-nid126901-558076.pdf

[83] J. Repper and T. Carter, A review of the literature on peer support in mental health services in Journal of Mental Health, August 2011; 20(4): 392–411.

[84] Health Workforce Australia, Mental Health Peer Workforce Study, 2014, pp. 11-12.

[85] Health Workforce Australia, Mental Health Peer Workforce Literature Scan, 2014, p. 10.

Connections Program Broken Hill NSW

Mission Australia, in partnership with Far West Local Health District, have partnered for the previous 2 years to deliver a social inclusion program, Connections, to address loneliness, after hours, in the Far West of the state. The program is delivered after hours to support connection in mainstream community activities for those who are lonely or socially isolated.

Connections aimed to reduce social isolation by supporting people to develop a network within their community; provide an informal, non-clinical after-hours support service for socially isolated people when no other services are open, reduce reliance on after hours' crisis support; provide additional employment opportunities in a remote area and develop a peer workforce in a remote area

Since its inception, over 100 unique individuals have accessed Connections and, while there is some variation from month to month, attendance is trending up. Attendance has increased confidence, hope, connection, friendships and a sense of belonging to their own community for participants.

Emergency Department presentations, and Inpatient acute days have dramatically presentations have reduced for 5 most frequent attendees, at a cost saving of over $710,000.

8 Peer Support Workers (PSWs) have been employed since Connections opened, one has used the skills gained to move to other employment within Mission Australia.

This demonstrates the positive outcomes delivered in rural NSW in a short span of time to build trust, rapport and community connections. Creating a peer support worker network has created employment opportunities for people in the community who understand the cultural nuances and needs of local communities as well as the existing services and other relevant support networks. Therefore, Mission Australia recommends that programs such as Connections and employ peer workers with lived experience should continue to be funded. This is particularly important to address the workforce issues in rural and remote areas.

Peer Support Worker program in Orange NSW

In partnership with Western Local Health District, Mission Australia have co-designed and implemented an inpatient peer support team in the largest psychiatric hospital – Bloomfield campus. This program was funded from a short term revenue stream, and is designed to provide peer support services to people in inpatient wards.

This project included the recruitment of 7 peer support workers to be based full time with the hospital's multi-disciplinary team across a range of specialist wards including Forensic Mental Health,

Child and Adolescent Mental Health, Adult Acute Unit, State-wide Rehabilitation, Older Persons Mental Health Unit and Involuntary Alcohol and Drug Treatment Unit.

An additional peer worker is based in the Emergency Department, particularly to engage and work with people who are experiencing suicide ideation or have attempted suicide both during and after hours. The Peer workers provide emotional support and comfort to the hospital patients, families and carers, particularly being able to draw on their own lived experience of the hospital system. Further, a range of peer workers have been involved in systems-level activities and service development activities on their respective wards.

About 30 – 35% of the patients at the hospital are Aboriginal and Torres Strait Islander people and currently the program has recruited 3 peer workers who identify as Aboriginal and Torres Strait Islander and therefore, are able to deliver culturally appropriate and sensitive services, particularly for those that have been required to travel away from country for treatment.

Anecdotal evidence demonstrates that the services these peer workers provide are immensely valued by the hospital staff, the patients and their families.

All peer workers are provided with access to ongoing training including paid access to Certificate IV level education. Therefore, in addition to supporting hospital patients, this service provides an opportunity for people with mental health and other significant issues to engage in paid employment in an area where they are able to use their life experiences and learning to support others, build on their skills and confidence and plan their future career.

This project highlights innovative solutions to enhance the patient experience of hospital, through the participation of people with a lived experience into mainstream employment. This program is currently in its pilot phase and is being evaluated; however, it is uncertain if future funding will be extended, as the initial project is time-limited.

Opportunities to improve social and economic participation

Diverse social connections enhance the resourcefulness of an individual's network, reduce isolation and support recovery from mental health problems.[86] People with mental health issues remain a highly socially excluded cohort despite mounting evidence to demonstrate the need for social participation, building trusting relationships and engaging in community activities to improve long-term mental health

[86] M Webber and M. Fendt-Newlin, A review of social participation interventions for people with mental health problems, Social Psychiatry and Psychiatric Epidemiology, 2017; 52(4): 369–380.

outcomes.[87] Approximately 50% of people with a severe mental illness describe problems with loneliness.[88]

It is also known that loneliness and social isolation have a significant impact on mental health and physical wellbeing.[89] For example, research has consistently shown that social isolation is a risk factor for disease and premature death. Analysis of loneliness studies has found that that a lack of social connection poses a similar risk of early death to physical indicators such as obesity.[90] For consumers of mental ill health, the effects of loneliness and isolation can be magnified after services close, with these individuals often presenting to Emergency Departments or crisis services.

Reading Buddies - Victoria

Reading Buddies funded by Mission Australia's Communities for Children program, provides children from primary schools with learning opportunities through foundational literacy support and parenting support.

Facilitated by skilled volunteers and project officers, the program targets vulnerable groups including Aboriginal and Torres Strait Islander parents, young parents, single parents, refugee and asylum seeker parents.

Reading Buddies program improves children's outcomes through increased awareness around the importance of education and builds the capacity of parents to effectively engage in their child's learning. The program also provides opportunities for parents to interact with other parents from similar cultural backgrounds, share experiences and an opportunity to socialise.

Support to find and maintain a job

Employment can provide people with mental illness an opportunity to increase social and economic participation.[91] Numerous programs and services are available to ensure people with disabilities receive the requisite supports to access and maintain employment such as Disability Employment Services (DES). Additional supports for people with mental health issues are also available under jobactive.

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[87] M. Newlin, M. Webber, D. Morris and S. Howarth, Social participation interventions for adults with mental health problems: A review and narrative synthesis in Social Work Research, Volume 39, Issue 3, 2015, pp. 167-180.
[88] E. Perese, et al, Combating Loneliness among Persons with Severe Mental Illness: Social Network Interventions' Characteristics, Effectiveness, and Applicability, Issues in Mental Health Nursing 26(6):591-609 · August 2005
[89] See further: G. Meadows, et al, Mental Health in Australia: Collective Community Practice, 2012.
[90] J. Holt-Lunstand, et al, Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review, 2015.
[91] See further: Australian Human Rights Commission, Willing to Work: National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability, 2016, accessible at: https://www.humanrights.gov.au/our-work/disability-rights/publications/willing-work-national-inquiry-employment-discrimination

However, there is little or no communication between the two employment support systems, despite jobactive having an active case load of over 181,000 people with disabilities by 30th June 2018.[92] The majority of these people with disabilities are likely to be in Stream C of jobactive supports. However, there are no targeted supports that are tailored to the needs of people with disabilities within jobactive.

Personal Helpers and Mentors (PHaMs) Employment Services - Victoria

PHaMs Employment Services provided support for people with a mental illness receiving the Disability Support Pension or other government income support payments who were engaged, or were willing to engage with employment services and who had economic participation as a primary goal in their Individual Recovery Plan.

Organisations were funded to provide specialist support and work with government employment services, such as Disability Employment Services, jobactive, state-funded services and social enterprises, to assist PHaMs participants to address non-vocational issues that are barriers to finding and maintaining employment, training or education. PHaMS Employment supported people with significant mental illness to minimise non-vocational barriers through outreach case management. However, funding for this program has now ceased, and there is currently no equivalent service to support this cohort of people.

Case study

Ann* made a self-referral to the PHaMS Employment service in Victoria. She was 24 years old and was from a culturally and linguistically background. By the time she contacted PHaMs employment she had lived in Australia for 10 years. She had been linked to an employment services provider for 2 years but she was unable to achieve any positive outcomes or build a relationship with the service provider.

Following a meeting with Mission Australia, a case conference was initiated and it was identified that Ann could not work full-time due to her physical and psychosocial barriers including having Post Traumatic Stress Disorder (PTSD) and high levels of anxiety around participating in the community.

Following the case conferencing process, Ann was supported to secure a volunteer role at a well-known charitable organisation. It later became evident that transport was an issue for Ann. The PHaMs Case Manager worked with her employment provider to find her alternative work experience

[92] Department of Jobs and Small Businesses, Labour Market Information Portal, jobactive and Transition to Work (TtW) Provider Caseload by Selected Cohorts, accessible at: http://lmip.gov.au/default.aspx?LMIP/Downloads/EmploymentRegion

closer to home. By supporting Ann with her goal of participating in the workforce, she was able to secure paid employment.

*Name has been changed for privacy

With the rollout of the NDIS, PHaMs is currently being phased out, leaving many people who are ineligible for the NDIS without the necessary community mental health supports or appropriately tailored employment supports. Considering the success of the PHaMs Employment program and the outcomes achieved to support people with mental health issues to obtain employment, we recommend investing in similar models for targeted groups such as people with psychosocial disability with collaboration and coordination with other Commonwealth, state and territory government departments.

The challenges of entering the employment market is often outside the control of the people expecting to find employment. A research report of the Australian Government shows that while the majority of Australian employers are open to hiring people with disabilities (77%), a much lower proportion (35%) demonstrate behavioural commitment to doing so.[93] In addition to the lack of commitment to employ people with disabilities, limited availability of employment opportunities also impact on the individual's ability to enter job markets. There is ample evidence to demonstrate that most people with disabilities including those with mental health issues are placed in low paid jobs that do not reflect the individual's qualifications or career aspirations.[94]

Considering the importance of economic participation for mental health, self-esteem, independence and social isolation, there should be appropriate services to support people to gain meaningful, long-term employment.

Justice System and mental health

Physical and mental health problems can further disadvantage people in the criminal justice system. Children and young people with disability, particularly those with mental illness and/or intellectual disability are significantly over-represented in the juvenile justice system.[95]

Studies have found that the prevalence of psychiatric disorders were significantly higher for people in prison than that found in the Australian community. For example, research in NSW identified that 74% of the prison population had at least one psychiatric disorder.[96] This is significantly higher compared to

[93] Jane Prentice, Assistant Minister for Social Services and Disability Services, Media release: Businesses are missing out, 27 July 2018, accessible at: https://ministers.dss.gov.au/media-releases/3471
[94] See further: M. Walsh, P. Stephens and S. Moore, Social Policy and Welfare, 2000.
[95] R. McCausland, S. Johnson, E. Baldry and A Cohen, *People with mental health disorders and cognitive impairment in the criminal justice system Cost-benefit analysis of early support and diversion*, UNSW and PWC, p.3 accessible at: https://www.humanrights.gov.au/sites/default/files/document/publication/Cost%20benefit%20analysis.pdf
[96] T. Butler, S. Allnutt, Mental Illness Among New South Wales' Prisoners. NSW Corrections Health Service, 2003

the general population (over 20%).[97] Investment into more specialist community based supports for people with mental illness who have been in contact with the Justice system is also required including a focus on housing, drug and alcohol support and employment.

There are numerous services that are providing effective services to people who are engaged or likely to engage with the criminal justice system. Innovative and pragmatic programs such as these should be replicated across the state and tailored to local community needs.

Synergy Auto Repairs - Victoria

Mission Australia's Synergy Auto Repairs is a social enterprise based in North Melbourne that offers customers a full suite of smash repair services, while providing a flexible accredited training program and support for young people aged 16-20 with a history of motor vehicle related offences. The program harnesses participants' interest in cars and aims to help them build a career in a field that matches their interests. The young people experience a range of challenges including mental illness, alcohol and drug issues, housing and homelessness and, issues with literacy and numeracy.

This social enterprise equips participants with the skills to commence a smash repairs apprenticeship. The initiative is an Australian-first partnership between Mission Australia, the National Motor Vehicle Theft Reduction Council (NMVTRC), Kangan TAFE, and Suncorp Group.

An evaluation of the program found a high degree of self-reported mental health problems in this cohort of young people as well as housing issues, which needed to be addressed.[98] This service model has the ability to link or refer participants to a diverse range of community supports, including mental health services.

Areas of reform and priorities for change

With the roll out of the NDIS, the majority of community mental health services funded by the state government came to an end. The NDIS is estimated to support close to 60,000 people with psychosocial disabilities nationally. The stringent eligibility requirements for the NDIS mean that the majority of people with episodic mental illnesses are unlikely to be able to access appropriate mental health and

[97] Australian Institute of Health and Wellbeing, Mental Health Services in Australia, 2019, accessible at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/prevalence-and-policies

[98] M. Thielking, J. Pfeifer, et al, Synergy Automotive Repairs Program: Process Evaluation Report, Melbourne, 2016, accessible at: https://www.missionaustralia.com.au/publications/research/young-people/502-synergy-automotive-repairs-program-process-evaluation-report-1/file

other complementary services. There needs to be sustainable and ongoing supports from the State government to continue delivering a range of mental health services.

Also of concern is the adequacy of funding and the lack of consistency of service provision through the Primary Health Networks (PHN) commissioning model. The level of funding for these services in the future is limited considering the need to deliver services covering large geographic areas. We welcome the additional funding announced in the 2019-2020 federal budget to continue support for people receiving mental health services including PHaMs and PiR. Although the funding will cover transitioning people into the NDIS or other community supports, there is a likelihood that some people who are ineligible or not accessing the NDIS may disconnect from services entirely. Thus, it is imperative that all levels of governments continue to fund community mental health services.

Acute care

A recently released report indicated that nationally 90% of the Emergency Department (ED) patients left within 7 hours on average, but for people presenting with acute mental health crises this figure was 11.5 hours.[99] It was reported that this cohort of people were more likely than other patients to leave the ED prior to their treatment being completed, i.e. at their own risk and against medical advice.[100] The report also identified that there is a significant lack of community mental health services to prevent people with mental illnesses resorting to access the ED.[101] The data in relation to people experiencing mental health crises arriving at EDs in 2016/17 demonstrate that, relative to other jurisdictions, ambulance, air ambulance or helicopter rescue services were most commonly used in South Australia, Victoria and Queensland.[102]

Considering the high cost of providing services at the ED, it would be financially beneficial to understand the person's individual circumstances and ways of meeting those needs through local community mental health services.

Another effective support model is to equip the individual with mental health concerns and their families the appropriate tools. When people are aware of and are able to identify the signs or indications of mental ill-health, they are more likely to seek support before things escalate to the level of accessing EDs.

> "For many people we support, the wheels can come off very easily. We spend a significant proportion of our time helping them to understand the triggers and how to manage their condition when they are exposed to those triggers. We also work with families so they are able to better understand the needs of the person with mental health issues and support them through it. This is very important for people with episodic mental health issues."

[99] Australian College of Emergency Medicine, The Long Wait: An Analysis of Mental Health Presentations to Australian Emergency Departments, October 2018, p.2.
[100] Ibid
[101] Ibid
[102] Ibid

Mission Australia, Senior Mental Health Case Manager

Funding arrangements in the community sector

One of the major challenges identified by services is the uncertainty of funding for programs. Often the funding contracts are short-term and do not recognise the challenges specific to rural and remote areas. Finding skilled and appropriately qualified staff to deliver services after funding is approved can take months in certain areas.

> "By the time we find people to deliver the service, we are well into 3 or 4 months of the funding round … There's a lot of pressure to get people on board, get them up to speed and start delivering services. They have to go into the community and build relationships which can also take quite a decent amount of time. When all this is resolved, the 12-month funding period is up and the people we hired have to find new jobs."
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> Mission Australia, Area Manager

Given the importance of these services in local communities, the commission should conduct a review of current funding levels for services and continuity of funding to ensure services can maintain adequate staffing levels and retain the qualified workforce.

As recommended previously by the Productivity Commission, to allow adequate time for service providers to establish their operations, and have a period of continuity in service provision and handover before the conclusion of the contract (when a new provider is selected), default contract lengths for family and community services should be increased to seven years, and for Aboriginal and Torres Strait Islander specific services, this should be increased to 10 years.[103]

Preparing the current mental health system for future

The social determinants of health discourse clearly demonstrates how some health inequities are not caused by a lack of access to health services, but by the influence of inequalities in other sectors such as housing, occupation, education or income.[104] These social determinants of health provide a universal framework to build strong support systems to assist people with mental health issues, create a framework for social inclusion and economic participation. Thus, action on the social determinants of health involves the whole of society, but the health sector has a key role in moving towards health equity and championing inter-sectoral action.[105]

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[103] Productivity Commission, Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, No 85, Productivity Commission Inquiry Report, 2017, accessible at: https://www.pc.gov.au/inquiries/completed/humanservices/reforms/report

[104] K. Rasanathan, E. Montesinos et al., Primary health care and the social determinants of health: essential and complementary approaches for reducing inequities in health, Community Health (2010). doi:10.1136/jech.2009.093914

[105] Ibid

Lower social participation, pain and suffering, isolation and stigma and discrimination are likely to inflict more harm on individuals experiencing mental health issues and as a result their family and the broader community. If these challenges are unaddressed, these issues are likely to develop into significant mental health issues that will have social and financial implications for the society as a whole. Therefore, Mission Australia believes that comprehensive and cohesive mental health system should be underpinned by a social determinants of health framework.

Often the health portfolios of Federal and state and territory governments hold responsibility for mental health services. The above discussion demonstrates the importance of a cross-sectoral and whole-of-government approach should be resourced at a national level to coordinate the involvement of all relevant portfolios such as health, finance, youth, social services, justice, Indigenous affairs and the like in relation to mental health and the underlying social determinants of health.

Data collection and sharing

Colocation of services and/or a clear support continuum through different services are vital to support people with mental health issues to minimise the need to repeat their story to different agencies. Thus, there needs to be a mechanism to share data across different services with the consent of the individuals.

> "People don't want to tell their story to different people every time they engage with a service. there needs to be a central system like a 'one-stop-shop'. So when a person tells their story to Centrelink, a community service, their GP or another government authority, they should be able to link the person with all the right services. This will also create a way to track the history of support people have received from different services at different points in their journey."
>
> Mission Australia, Senior Mental Health Case Manager

Considering the importance of information in relation to history of mental health services and supports people have received over the years, a mechanism to share data across different branches of government including health, community services, alcohol and other drugs, mental health, justice, housing and homelessness related services, etc. with the consent of individuals would increase the efficiency and effectiveness of service delivery.