MUNICIPAL ASSOCIATION OF VICTORIA

Royal Commission into Victoria's Mental Health System

Submission

July 2019

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Introduction

The Municipal Association of Victoria (MAV) is the legislated peak body representing Victoria's 79 councils. Local government has multiple roles relevant to the deliberations of the Royal Commission into Victoria's Mental Health System.

We welcome the establishment of the Royal Commission and look forward to outcomes that will make significant and substantial change to the state's mental health system.

On behalf of local government, this submission advocates for consideration of a number of issues relevant to mental health and wellbeing across Victoria. It describes the numerous ways that councils work towards improving population mental health and asks that local government's role is properly recognised in place-based mental health responses.

The MAV is not addressing the detail of the funding and redesign of the Mental Health System, providing clinical treatment. Others will more appropriately address this. We look forward to seeing the Royal Commission's findings on how to improve the quality, responsiveness and integration of clinical mental health services, especially for those affected by the most complex, serious and debilitating illnesses.

We know that many individual councils are also making submissions to the Royal Commission or providing input through other consultation methods. These responses are valuable because they address specific issues experienced by different types of communities and councils across Victoria.

The MAV's focus is on the environments that support prevention, early intervention and the promotion of mental health and wellbeing in local communities. Councils strive to facilitate inclusive communities that allow social inclusion for everyone, including people affected by mental health issues, their families, carers and friends.

Councils should be recognised as essential partners in addressing mental ill health, having the ability to effect change as civic leaders, planners, employers, managers of public environments and providers of recreational and community services. Local government is well placed to work in partnership with a broad range of community organisations and the mental health sector to facilitate programs, forums and other initiatives through a place-based community development approach.

A note on local government responsibilities:

Councils are required under the Public Health and Wellbeing Act 2008 to prepare a Municipal Public Health and Wellbeing Plan every four years. These plans must have regard to the State Public Health and Wellbeing Plan 2015–2019. Improving mental health was a priority area in this plan. All Council Plans are published at http://www.mav.asn.au/what-we-do/policy-

advocacy/public-health-safety/municipal-public-health-planning/municipal-health-and-wellbeing-plans

Many councils incorporate mental health issues, service gaps and initiatives into Municipal Public Health and Wellbeing Plans and Council Plans. These articulate council commitments to building, promoting and maintaining healthy communities. They include health promotion, planning and program implementation with a focus on harm-minimisation initiatives, increasing social connectedness and promoting community mental wellbeing and resilience.

Councils adopt a range of strategies that promote health and inclusion for specific populations, in consultation with the local community. Some marginalised groups tend to have higher rates of mental illness due to experiences of discrimination and stigma on the basis of ethnicity, age, race, culture, disability, gender and sexual identity. These plans are more than high-level policy documents; they include specific actions that are achievable and measurable. See Attachment 1 for the most common “diversity” plans in response to the identification of specific communities in the Commission’s Terms of Reference.

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

Public understanding of depression and anxiety has improved as a result of awareness-raising campaigns and other measures in recent years. Beyond Blue, for example, has been successful in improving community understanding and reducing the stigma associated with depression and anxiety[1]. Despite these major achievements, more work is still needed to increase public awareness of other types of mental health issues prevalent across Victoria.

A powerful way to reduce stigma and discrimination is to create authentic opportunities for people with mental illness to participate more fully in community life. Improved community inclusion reduces social isolation for individuals but also improves mainstream community understanding of people living with mental illness.

Councils actively support community inclusion through supporting Neighbourhood Houses, Mens' Sheds, public spaces, libraries, youth and seniors centres, community festivals, recreation facilities, arts programs and council events and festivals. Local government is, if resourced, well-placed to facilitate better community awareness and understanding of mental health and wellbeing issues through health promotion, community education campaigns and providing community inclusion options for people with mental health issues.

[1] Nous Group, *Independent Evaluation of beyondblue 2010-2014* (2014)

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

2.1 Need to improve pathways into services

Pathways into services can be difficult and unclear.

Councils report that the introduction of the NDIS and My Aged Care formal intake systems have been shown to actively prevent access to services for people who genuinely need support.

Professionals use their skills with people who may not easily access the system, including people in complex situations who feel somewhat reluctant to seek the support they need.

Example
A council Vulnerable Persons Worker assisted an applicant on a phone application for an assessment through My Aged Care. The client was instantly assessed as ineligible for an assessment. The inflexible system did not allow for the worker to call later to explain that the applicant was living in dangerous conditions due to severe hoarding. The house was unliveable due to it being full of rubbish. The call to My Aged Care was made from outside the house because there was no safe access in the house. The intake system also did not allow the worker to call later to fully explain the situation.

A degree of sensitivity is required in situations like these; complex issues are not well-served by inflexible and remote systems. Sometimes a person is hesitant and unmotivated to navigate a one-size-fits-all intake system, leading to a higher likelihood of them losing contact with services and supports.

Intake systems need to be more sophisticated. Often, people with complex needs do not have informal carers or advocates so will slip through the cracks. The MAV is involved in mechanisms advising the Victorian government and the NDIA about NDIS transition issues. A major issue identified is the low level of skill, experience and knowledge of people conducting NDIS intake through their phone intake system. The NDIS and My Aged Care intake models are also not responsive to people in urgent need.

There is a need to strengthen the positive wellness approaches of the mental health system as opposed to the more negative “deficit” model used for entry to the NDIS.

2.2 Information

Information on the service system must be readily available at a local level and must be easy to understand. There is a role for the giving of information locally and face-to-face for people that are print-handicapped, unlikely to access websites or whose first language is not English. People have different information needs, including people experiencing homelessness, poverty, addiction, family violence and those from CALD communities.
Councils can be innovative in the provision of information about mental health.

Example: City of Casey’s BE WELL Mental Health Literacy Program

The Community Care Mental Health Program has been expanded to include a range of mental health promotion activities, including the development of an innovative mental health literacy program called ‘BE WELL’.

BE WELL is an evidence-based, whole of community program that aims to increase people’s understanding of what the term ‘mental health’ really means, and what are the most effective ways to strengthen and maintain positive mental health.

The program uses a combination of interactive information sessions, educational resources and capacity building strategies to raise awareness about positive mental health, and encourages people to participate in behaviours that maintain and strengthen positive mental health. See Attachment 2.

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

3.1 Youth Suicide

Youth Suicide continues to be a major issue in the community; 10.9 % of young people deliberately hurt themselves, and 2.4% of young people attempt suicide. It is important that young people have access to information, as well as a better understanding of causal factors and services for young people. The Department of Health and Human Services has committed to implementing the findings of the Victorian Auditor General's Report in the Child and Youth Mental Health (June 2019), the report and its findings should be considered in this Inquiry.

Councils can address youth suicide through innovative projects.

Example: Macedon Ranges Shire Live4Life

The Macedon Ranges Live4Life model was developed in 2009 as a community-wide response to a reported increase in depression, anxiety, self-harm and suicide of young people in the Macedon Ranges Shire. Since 2010, Macedon Ranges Live4Life is delivered yearly in partnership with five Macedon Ranges secondary schools and four local community organisations; the lead agency is the Macedon Ranges Shire Council.

After reviewing the available evidence, Macedon Ranges developed a youth health promotion initiative that adopts a shire-wide school-community partnership approach to address stigma, mental health illiteracy and early intervention. To date, 100% of secondary schools in the shire have participated in mental health training with staff and students, 80% of local services supporting young people have consistently participated in Live4Life, and 18% of the local community have received mental health training. The importance of local government networks and partnerships as key to brokering local, whole-of-community solutions was highlighted.

Macedon Ranges Shire Council was the first council in Australia to win the prestigious Suicide Prevention Australia 'Life Award' for excellence in suicide prevention - community development.

3.2 Suicide Prevention

Example: Central Victoria Primary Care Partnership (PCP) Suicide Prevention Project 2018 in Mount Alexander Shire

Recommendations of PCP project:

1. Service accessibility - Provision of adequate, affordable, culturally safe, accessible long term consistent mental health services that can address the complexity and diversity of mental health and suicidal conditions.
2. Suicide response coordinator - Funding a local suicide response coordinator as an added portfolio to a position already embedded in a local organization and which brings the post-vention and suicide prevention work together.
3. Service integration. Enable collaboration among practitioners and service providers to improve multi-disciplinary focused approach.

4. Capacity building. Adequately fund the continued delivery of affordable accessible suicide prevention training to medical practices, frontline and gatekeeper organisations and community members.
5. Community awareness - Continue to support and fund existing programs in their community suicide and suicide prevention awareness activities.
6. Evidence. Continue to build local evidence including capturing and utilising lived experience.

Example: Rural communities

Rural communities are at significant risk of escalating rates of suicide, particularly young males. An ongoing investment that aligns with rural community need continues to be required for population-level change to be affected. Prevention and easy to access early intervention for individuals, peers and families remains critical. Approaches to better supporting young males are needed to inform more contemporary and relevant responses going forward. (Shire of Corangamite).

3.3 Gambling Harm and Suicide

High rates of suicidal ideation in problem gamblers have been shown in gambling literature.

"Those experiencing problems with gambling often experienced shame and stigma at more intense levels and were strongly linked to suicidal ideation and attempts. The manifestation of extreme emotional or psychological distress in terms of suicidal ideation, attempt, or completion had been experienced by most professional participants who worked directly with clients. As one counsellor who had worked across gambling as well as alcohol and drugs commented: We get very high suicide ideation with gambling. It is higher than alcohol and other drugs."[2]

Gambling harm is also addressed in Question 11.

[2] Victorian Responsible Gambling Foundation, *Assessing gambling-related harm in Victoria A public health perspective (2016)*

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

Community mental health services need to be devolved, place-based so easily accessible to local people. The supply of services needs to be planned on a demographic basis with local input. However, there is the need for skilled professionals to be available to treat chronic illness and psychoses.

There is an argument for a place-based system that can address issues at a community level rather than over-reliance on individualised services to selected individuals with no responsibility for others who miss out.

Councils can bring together local agencies.

Example: Outcomes of 2017 Casey City Council forum with Eastern Mental Health Providers[3]

- There are no straightforward solutions for treating severe and persistent mental illness; a long-term and collaborative approach is required.
- Housing, employment and social support are all significant factors that impact peoples' mental health and need to be considered in any planning and advocacy work.
- While clinical mental health services can provide effective treatment for the acute symptoms of mental illness, these services are struggling to support patients in other areas of their lives (such as those mentioned in the previous point), which is inhibiting their recovery and repeatedly leading patients back into the clinical system after discharge.
- There were also concerns about how the NDIS would impact people with long term mental health support needs. For example, how can the sector ensure that people with mental health issues have access to quality services being provided under the NDIS?
- There are also particular at-risk groups, such as young people and men aged 40 -55 years, which require specific attention.
- Mental health work needs to take a more holistic approach and encompass mental illness prevention and health promotion as well as treatment and rehabilitation.

[3] *2017 Casey City Council forum with Eastern Mental Health Providers*

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

5.1 Relationship between family violence and mental health – Local government perspective

Family violence in 2015-16 cost Victoria $5.3 billion, impacting individuals, families, businesses, communities and the broader economy. The 2016 Personal Safety Survey reported that 17% of female survey respondents had experienced violence by an intimate partner since the age of 15 and 20% of Victorian female respondents reported experiencing sexual harassment during their lifetime. These statistics indicate that violence against women is an ongoing issue in many communities.

The consequences of violence against women are serious, long-lasting and far-reaching. For example, young women who experience violence are at a greater risk of developing mental health issues as violence occurs during the development of their identity. Sexual harassment in the workplace can exacerbate mental health issues, in particular, anxiety which affects individuals' ability to work and contribute to economic development. Furthermore, the VicHealth 2014 report into the cost of violence attributes 26% to anxiety and 33% to depression to the disease burden of intimate partner violence in Victoria. Mental health conditions such as anxiety and depression can be experienced for years, impacting many aspects of the victim's life.

Local councils are major employers, especially in regional and rural areas and would particularly note the impacts of violence against women and gender inequality in the community and workplace. The 26 plus submissions from local government to the Royal Commission on Family Violence strongly indicates that councils have a particular interest in violence against women and the impact it can have on a community.

Mental health services are impacted by responding to violence against women. The cost of responding to violence against women often falls onto mental health services and other integrated family services; for this reason, mental health services must address the long-term impact of violence.

The Royal Commission into Victoria's Mental Health System has the opportunity to capitalise on the momentum started by the RCFV to build on international research and recommendations outlined by WHO, and to address the underlying causes and long-term impacts of both mental illness and violence against women.

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5.2 Local government: supporting Victorians through all stages of life

Local government works towards health and wellbeing for people in all age cohorts from the cradle to the grave.

Maternal and Child Health

Maternal and Child Health (MCH) Services are required by legislation to make contact with all families who have a baby born in Victoria. The perinatal period is recognised as a time when mental health issues can develop. MCH nurses routinely screen mothers (and sometimes fathers) for postnatal depression and anxiety, due to the detrimental effects parental mental health issues may have on the health and wellbeing of the infant or child. While a couple of MCH services can employ a Mental Health Nurse to assist with support and referral pathways from the universal MCH Service to the secondary and specialist mental health services, this approach is not uniform across Victoria. The vast majority of the MCH services experience systematic barriers to a timely and responsive mental health service response. As a result, many families requiring specialist mental health services are being managed in universal services until there is a crisis. The mental health service system needs to be able to provide timely and responsive service to families in order to reduce the social burden on families, and identify more serious psychiatric conditions which require treatment.

Example: City of Wodonga MCH team has provided detail on the issues in relation to mental health. See Attachment 3.

Children's Mental Health – evidence of need

The Murdoch Children's Research Institute has just reported on a study that found the vast majority of Australian children with mental health disorders are not getting professional help with girls, young children and families from non-English-speaking backgrounds the least likely to access services.

The research, published in the Australian Journal of Psychology, looked at the mental health of 4,983 children from the ongoing Longitudinal Study of Australian Children.

"We found that fewer than one in four children with mental health problems saw a health professional in the 18 months after they were identified as having a problem," said lead author Professor Harriet Hiscock.

The Victorian Auditor-General's Office published a report on Child and Youth Mental Health on 5 June 2019. It says:

"Mental illness is the number one health issue facing young people worldwide. One in four Australians aged 16–24 will experience mental illness in any given year.

For children and young people, intervention early in life and early in mental illness can reduce its duration and impact. Without access to mental health services, young people are at risk of ongoing problems that may affect their engagement with education, employment and lead to greater contact with human services and the justice system.

This audit assessed whether child and youth focused mental health services are effectively preventing, supporting and treating child and youth mental illness.

“DHHS accepted each of the 20 recommendations, noting that implementation of the recommendations will be informed by the outcomes of the Royal Commission into Mental Health, particularly recommendations relating to system design. DHHS will develop strategic directions and refine the performance monitoring approach for services, share reviews and evaluations, update triage and registration processes, provide guidance around complex care panels, consider establishing a High-Risk Complex Care Child and Youth Panel, establish a mechanism for health services to collaborate and create a means for the Chief Psychiatrist to independently brief the Secretary or Minister for Mental Health.”

Youth

Several Victorian council youth services are partnering with schools to gather data about ‘Youth Resilience’ defined as "the ability to draw upon the strengths within yourself and from around you to flexibly respond to life while remaining true to yourself and creating positive relationships with others."[4] The collection and publishing of the data about the different year levels in individual schools has proven useful in identifying the priority areas for early intervention on mental health.

Services for young people with mental health issues are currently not well-integrated, which is resulting in fragmented, ineffective responses and inefficient use of resources. A more holistic approach is needed, with services in schools, council Youth Services, Headspace, Orygen and other providers needing to be better co-ordinated. Research into what works is important in the redesign of the system to support young people.

Young men who identify more strongly with characteristics of toxic masculinity have poorer mental health outcomes.

The Man Box Study which was undertaken last year by Jesuit Social Services[5] is the first comprehensive study that focuses on the attitudes to manhood and the behaviours of young Australian men aged 18 to 30. It involved an online survey of a representative sample of 1,000 young men from across the country, as well as focus group discussions with two groups of young men. This study was modelled on research in the United States, United Kingdom and Mexico that was released by Promundo in 2017.

[4] www.resilientyouth.org.au

[5] Jesuit Social Services, *The Man Box – a study on being a young man in Australia (2018).*

The findings shed light on the social pressures that young Australian men experience to be a 'real man' and the impact this can have on their wellbeing, behaviours and the safety of our wider community.

The Man Box is a set of beliefs within and across society that place pressure on men to be a certain way – to be tough; not to show any emotions; to be the breadwinner, to always be in control, use violence to solve problems, and to have many sexual partners.

Young men who most strongly agree with these rules report poorer levels of mental health, engage in risky drinking, are more likely to be in car accidents and to report committing acts of violence, online bullying and sexual harassment.

Older people

Mental health issues for older people often relate to lack of engagement and social participation as well as feelings of worthlessness caused by ageism. Bereavement and grief can also be an issue.

Creating age-friendly environments where older people can feel valued and engaged with their community is important. Reducing the incidence of elder abuse will have a significant impact on older persons' mental health across the board. Victorian councils are active in promoting Positive Ageing in local communities. Older people living alone and those in residential care facilities have high levels of depression, often untreated as it is sometimes seen as a normal part of ageing. Councils continue to work on empowering older people to mitigate many of these risks.

5.3 Critical factors contributing to mental illness and barriers to getting and staying well

Homelessness

Adequate housing is essential for mental health care and is a necessary component of health care.

Lack of suitable housing exacerbates pressure on acute mental health services. It also results in people being discharged from hospital into homelessness or inappropriate housing, including rooming houses. Exiting acute care into homelessness is self-defeating. Homelessness is not only destructive to a person's mental health, but a lack of suitable accommodation undermines the provision of subacute and outpatient support required by hospital-leavers.

The Victorian government needs to invest in public and social housing to tackle the problem of homelessness. Secure and affordable housing will address many issues faced by people with mental ill health.

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Transport Disadvantage

Mental health services and mainstream community activities must be accessible by those who need to use them. Interface and rural councils, in particular, report that people with mental health issues experience a lack of available and affordable public transport. This issue makes it difficult for them to attend centres for treatment and support as well as mainstream community activities that prevent social isolation.

Poverty

Mental illness is a direct cause of poverty for many people. Poor mental health is strongly associated with reduced employment. Thirty-four per cent of those receiving the Disability Support Pension are doing so due to mental illness and many other people experiencing significant mental illnesses receive the lower Newstart Allowance. Low rates of payment result in many people living in poverty. This affects a person's ability to pay for mental health services. Councils report that people abandon courses of treatment due to their inability to afford them.

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

It is critical that the voices of families are heard in the plans developed to assist people who experience mental illness. Informal supports provided by families/carers/friends are often the foundation of successful outcomes for the person. The mental health system needs to acknowledge this role and work more closely with a person's informal network.

Carers experience the physical and emotional toll of looking after another person. When the service system fails to support their family member adequately, they have added anxiety and concern regarding seeking and securing appropriate supports.

Adults experiencing mental health issues often live with ageing parents due to a lack of other housing options. This is often not a good outcome for either generation. Ageing parents providing housing and financial help need to be supported to maintain their health and wellbeing. They can also be forced into providing significant child care supports and taking responsibility for raising grandchildren if the parents are affected by poor mental health.

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

A key factor in retaining the mental health workforce is to ensure

adequate pay rates and ensure that workloads are manageable to avoid burnout.

Pay rates need to be set at a level that will attract and retain qualified and experienced workers in the sector.

There is a need for culturally competent workers to work with people from CALD backgrounds and Aboriginal communities

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

8.1 Access to employment

Access to employment is critical to the quality of life of people with mental illness. People with a mental illness can achieve relief from poverty and social connection through employment, self-employment, enterprise development, education and training. There should be more staff and management training in supporting and managing workers with mental health issues both in the local government workforce and other sectors.

The MAV is currently delivering the MAV Disability Employment and Economic Participation Project funded the Victorian government Office for Disability under “Every Opportunity - Victorian economic participation plan for people with disability 2018-2020.”

This project encourages councils to provide more economic participation in local government through employment, social enterprise and social procurement. Victorian councils are major employers, particularly in rural areas.

Councils, as employers, can inform staff about mental health in the workplace.

Example: City of Casey Untangling Mental Health Staff Education Program

Untangling Mental Health is a whole day workshop that has been designed by the City of Casey Mental Health Team Leader to provide people working in the health and community sector with a basic understanding of how to assist people with mental health issues within a professional setting.

8.2 Social participation

Social participation has been identified as a major issue in mental health and wellbeing,

People who experience social isolation are less likely to seek assistance from services. Outreach services provide a critical role in connecting people to services and supports in the community and can be utilised to assist in efforts to reduce social isolation.

8.3 Building stronger, cohesive communities

Councils use a range of community-building and community development activities to build stronger, resilient and more cohesive communities. The result is a growth in social capital. This benefits everyone in the community, including people with mental health issues.

Example: Local Government Building Inclusive Communities Program

DHHS has funded the Building Inclusive Communities program since 2002, providing Rural Access, Metro Access and Deaf Access workers to councils throughout Victoria. It has:

- Supported people with disability to optimise participation in their local communities;
- Built and strengthened Victorian communities' capacity to support people with disability and their families; and
- Achieved integrated local community planning that engages people with disability, their families, service providers and community organisations

The State Government made a strong commitment to the development of community building infrastructure through the funding of the RuralAccess, MetroAccess and the DeafAccess initiatives.

The program recognises the potential for local government to lead and facilitate change in local communities by planning and engaging mainstream community organisations and services across the full range of community infrastructure (including education, employment, transport, sport and recreation, arts and cultural development, tourism) and building their capacity to include people with disability.

Despite the success of this program, it will cease in December 2019. The Victorian government has defunded the program as an unfortunate consequence of the transfer of responsibility and funds to the NDIS. There is no indication that the National Disability Insurance Agency will recognise or fund local government to continue with its community capacity building work.

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

9.1 Gambling Harm

Gambling harm is a public health issue recognised by Victorian councils. The Victorian government should employ harm minimisation and reduction measures to protect the public from gambling harm. Gambling harm is under-reported and often unacknowledged in many public health consultation processes.

MAV supports the work of the Alliance for Gambling Reform, a not-for-profit advocacy alliance working to reduce the harm from poker machine gambling. More than 20 councils are in the alliance. The link between poor mental health and gambling is well recognised.

Gambling (considering all risk levels) is associated with about two-thirds of the harm of alcohol use or major depression, suggesting that it is a significant burden for the Victorian community

The social cost of gambling harm in Victorian in 2014-15 was $7 billion: the highest cost being family and relationship problems ($2.2 billion), followed by emotional and psychological issues ($1.6 billion) and then financial losses ($1.3 billion)

"Gambling harms are diverse and can potentially affect multiple domains of health and wellbeing. Thus, harm should not be narrowly construed (e.g. as a financial loss), but rather capture all relevant dimensions.

…Potential problems arising from gambling can occur to the individual gambler, their family and friends, and to the broader community. A public health approach encourages us to understand these potential negative impacts in terms of their impact on the totality of an individual's health and wellbeing…"[6]

MAV State Council Resolutions on Gambling Reform (most recent)

Resolution: That the Municipal Association of Victoria (MAV) call on the State Government to implement an evidenced-based public health approach to reduce gambling harm associated with electronic gaming machines

(motion adopted by MAV State Council 18 May 2018)

[6] Victorian Responsible Gambling Foundation *,Assessing gambling-related harm in Victoria A public health perspective (2016).*

Resolution: That the Municipal Association of Victoria (MAV) call on the State Government to implement an evidenced-based public health approach to reduce gambling harm associated with electronic gaming machines through

a. introducing a stronger Responsible Gambling Code of Conduct to include:
    i. stronger focus on venue and staff responsibility to reduce levels of gambling harm by offering assistance to people displaying signs they are being harmed by gambling, as is the case under laws in New Zealand and Switzerland;
    ii. mandatory breaks and maximum daily limits on gambling time;
    iii. prohibition on inducements to gamble such as gifts or offering free food and drink (excluding water) and instead encourage gamblers to take a break going to other parts of the venue for food and drink;
    iv. requiring venues to assist research projects approved by the Office of Liquor, Gaming and Racing (OLGR);
    v. no service of food or drinks at the machines.
b. reducing opening hours for pokies venues to include mandatory 2am - 9am shutdown.
c. banning losses disguised as wins as recommended by the Victorian Commission for Gambling and Liquor Regulation (VCGLR), noting this feature is already banned in Queensland and Tasmania.
d. Mandating the display of signage on all electronic gaming machines with a product health and safety warning – 'stating the machine is designed to keep you playing and programmed for you to lose money', emulating the approach taken with the tobacco industry.

(motion to MAV State Council 17 May 2019)

9.2 Hoarding and Squalor

The incidence of hoarding and squalor is rising and has long been a difficult issue for councils.

Hoarding is now recognised in the Diagnostic and Statistical Manual of Mental Disorders as a long term behavioural mental health condition. There is no specific health agency or program funded to assist people with hoarding behaviours and living in squalor as a result (or symptom) of their mental illness.

Councils have dual responsibilities that conflict with each other:

Councils have a duty of care to the person living with hoarding and squalor. These conditions in the home pose serious risks to that person's health and safety, and that of others who might be living in the property. Hoarding poses an extreme fire risk and increased risk of falling. Squalor leads to pest infestations and damaged or non-functioning electrical/water/sewerage facilities. Living in these conditions is a threat to the residents' health and safety. Hospitals are unknowingly discharging patients into these risky conditions.

Councils have a responsibility under Public Health and Wellbeing legislation to investigate nuisances. Section 60 of the Public Health and Wellbeing Act 2008 (Vic): "A Council has a duty to remedy as far as is reasonably possible all nuisances existing in its municipal district." A home where hoarding and squalor exists can be reported to councils as a nuisance, often by

neighbours, due to odours, poor condition of the property and sometimes a high number of animals and poor condition of those animals. If there is a failure to act, councils can be found not to have fulfilled the requirements of the legislation. These properties pose a significant risk to the residents, neighbours and emergency services attending the property.

Legislation and enforcement are not a suitable mechanism for dealing with mental health issues. There needs to be a review of legislation as well as an improvement in the response of mental health services.

Example: Maroondah City Council's approach:

Council becomes involved when the situation has reached crisis point. Enforced clean-ups are incredibly distressing to the householder, can cause significant trauma and anxiety, and are very expensive to complete. The council may have no option but to sue the householder for expenses incurred and legal fees, thus exacerbating their level of distress. People with few resources are not able to pay, so the council absorbs the costs (anywhere between $10,000 and $50,000).

Without effective intervention and support provided through the mental health system, the house is likely to reach a similar condition again and again. This process has been executed at the same house by the council on three occasions to date, at enormous cost and causing major stress to the householder.

Council hosts a network of local agencies who work with people affected by hoarding and squalor. The network is a forum that has been developed for local agencies and community groups confronted with hoarding and squalor issues, to come together, develop relationships, share skills and knowledge and establish positive collaborative outcomes for our community.

Although there is goodwill in addressing these issues, the introduction of centrally controlled NDIS and My Aged Care has in some ways undermined the ability to support a person through goodwill at the local level. No agency is funded to provide the long-term support needed. No two cases are the same, so specific professional expertise is required. There is no coordinated professional development/training scheme in place for health and support workers to understand hoarding and squalor. Early intervention would be preferable, but the situation is most often unknown until the crisis point. When a person with hoarding behaviours may finally agree to contact a mental health service, often they do not admit to the hoarding behaviours — waiting times to see a mental health worker could be longer than 3 - 4 months.

Maroondah is aware of programs available in the eastern suburbs of Melbourne. The Buried in Treasures program uses person-centred, strengths-based, and harm reduction approaches to support a person dealing with acquiring, discarding and disorganisation. Tenancy Plus and Salvocare Eastern aim to prevent homelessness and support tenants to remain in housing. Councils need to be able to refer community members with hoarding and squalor issues to agencies that are better skilled and equipped to help people living with hoarding and squalor for the long term.

There was a State Taskforce on this issue in 2012, but it was disbanded. The only statewide resource on the DHHS website is the guidance publication - Hoarding and squalor - a practical

resource for service providers - but it does not address the proper resourcing of this complex work and has not been updated since 2013. To combat this Maroondah City Council has developed its own website devoted to Hoarding and Squalor and the provision of information to support community members, their families and other agencies.

9.3 Rural Issues

Example: Shire of Corangamite has offered a rural council's perspective.

Rural councils have ongoing concerns regarding vulnerable individuals and families across their municipalities. There is often minimal access to mental health service providers on site, lack of outreach capacity as well as rigid and deficit based service system entry points. Rural communities are also at a significant risk of escalating rates of suicide, with high risk cohorts including young males.

As outlined by Corangamite Shire in the example, councils are required to have in place Municipal Health and Wellbeing Plans, yet there is not requirement on funded agencies to collaborate with the council in delivery of strategic directions to drive and deliver prevention and programming in alignment with community need.

See Attachment 4.

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

10.1 Resource Municipal Public Health and Wellbeing Plans

There needs to be a joined-up response to Municipal Public Health and Wellbeing Planning. Currently, councils have a statutory obligation to develop MPHWPs but receive no resources to implement the plans. Community Health and Primary Care Partnerships are funded by the Victorian government for health promotion but are only advised (not required) to link with MPHWPs.

"Local Councils are required to have in place Municipal Health and Wellbeing Plans yet there is no requirement for funded agencies to collaborate in delivery of strategic directions, despite plans being community informed and inclusive of actions geared towards access to primary and tertiary mental health care. Lack of funding renders plans as aspirational rather than genuine strategies that can drive and deliver prevention and programming in alignment with community need. This resource gap presents an ideal opportunity for a refocus of funds to support community wellbeing, prevention and early intervention." *Corangamite Shire Council*

MUNICIPAL ASSOCIATION OF VICTORIA

10.2 A holistic person-centred way

The mental health system needs to be integrated and able to offer long-term holistic support to people experiencing mental illness. The focus needs to be on a person's life because everyone lives in unique individual circumstances. Factors might include homelessness or inappropriate housing, poverty, lack of employment, family violence, life stage, family or significant people as informal supports, carer/parenting roles, physical ill health and community connectedness.

The significant parts of a person's life are not considered enough in the current system where an individual deals with a fractured system. Although clinical treatment is important, the current system is overly focussed on a person's medical diagnosis with insufficient regard for that person's real-world context. The system needs to work within the social and practical context of the individual's life, offering the person hope for a better life in the future.

10.3 Develop a specialised pathway to NDIS for people with psycho-social disabilities.

The Victorian government must continue to work with both the Commonwealth Government and the National Disability Insurance Agency to ensure we have an integrated Mental Health system that gives service users adequate access to mental health services.

There is uncertainty regarding the services and supports provided under the NDIS for people experiencing mental illness. Additionally, there have been changes to funding for community-based mental health and psychosocial rehabilitation services.

The Royal Commission needs to document and report on negative systemic impacts of the transition to the NDIS for those eligible and importantly for the vast majority of people needing support who are not eligible for the NDIS. Community outreach and case management services are crucial.

Housing, disability support, employment, income support, legal support, therapeutic services, mental health services and other health services including GPs should work together more effectively to deliver better outcomes for individuals and the Victorian community.

The Royal Commission should consider system-wide context and reform to achieve positive change.

MUNICIPAL ASSOCIATION OF VICTORIA

11 Recommendations

1. Recognise the role of local government in providing place-based mental health promotion and responses. Councils facilitate early intervention and prevention of mental health problems in numerous ways, and encourage local solutions.

2. Collect improved data relating to the role of gambling in suicidal ideation and attempts, and provide local communities with resources to help reduce gambling harm

3. Provide resources to replicate good practice on preventing youth suicide especially in rural areas

4. Develop treatment options with a view to halting the behaviours resulting in Hoarding and Squalor and fund specific agencies to provide treatment

5. Provide resources for councils to support community wellbeing and mental illness prevention and early intervention through Municipal Public Health and Wellbeing Plans

6. Fund councils to develop programs and interventions targeting social connection, capacity building and wellbeing for people with mental illness, their family members and carers, and also fund councils to facilitate economic participation through training, internships and mentoring programs

7. Improve Mental Health Service availability and address systemic barriers faced by universal Maternal and Child Health Services in assisting families to access timely and responsive psychiatric services

8. Continue the successful DHHS-funded Building Inclusive Communities program, proposed by to be defunded from December 2019. It funded Metro Access, Rural Access and Deaf Access workers to promote access and inclusion for people with disabilities in local communities.

Attachment 1

COUNCIL ACTION PLANS currently prepared for diverse groups (in addition to the overarching Municipal Public Health and Wellbeing Plans

Disability Action Plans – actions are based on elimination of barriers to community life for people with disabilities, including people with mental illness. Plans are based on the social model of disability and, more recently, many are built around a Human Rights framework These whole-of-council plans detail specific activities councils will do to improve access to the social, built, economic and natural environments, and all council services and activities. Many councils are now on their 4th or 5th 3-year Disability Action Plans.

Reconciliation Action Plans – actions are based on respect for indigenous people and communities. Plans are developed under the overarching Victorian Aboriginal and Local Government Action Plan. DHHS has just released its own Aboriginal and Torres Strait Islander Cultural Safety Framework for the Victorian health, human and community services sector. "It's clear that racism and discrimination can significantly impact upon an individual's health and wellbeing. Aboriginal Victorians tell us that a lack of cultural safety, racism and fear are the main barriers to accessing essential services." This Framework should be used in the Royal Commission's approach to improving mental health services to Aboriginal people across Victoria.

Multicultural Action Plans – actions are based on reducing barriers such as language and cultural differences, reducing racial discrimination and combatting systemic racism. Many support initiatives including Interfaith Networks and Refugees Welcome Zone campaigns. Many councils were active in the Australian Human Rights Commission's "Racism. It Stops With Me" campaign, a key initiative of the National Anti-Racism Strategy.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Plans – actions promote equity and inclusion for LGBTIQ people in local communities

Recreation and Leisure Plans – actions include equity measures re access to sports and recreation facilities and programs for all residents. They recognise the importance of physical activity to good health, including good mental health. Includes the importance of physical activity for good health, often promoting walking and walkability of local neighbourhoods, parks etc. Leisure service planning addresses a wide range of recreation options that provide opportunities for social participation.

Municipal Early Years Plans – actions to address the needs of children. Although MEYPs are not statutorily required, they are important for the strategic alignment of effort across a council to achieve the health and wellbeing of children in a municipality, and to influence and improve their educational and developmental outcomes. Plans are generated as part of Supporting Children and Families in the Early Years – A Compact between DET, DHHS and local government (represented by MAV) 2017-2027 is a formalised partnership between the

State and local government, who together provide collective stewardship of the early years' system.

Positive Ageing Plans – actions are focussed on developing a community as a good place in which to age. They recognise the importance to older people of maintaining and making new community connections to counter social isolation and loneliness.

Arts and Culture Plans – actions promote access to the arts and community events that are inclusive of everyone. They also encourage the individual's expression of creativity through the arts.

Gender Equity and Family Violence Plans – actions promote gender equity in local areas and articulate a council response to the prevention of family violence and particularly violence against women. Local government made over 26 submissions to the Royal Commission on Family Violence, a strong indication that councils have a particular interest and the State government made 35 grants to councils in a 2018 funding round.

Advisory Committees

Councils commonly have a number of active Advisory Committees comprising residents and local organisations and service providers. They are often chaired by an elected Councillor. This ongoing community engagement guides councils on the development and implementation of the diversity plans listed above.

Attachment 2 – MAV submission to the Royal Commission into Victoria's Mental Health System

BE WELL Mental Health Literacy Program

City of Casey

Background Information. By Troy Macris, Mental Health Team Leader

What is BE WELL?

BE WELL is an evidence-based, whole of community program that aims to increase people's understanding of what the term 'mental health' really means, and what are the most effective ways to strengthen and maintain positive mental health.

The BE WELL model comprises six universal principles that have been consistently found by research studies around the world to support the development of positive mental health and wellbeing:

B - Be true to yourself and your values
E - Eat healthy, exercise regularly and establish good sleep habits
W - Work, rest and play, in a balanced way
E - Engage in positive and supportive relationships
L - Love and accept yourself for who you are
L - Learn and grow from life's ups and downs

The program uses a combination of interactive information sessions, educational resources and capacity building strategies to raise awareness about the BE WELL model and provide practical tips and advice on how to foster good mental health.

BE WELL can be used in the following ways:

- As a community mental health awareness campaign and education strategy
- As a professional development tool for people in health and community service professions
- As part pf a workplace wellness program to support employee mental health
- As a framework to guide community organisations in planning programs and policies that will encourage people to engage in mentally healthy activities.

Why is BE WELL needed?

The National Survey of Mental Health and Wellbeing, which was conducted by the Australian Bureau of Statistics (ABS) in 2007, estimated that almost half (45 per cent or 7.3 million) of Australians aged 16 to 85 years will experience a mental disorder (such as mood disorder or a substance use disorder) at some point in their lives. 3.2 million Australians (20 per cent of the population) were also estimated to be affected by a mental disorder in any 12-month period.[i]

At the more acute end, a 2010 survey of people living with psychotic illness estimated that almost 64,000 people in Australia aged 18 to 64 are affected by a psychotic illness and are in contact with public specialised mental health services each year.[ii]

Almost half of all Australians will experience a mental illness in their lifetime.

Government funding for mental health services is almost entirely dedicated to the treatment of mental illness. The Australian Institute of Health and Wellbeing (AIHW) estimates that approximately $9 billion per year is spent on specialist residential and community services, inpatient and outpatient hospital-based services, and consultations with mental health specialists, such as psychiatrists, psychologists and general practitioners.[iii]

Organisations that provide community education on mental health, such as Beyondblue, mainly focus on reducing the stigma and discrimination associated with having a mental illness, or on providing information about how to access services and support for a mental health problem.

While treating mental ill health and reducing stigma are important aspects of mental health care, they only form part of the picture. More work is needed to raise awareness about the positive dimension of mental health, and the activities people can undertake to develop good mental health and psychological resilience.

This need is reinforced by the *Victorian public health and wellbeing plan 2015-2019*[iv], which includes 'Enhance and develop strategies to promote mental health and wellbeing and reduce current high levels of psychological distress' as one of five key strategic directions for improving mental health in Victoria. The City of Casey's *Municipal Public Health and Wellbeing Plan 2017 – 2021* also includes 'Improve Mental Wellbeing' as one of the five strategic goals[v].

The BE WELL philosophy

The BE WELL philosophy is based on the idea that educating people about ways they can build positive mental health will not only equip them with the tools to better cope with stress and enjoy fulfilling lives, but ultimately it will help reduce the likelihood of them developing mental health problems in the first place.

Aims of BE WELL

1. To increase people's understanding of the term 'mental health', and to correct the common misperception that mental health is primarily associated with having a mental illness.

2. To increase people's knowledge of attitudes and behaviours that contribute to the development of positive mental health.

3. To build the capacity of community organisations to:
   a. educate community members about mental health and the factors that influence positive mental health, and
   b. plan and deliver programs, policies and infrastructure that will encourage people to participate in mentally healthy activities.

The BE WELL conceptual model

The BE WELL model comprises six universal principles that have been consistently found by research studies around the world to support the development of good mental health.

These principles are outlined on the following pages.

BE WELL - 6 steps to positive mental health:

B Be true to yourself

and your values

E 

Eat healthy, exercise regularly & establish good sleep habits

W Work, rest and play, in a balanced way

E Engage in positive and supportive relationships

L

Love and accept yourself

for who you are

L

B

1. Be true to yourself and your values

'Being true to oneself' is an expression that generally refers to people who have a high level of selfawareness and who live in accordance with their personal values and ethics. Psychologists often use the term 'authenticity' to describe people who demonstrate these qualities, and there have been numerous studies which have shown that people who score higher on tests that measure authenticity are more likely to rate higher on positive mental health indicators, such as positive selfesteem, life satisfaction and psychological wellbeing. Conversely, people who report low selfauthenticity are more likely to rate higher on indicators of mental ill health, such as emotional exhaustion, anxiety, stress and depression.[vi]

E

2. Eat healthy, exercise regularly & establish good sleep habits

There is increasing evidence that engaging in activities that support good physical health also supports good mental health.[vii] The BE WELL model focuses on three of the most physically

healthpromoting lifestyle habits and the positive impact they have on mental health. These include eating a healthy diet, engaging in regular exercise, and establishing healthy sleep habits.

3. Work, rest and play in a balanced way

Making time to rest and relax is a well-known strategy for helping people to reduce stress and recover from the demands of everyday life. It allows us time to pause, reflect and reconnect with those things that matter most to us. Studies have found that regular relaxation not only helps to relieve stress and anxiety, but it also offers a wide-range of physical health benefits, such as: promoting more restful sleep; lowering blood pressure; reducing muscle tension and chronic pain; and strengthening our immune and cardiovascular systems.[viii]

4. Engage in positive and supportive relationships

Maintaining close and confiding relationships with friends and family is often cited as one of the most important factors that contributes to good mental health. Research has found that a lack of social connection has a greater negative impact on health than obesity, smoking and high blood pressure. Social connection, on the other hand, strengthens the immune system, enables faster recovery from disease, increases life satisfaction, reduces the risk of anxiety and depression, and may even lengthen people's lifespans.[ix]

5. Love and accept yourself for who you are

The term 'self-esteem' refers to one's sense of self-worth or personal value. Studies over the last 15 years have found that people who report high levels of self-esteem are also likely to rate high on other wellbeing indicators such as good physical health, positive relationships, happiness and job satisfaction. Poor self-esteem, on the other hand, is associated with a broad range of mental disorders and social problems, such as depression, suicidal tendencies, eating disorders, anxiety, violent behaviour and substance abuse.[x]

6. Learn and grow from life's ups and downs

Challenging life experiences can provide valuable opportunities for learning and personal growth, which can help strengthen people's mental health over the longer term. Studies estimate that up to 70 percent of trauma survivors experience some form of positive psychological growth as a result of their struggle with adversity.[xi] For example, challenging experiences can teach people to have compassion for others, increase their sense of gratitude and appreciation for family and friends, develop their inner strength and courage to deal with future challenges, and motivate them to reevaluate their priorities.

The BE WELL development process

Weekly Wellness Emails

BE WELL began as a series of weekly emails that were sent by the City of Casey Mental Health Team Leader to support the mental health and wellbeing of Casey staff during a period of organisational change in 2017.

The emails included evidence-based tips and strategies on how to maintain mental health and manage stress during times of change.

The BE WELL model was developed as a creative way of summarising the key messages in the emails and making the information easier for staff to understand and remember.

The emails were extremely well-received by staff members, with one worker providing the following written feedback:

"I just wanted to let you know how you have been doing an amazing column week after week and that I am personally finding it very enlightening and extremely helpful for you to be able to spread such life skills to others."

BE WELL Information Sessions and Resources

The success of the BE WELL emails prompted the Mental Health Team Leader to further develop the material into a one-hour interactive presentation and set of information resources to educate the wider community about positive mental health.

The information sessions have been delivered to a broad cross-section of groups in and around the Casey municipality, including:

- people with physical disabilities, mental illness and carers,
- older frail-aged people,
- people from CALD and refugee backgrounds;
- Aboriginal and Torres Strait Islander people,
- and support workers from health and community organisations.

Evaluation

At the end of each of the information sessions, participants are asked to complete evaluation surveys. The surveys collect both qualitative and quantitative feedback on how well the BE WELL session has assisted participants to increase their understanding about mental health and the BE WELL 'six steps to positive mental health'.

Over 150 evaluation surveys have so far been completed. The survey results have indicated a high level of participant satisfaction with the BE WELL sessions. On a 5-point Likert scale ranging from 1 (Very dissatisfied) to 5 (Very satisfied), 76% of participants have rated their overall satisfaction with the BE WELL sessions as 5 (Very Satisfied), 23% have rated their level of satisfaction as 4 (Satisfied), and 1% have rated their satisfaction as a 3 (Neither satisfied nor dissatisfied).

Examples of participants' comments have included:

- *"I now understand the difference between mental health and mental illness, and the huge importance of keeping well mentally but also acknowledging that if you have a problem, help is available"*
- *"Every day when I have breakfast I go back to bed and sleep. Now I am going to try to stay up and do some form of exercise"*
- *"I have learned the importance of holding myself true to my values and having pride in myself"*
- *"It helps to be reminded what a fulfilled life is all about"*
- *"The video clips were really good… the clip about the Harvard Grant study was particularly uplifting in that it really spoke to people of our age group"*
- *"It was very special… the presenter listened and understood us"*
- *"As someone who has a mental illness, I learned ways to help me deal with episodes of depression"*
- *"The supporting illustrations are great and lighten up the workshop"*
- *"I learned about positive relationships and how to control anger and other negative thoughts"*
- *"I liked the research-based information I can apply to my everyday life"*
- *"I am learning to like myself more"*
- *"The most important learning I took away is that there is hope for me".*

[redacted]

BE WELL Day Workshops

Due to the success of the information sessions, BE WELL has been further expanded into a whole day wellbeing workshop. The workshops include the BE WELL mental health information session in the morning, followed by guided chair yoga and meditation sessions in the afternoon. The workshops aim to educate the community about positive mental health as well as provide opportunities for participants to learn and practice relaxation techniques they can use in daily life.

Follow Up Sessions

Three follow-up information sessions have also been developed which aim to complement and further build on the BE WELL material:

- ***'Chill Out'*** explores the concept of stress in more detail and presents effective strategies for working through stressful problems and developing healthy relaxation habits.

- ***'Listen to the Land'*** explores the role the natural environment plays in influencing mental health and wellbeing, and the ways we can strengthen our connection with nature and maximise its health benefits.

- ***Making the Connection*** explores the importance of healthy relationships and presents effective strategies for developing positive relationships, dealing with interpersonal conflict and disagreements, and addressing bullying behaviour in personal and professional settings.

BE WELL **Impact Model**

Context

Who?
- General community
- Professionals working with communities and vulnerable groups
- Employees within organisations
- Schools & businesses

Why?
- Good mental health is essential for creating empowered and resilient communities
- Aligns with the Victorian public health and wellbeing plan 2015-2019, and Casey's Municipal Public Health and Wellbeing Plan 2017 – 2021

Activities

Interactive sessions:
- 'BE WELL'
- 'Chill Out'
- 'Listen to Land'
- 'Making the Connection'

Educational resources:
- Trifold brochure, fact sheets and posters

Digital media strategies:
- Website, animated clips and social media

Merchandising:
- E.g. reusable shopping bags and t-shirts

Capacity building:
- Support for organisations to plan and deliver mentally healthy policies, programs & infrastructure

Impact

Increased community knowledge of:
- what 'mental health' is,
- effective ways to strengthen and maintain good mental health in everyday life,
- the scientific evidence behind the BE WELL 'six steps' to mental health

Increased community confidence/motivation:
- to engage in activities that promote positive mental health

Increased opportunities for community members:
- to participate in mentally healthy activities in their local area

Outcome

BE WELL
Six steps to positive mental health

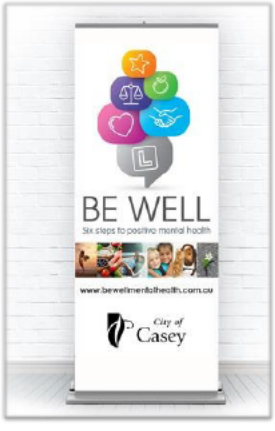
- **Improved community and organisational mental health**
- **Improved individual mental health**
- **Reduced incidences of mental illness and mental health problems**

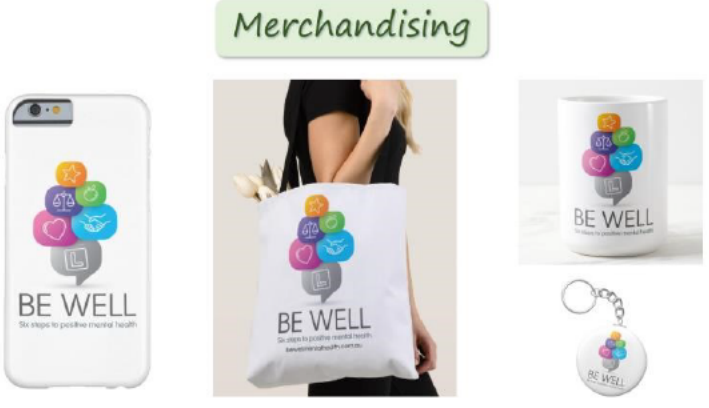
Attachment 2 – MAV submission to the Royal Commission into Victoria's Mental Health System

Future directions

Future strategies for the development of the BE WELL program include:

- Developing digital media strategies (such as a website and social media) that will provide online information and resources on how to maintain positive mental health.





- Developing social marketing strategies that could be used as part of a broader community awareness campaign, such as posters, merchandising, t-shirt designs, radio and TV spots, newspaper articles, etc.

- Developing a partnership and capacity building framework to assist organisations to plan and deliver policies, programs and infrastructure that promote positive mental health principles.

Further information

For more information about the BE WELL mental health literacy program, please contact Troy Macris from the City of Casey:

Ph: 0408398491

Email: tmacris@casey.vic.gov.au

References

[i] Australian Bureau of Statistics (ABS) 2007, *National Survey of Mental Health and Wellbeing*, cat.no. 4326.0, Canberra. [ii] Department of Health and Ageing 2011, *People Living with Psychotic Illness 2010*, Canberra. [iii] https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/reportcontents/summary [iv] https://www2.health.vic.gov.au/mental-health/prevention-and-promotion/mental-health-promotion-in-victoria [v] https://www.casey.vic.gov.au/council/policies-strategies/m-o/municipal-public-health-and-wellbeing-plan-2017-2021
[vi]http://repository.upenn.edu/cgi/viewcontent.cgi?article=1064&context=mapp_capstone [vii] https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/Physical%20health%20and%20wellbeing%20-%20final%208%20Apr%202016%20WEB.pdf
[viii] www.mindhealthconnect.org.au/relaxation [ix] https://www.psychologytoday.com/blog/feeling-it/201208/connect-thrive [x] https://academic.oup.com/her/article-lookup/doi/10.1093/her/cyg041
[xi] www.psychologytoday.com/files/attachments/75676/positive-changes-following-adversity.pdf

Attachment 3

Comments from Wodonga Maternal and Child health (MCH) and Enhanced Maternal and Child Health (EMCH) for MAV submission to the Royal Commission. It is an example of issues in common with other services.

Child mental health services

- Lack of Face-to-face support for parents of child/children with Mental Health difficulties.
- **Headspace** focus is on the young person and very limited support for the parents.
- **Child Adolescent Mental Health (CAMHS)** the client is the child or young person and very limited support for the parent

City of Wodonga MCH partnership with Northeast Child and Adolescent Mental Health Services (NECAMHS)

- Run clinics for assessment of children with behavioural issues utilising MCH flexible funding.
- Four times per year on referral from MCH – servicing a total of 16 families per year.
- Allow access to child psychologist for screening level assessment to identify referral pathways or strategies for parents to try.
- Target- families who identify children with behavioural issues.

Paediatrician – here locally do not readily accept referrals for child behavioural issues alone.

Perinatal services

PEHP (Perinatal Emotional Health Program) Victorian state wide program

- Pregnancy and up to 12 months postnatal – this leaves a service gap after child turns 12months old.
- Staffing is limited by insufficient funding and restricted by limited referral ability.
- Non-existent in some areas of Victoria.

Inpatient Unit admission - **General Inpatient Psychiatric Unit**

- Mother and Baby are separated. Baby is sent home with family member.
- Poorly equipped for babies or children, and often actively discouraged from visiting the mother.
- Rupture of Mother-infant attachment; impact on breastfeeding - a client admitted a few years ago was not offered expressing for three days post admission.
- The closest mother-baby unit is Austin Hospital Melbourne, this is 4hours drive away. Limited bed numbers and long waiting lists.
- Assumption the MCHN will support family to care for infant; organise breast pump for mother to express. Note some PEHP clinicians across Victoria are MCH qualified, however many are not.

Public Psychiatrist - no longer available in Wodonga area
Private psychiatrist – limiting to families due to the cost
GP Mental Health Care Plan - cost $$, wait lists and gap fees.
Better Access to Mental Health Care is subsidised however often a substantial gap payment is required.

Getting Ahead…CBT Group and Circle of Security Group - Facilitated by a collaborative partnership between Albury Wodonga Health and City of Wodonga, staff participation is funded from general funding. The flexible funding component of Maternal and Child Health is utilised in the case of City of Wodonga.
Further funding is needed to enable the group to proceed to cover costs such as venue hire and childcare. This funding is provided by annual submissions from philanthropic organisations

- unstable funding, no guarantee of long term funding
- Value of group (see attached overview for details)

Online programs such as PANDA, COPE, MumSpace are available, however:

- Due to their nature, anxiety/depression impacts on cognitive function therefore there can be significant difficulty accessing or following online programs.
- Phone access with limited budget for data, difficult to navigate on small phone screen.
- Many rural areas lack internet coverage or have extremely slow internet
- EMCH clients very rarely access online programs for themselves. They may access myGov however many have limited literacy and require support with online enrolments such as Birth Registration, preschool etc.

Pre-existing mental health issues add another dimension of complexity to referral pathways
Clients with a history of Complex Trauma, previously labelled Borderline Personality Disorder.
There is evident hand-balling between services and resultant wait for services

- Too complex for PEHP (Perinatal Emotional Health Program) therefore referred to
- Adult Mental Health, however assessed as not acute and not at risk of harm
- Gateway Health Alcohol and Other Drugs Program via ACSO (Australian Community Support Organisation) ie not a mental health service, and not tailored to mother with a young baby.

Maternal and child health service

- Increasing expectation of MCH Nurse to be a “one stop shop” for families and many complexities within existing time and funding constraints.
- EMCH and MCH nurses build relationships and rapport with families who then feel safe and able to disclose history of childhood abuse, family violence or depression, anxiety symptoms. MCH then supports and assists families to try and access treatment which is non-existent or significantly restricted in the local area, long waiting lists, or inaccessible for families with young children.
- Regional issues can mean a of lack of private or public transport to access services, if services are available at all.

MERTIL training

- Recently all Victorian MCH nurses were able to access online and face to face trauma informed practice training to support families with trauma and resulting mental health issues. However there was a lack of follow-on with support for services to use as referral pathways or follow support for those families who disclose issues to their MCH nurse. MCH nurses can feel they are left “carrying” these families using additional MCH consultations or in MCH nurses own time.

Overview of Getting Ahead... The Getting Ahead… program offers a cost effective way of managing Post Natal Depression and Anxiety. Up to one in six women giving birth in Australia are affected by

post-natal depression. This program offers primary and secondary intervention and management options for women, their partners and health professionals. It works in combination with other treatment options such as cognitive behavioural therapy, medication and group sessions that offers complementary and alternative choices. Standard forms of treatment are not always effective, and the need for alternative choices as an adjunct to traditional strategies is needed. Therefore, therapeutic interventions for women who report experiencing PND and/or Anxiety offer an opportunity for improved quality of life and patient outcomes.

The evidence-based GAPND Program is:

- Brief and cost-effective
- Has a strong research base
- Addresses parents' mental health difficulties
- Draws from the best of other existing international programs and targets the essence of skill building in early parent-infant relationships adapted for Australian use.
- Is able to be delivered by a range of trained professionals, so can be integrated into primary care
- Empowers parents by building parenting skills for the antenatal period to the first two years

The Getting Ahead… program is a ten-week cognitive behavioral therapy (CBT) group program designed primarily to improve maternal mood. Each session lasts approximately 2.0 hours. Women learn coping strategies to help manage their mood. A comprehensive set of handouts that supports the program content is available to all participants to reinforce the learnings from the sessions. The group program will assist in teaching participants skills aimed at overcoming post-natal depression and will enable each woman to identify and challenge negative, self-defeating thoughts and behaviours.

Women can access the program through a referral from a GP, the local Tresillian Parents & Babies Service, their Maternal, Child and Family Health nurse or other local Mental Health services. It is a free program and to enable the women to participate fully in the program childcare is offered onsite free of charge.

The Getting Ahead… program here in Albury Wodonga is funded through a collaboration between the Albury Wodonga Health and the City of Wodonga Maternal and Child Health Service. These services fund the staff to facilitate the program, however funding of the childcare, venue hire and other additional resources relies on philanthropic donations from within the local community.

Attachment and infant mental health

The quality of early attachment relationship underpins the young child's capacity to experience, regulate, and express emotions, form close and secure relationships, and explore the environment and learn.

Early relational trauma can impact attachment organisation, creating profound confusion in the baby about what to do with their feelings and needs. Early detection of attachment disorganisation is key to promoting infant mental health.

"Attachment in the last trimester of pregnancy, and the first years of life, when the brain circuits for attachment are still setting up, is different from attachment in the third or fourth year of life, when the system is 'going'.

That is, to stress a developmental system while it is organising in the first years will have a greater impact than would the same stressor, experienced at four years". Alan Schore & Jennifer McIntosh, 2011

"The young child's capacity to experience, regulate and express emotions, form close and secure relationships, and explore the environment and learn.
All of these capacities will be best accomplished within the context of the caregiving environment that includes family, community, and cultural expectations for young children.
Developing these capacities is synonymous with healthy social and emotional development."
Charles Zeanah & Paula Zeanah, (2009).

CORANGAMITE SHIRE

Attachment 4

On behalf of Corangamite Shire, the following assertions are made on the basis of experience, place based knowledge and an ongoing concern for vulnerable individuals and families across the municipality.

1. **Service entry**

   Current service system deficiencies noted to impact residents of Corangamite Shire include inflexible and highly limited entry points for individuals and families concerned about their mental health. For example, service providers operating 1 day per week, lack of outreach to the 12 townships that comprise the Shire and an absence of assertive outreach programs that work to destigmatise access and provide on ground support.

2. **Promotion vs access**

   Brochures, websites and advertisements promoting services yet a limited deficit based service entry point that is rigid and far removed from the rhetoric of client centric services. The 'risk to self and others' paired with 'be willing to be seen' serves as a barrier particularly for families attempting to get help. There is little families do in this context as the individual invariably becomes increasingly unwell and the families more stressed. There is a clear opportunity for a service response that can provide secondary consultation and improved access for families needing coping strategies and support to access clinical services.

   In rural settings, communities need and value services that can be accessed on a regular and reliable basis, free from stigma. This is not typically the experience of residents who must wait weeks for services or are uncertain how and when to get help. Similarly, it is vital that informal and flexible resilience building initiatives are funded as a long term investment for rural communities given the well evidenced connection to community participation and wellbeing. Local Governments are ideally placed to provide social inclusion programs that are creative, place based and accessible. Exemplars include stigma free primary mental health services available at Men's Shed, Libraries and footy matches to name a few.

3. **Vulnerable population groups**

Rural males are well documented as a high risk cohort with 12 males each day in Australia completing suicide (Gillard, 2019). Frequently services that are funded to reduce vulnerability are hard to find with a lack of coordination and alignment of effort and require more creative stigma free entry points that provide 'cover' to enable supported access in the first instance. The availability of skilled practitioners in a variety of primary settings would go some way to reducing stigma and improving service access.

4. **Municipal Health and Wellbeing Plans**

Local Councils are required to have in place Municipal Health and Wellbeing Plans yet there is no requirement for funded agencies to collaborate in delivery of strategic directions, despite plans being community informed and inclusive of actions geared towards access to primary and tertiary mental health care. Lack of funding renders plans as aspirational rather than genuine

strategies that can drive and deliver prevention and programming in alignment with community need. This resource gap presents an ideal opportunity for a refocus of funds to support community wellbeing, prevention and early intervention.

5. Suicide prevention initiatives

Rural communities are at significant risk of escalating rates of suicide, particularly young males. Ongoing investment that aligns with rural community need continues to be required for population level change to be affected. Prevention and easy to access early intervention for individuals, peers and families remains critical. Approaches to better supporting young males is needed to inform more contemporary and relevant responses going forward.

Council looks forward to the findings of the Royal Commission into the Mental Health System and values the opportunity to contribute to the MAV submission.