2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
Neighbourhood Houses Victoria

Name
CEO Nicole Battle

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
See attached submission

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?
N/A

What is already working well and what can be done better to prevent suicide?
N/A

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.
N/A

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

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

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

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?

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

What can be done now to prepare for changes to Victorias mental health system and

support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
N/A

Neighbourhood Houses Victoria submission to the Royal Commission into Victoria's mental health system

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Neighbourhood Houses Victoria

Established in the early 1970s, Neighbourhood Houses Victoria is the peak body for the neighbourhood house and learning centres sector, representing a membership of close to 400 entities.

We provide strategic leadership, effective state-wide advocacy, quality research, and timely advice on relevant policy and legislative developments. We support our sector to remain informed, upskilled and connected.

We also aim to promote the benefits of neighbourhood houses in supporting and empowering local communities.

Our vision:

Strong, safe and vibrant communities that value diversity and gender equity.

Responses to selected questions

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

There is a significant body of research examining the stigma associated with mental illness, its social construction and how it can be influenced (see for example: Griffith, Carron-Arthur, Parsons, & Reid, 2014; Gronholm, Henderson, Deb, & Thornicroft, 2017; National Academies of Sciences, Engineering, and Medicine, 2016).

Recent reviews of the published studies in this area (Griffith, Carron-Arthur, Parsons, & Reid, 2014: Gronholm, Henderson, Deb, & Thornicroft, 2017) conclude that community education and consumer contact can be effective to varying degrees in changing attitudes and, to a lesser extent, behaviours. Contact approaches are more effective where the contact is prolonged, based on equality of status and with mutual goals.

As places where people with mental health issues participate equally alongside other community members in a range of activities and capacities over time, Neighbourhood Houses undoubtedly contribute to improved attitudes to people with mental illness. Anecdotally, our members report observing this phenomenon.

Furthermore, reviews of existing literature research reports argue for more research into consumer contact strategies for addressing stigma across a range of cohorts and for different mental illnesses (Griffith, Carron-Arthur, Parsons, & Reid, 2014; Gronholm, Henderson, Deb, & Thornicroft, 2017). Neighbourhood Houses would be a prime site for this kind of study given the presence of several preconditions for improved outcomes noted above.

These approaches can be enhanced with additional training for Neighbourhood House personnel to ensure that their own beliefs and attitudes are suitably informed, and that they obtain the language to improve understanding amongst other participants as well as minimise the risk of reinforcing stigma which can occur through contact-based approaches (Gronholm, Henderson, Deb, & Thornicroft, 2017)

However, consideration must be given to the way in which governments and service agencies contribute to maintaining stigma. The differential in outcomes for people with mental health issues in the NDIS and Disability Support Pension for example, may exacerbate the public perception of mental illness as a pseudo disability. The disproportionately low spend on mental health compared to physical health adds to the perception that people suffering mental ill health are less worthy. The apparent lack of understanding of mental illness, its various manifestations and often episodic nature by those in decision making roles in support services and agencies, including health services, can lead to consumers not receiving the required support. This in turn can exacerbate people's mental ill health and reinforce stereotypes, in some cases by making unwellness more public or exacerbating its impacts.

Media reports of people with mental ill health acting illegally, the overrepresentation of people with mental ill health in the justice system all undermine efforts to destigmatise mental ill health. These (mis)representations mask the systemic failures in the detection, early intervention, treatment and care that contribute to these outcomes.

There is a need to target education and stigma programs to particular cohorts including media, police and judiciary, health professionals as well as those in frontline services, both government and non-government.

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?

With a growing body of evidence demonstrating the link between social isolation and mental ill health as both a cause and correlation (Australian Psychological Society, 2018), strategies to reduce isolation of people experiencing or at risk of experiencing mental ill health inevitably assist with prevention and improvements in living with mental illness.

An international study (Jacob , Haro, & Koyanagi, 2019) using data from the UKs 1993, 2000 and 2007 National Psychiatric Morbidity Surveys examining the relationship between living alone and common mental disorders (CMDs) concluded:

> Living alone was positively associated with CMDs regardless of sex or age, and this association was largely explained by loneliness. Based on these findings, prevention of CMDs in people living alone should consider all ages and *targeting loneliness in particular may be important* [emphasis added].

The Victorian state Government through the Dept. of Health and Human Services provides Neighbourhood House Coordination Program funding[1] for the coordination of 401 Neighbourhood Houses across Victoria. There are over 200,000 visits to Neighbourhood Houses in Victoria each week.

In Victoria, Neighbourhood Houses are often the only service provider present in many small rural communities.

The Neighbourhood House program is a community development program enabling each locally managed Neighbourhood House to determine and address their community's needs. However, the program funds coordination and does not fund the activities.

While the program does not specifically target people with mental ill health, the Neighbourhood House Coordination Program (NHCP) provides funding to Neighbourhood Houses to:
"support the provision of community development programs and activities that lead to community strengthening outcomes by":

[1] See https://providers.dhhs.vic.gov.au/neighbourhood-house-coordination-program

- supporting diversity and promoting community participation and inclusion
- facilitating community development and capacity building in support of individuals and groups within communities
- supporting lifelong learning opportunities for people to improve their access to training and employment pathways.

The program requires Neighbourhood Houses to:
"promote participation in the neighbourhood house program and activities by diverse community groups and individuals."

Neighbourhood Houses are effective in improving social inclusion. Their generalist nature enables an environment where people with mental ill health participate alongside others in the community socially, in learning and in some cases transitions to employment. This is almost entirely done without health or mental health funding.

While Neighbourhood Houses do not collect data on people with mental health issues specifically, a 2017 survey of over 47,700 Neighbourhood House participants[2] found that:

- 21% of respondents identified as having a disability or long-term impairment
- The most commonly identified benefits of attending a Neighbourhood House were spending time with other people (47%) or meeting new people/make new friends (40%) with 57% of all respondents identifying one or both of these benefits.
- For the 21% who identified as having a disability or long-term impairment, 56% identified spending time with other people (47%) or meeting new people/make new friends (45%) with 65% of all respondents identifying one or both of these benefits.
- 34% of all respondents and 44% of respondents with a disability or long-term impairment identified improved wellbeing/confidence as a benefit of attending.
- More than half (52%) had a healthcare or concession card, compared with 23.7% of the Victorian population as a whole.[i] Non-age pension concession cardholders were represented at more than double the background population rate.
- 24% of respondents who attended to volunteer or who were on a student placement (n=974) identified as having a disability and 65% of these were aged 20-64.

This 2017 survey findings are consistent with findings from a 2013 survey which had over 46,500 responses from Neighbourhood House participants (Savage & Perry, 2014).

Key factors contributing to the success of Neighbourhood Houses in the practice of social inclusion are:

- The informal and place-based nature of Neighbourhood Houses
- The ongoing nature of the NHCP, allowing time to develop strong positive relationships and trust as well as deep connection in the community
- The generalist nature of the program's core funding allowing the development of diverse activities not limited to specific cohorts
- Flexibility to target specific cohorts where required and respond quickly to emerging issues or ideas
- A diverse and responsive mix of programs and activities.

However, there are limiting factors that undermine or cap the ability of the sector to do more such as:

- The part time nature of the core Neighbourhood House funding
- The lack of sustainable ongoing activity or program funding to support inclusion
- The predominantly one-off nature of existing funding opportunities

[2] Unpublished survey data from the Neighbourhood House Participants Survey 2017

- The cost, availability and time required for training is challenging in rural areas.

Investing in flexible and enduring program-based funding like the UK's Building Connections Fund (Building Connections Fund, n.d.) as well as training in working with people experiencing mental ill health for inclusion focused organisations such as Neighbourhood Houses would strengthen organisational capacity and social inclusion outcomes.

There is an opportunity to adopt the use of social prescribing and increase awareness of the Neighbourhood House and similar sectors such as Men's Sheds amongst health professionals and other mental health services as well as the general public. However, without additional funding support for activities, their capacity to further assist would be limited.

Training would assist Neighbourhood Houses and other organisations in better identification of risk and referral for early treatment and specialist support. However, the current incoherence in the mental health system and the lack of access to timely support for other than acute ill health must be addressed for this to be effective.

Recent unpublished research conducted as part of the Victoria ALIVE project[3] shows organisations require better access to training and that they particularly want training in facilitating inclusion for people with mental health issues.

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.

Members of the public regularly present at Neighbourhood Houses in a state of mental and/or emotional distress. Anecdotally, our members report service incoherence and a lack of timely access to services, making referral difficult. Distressed participants reportedly face long waiting periods to see health professionals, creating the space for their condition to deteriorate without intervention.

Ideally, people needing assistance should have clear points of access (no wrong door) and pathways to support within an integrated system. However, the reality experienced by our members is one of:

- disconnect between the varying parts of the mental health system
- incoherent funding that favours funding crisis and acute ill health leading to price driven decisions about support by people seeking help even where more appropriate support may be obtained in other parts of the system
- having to shop around providers of various supports both within the hospital-based health services as well as Medicare subsidised private providers to get assistance
- poor access to all types of support due to lack of professionals and long waiting times, particularly in rural Victoria
- a reliance on GPs who are least able to provide effective ongoing support.

These appear symptomatic of chronic underinvestment and poor system design.

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

[3] See https://www.volunteer.vic.gov.au/victoria-alive

Carers and family members are at greater risk of isolation and poor mental health as a result of their respective roles (Australian Institute of Family Studies, 2008; Edwards & Higgins, 2009). Improving opportunities for social connection, particularly with people who have a shared experience of living with someone who experiences mental ill health can be beneficial (Lawn & McMahon, 2015).

Neighbourhood Houses across Victoria provide a place for almost 4,000 community groups to meet, including carer and family support groups. Neighbourhood Houses provide a neutral place for such groups to meet without the potential stigma associated with attending a health or mental health service. A degree of anonymity is provided as people visit Neighbourhood Houses for all sorts of activities.

Availability of support groups is variable across Victoria with rural Victorians less well served. The Victorian Government's recent announcement of grants for grassroots and state-wide carer support groups can go a long way to address this. Action should be taken to ensure there is adequate training for facilitators since not all mental illness impacts carers and family in the same way (Lawn & McMahon, 2015), and that non-carer family members are also able to access these groups.

It is important to remember that everyone who lives with someone who suffers mental illness, while not necessarily providing any direct care, are potentially impacted (Australian Institute of Family Studies, 2008; Sane Australia, n.d.). Additional caring duties for children, workload maintaining a household and pressures on maintaining employment can all take a toll.

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?

As previously noted, Neighbourhood Houses provide a wide range of generalist programs aimed at social and economic participation delivering over 480,000 sessions of activities in 2017. These activities range from Nationally accredited Vocational Education and Training and non-accredited education through to social groups, physical and recreational activities, community lunches and support groups. Around 30% of Neighbourhood Houses also provide onsite childcare. All provide opportunities for volunteering; often used as a pathway to employment. Neighbourhood Houses run social enterprises providing training and employment pathways and opportunities.

Social participation

As noted above, Neighbourhood Houses are very successful in providing activities that enable participation in activities participants identify as beneficial across a range of areas including: social connectedness, improved health, wellbeing and confidence as well as improved independence.

The greatest challenge is sustaining important social connection building activities that are more recreational or social in nature. These kinds of activities are a vital part of the mix of activities that Neighbourhood Houses run as they often are the first point of entry for participants. These activities are used to build relationships, trust and confidence among participants often leading to participation in other activities, as well as strengthen participants' networks which often lead to more formal learning or volunteering.

They are the important first span of the bridge from isolation or disengagement to social and economic participation. While these activities are generally less expensive to run, the narrowing of government focus on direct health, training or employment outcomes has reduced funding sources for these kinds of activities. Scarce organisational resources are used continually to reinvent and resource these programs.

The problem is in part exacerbated by the silos that exist within and between government departments. Education does not fund these activity types as informal learning opportunities and part of the continuum leading to further education and training; health does not fund them as mental or general health prevention programs despite evidence of their effectiveness, particularly from the UK; and human services only fund the coordination not the programs.

There is growing evidence of the positive cost effectiveness of these programs. A 2018 Deloitte Access Economics report examining Morwell Neighbourhood House estimated the quality of life gain associated with improved social capital at $393,762 for 188 participants engaged in activities in 2017 that were likely to assist them in building and maintaining social relationships.

The report identified a further $39,407 in value of further social participation and improvements to mental health that were unable to be calculated due to lack of existing valuing frameworks. The total calculable community benefit from all Morwell Neighbourhood House activity was estimated at around $600,000 while total income for the Neighbourhood House for 2016/17 was less than $140,000.

This evidence suggests leveraging local community organisations focused on social inclusion, such as Neighbourhood Houses, is a cost-effective way to increase social inclusion overall with its related mental health benefits and can specifically benefit people with mental health issues. Directly funding ongoing and flexible programs/activities targeting people experiencing or at risk of experiencing mental ill health, similar to the UKs Building Connections Fund, would increase social participation options for people with or at risk of mental illness.

The personal and economic costs of social isolation are gaining prominence internationally. Research has found that loneliness cost UK employers £2.5 billion (The cost of loneliness to UK employers: The impact of loneliness upon businesses across the UK, 2017), the UK health system at £5.7 billion and the UK justice system £205 million annually (Eden Project Communities, n.d.). According to research by Holt-Lunstad, Robles, & Sbarra (2017), 'feeling socially connected to the people in one's life is associated with decreased risk for all-cause mortality as well as a range of disease morbidities'.

Given the strong correlation with loneliness for people experiencing mental ill health, the causal relationship between loneliness and mental and physical ill health and the costs of subsequent interventions and productivity loss, programs to support and expand inclusion such as those run by Neighbourhood Houses provide a net cost benefit. Ancillary benefits would include potential reduced stigma as noted above.

Creating a flexible ongoing program funding stream for community wide generalist programs and activities, delivered by social inclusion organisations like Neighbourhood Houses with a strong local focus, would significantly improve access to opportunities for social participation. Furthermore, the evidence suggests that this is economically advantageous for governments and is consistent with the WHOs principles of Proportionate Universalism and Action Across Sectors outlined in their Social Determinants of Mental Health (World Health Organisation and Calouste Gulbenkian Foundation, 2014).

Economic participation

Neighbourhood Houses currently provide pathways to economic participation through:

- Training, both accredited and non-accredited
- Provision of employment/pre-employment programs
- Volunteering
- Direct employment

Not all Neighbourhood Houses provide all these activities.

Despite the well documented benefits of volunteering, the NDIS does not support volunteering as a funded activity. This means people with mental health issues on the NDIS are unable to be supported in a volunteering role that may be a pathway to education or training and employment.

While in theory people with mental health issues have equal access to vocational education and training, the reality is that barriers are encountered.

A recent NCVER report (National Centre for Vocational Education Research, 2018) shows Adult Community Education (ACE) providers have better employment and further education outcomes for learners that are not already in employment or education at the time of enrolment compared to other vocational education provider types including TAFE, universities and private VET providers.

In Victoria, about half of these Adult Community Education (ACE) providers, also known as Learn Local providers that are Registered Training Organisations (RTOs) are Neighbourhood Houses. They have significant expertise in supporting people with a range of challenges to achieve vocational training outcomes. Many of these courses are in accredited foundation skills that prepare learners for further education however many of these providers also deliver accredited vocational qualifications. These can be delivered in informal and supportive environments that are more accessible to people who experience anxiety and stigmatisation.

However, from 2012 to 2017, the number of these ACE providers declined significantly with a 40% reduction of Neighbourhood House RTOs in Victoria (Neighbourhood Houses Victoria, 2018).

There are structural impediments in the VET system for people with mental illness. For example, providers consistently report that the contractual arrangements in Victoria require them to withdraw students from their course where they are unable to participate for a period, e.g. due to episodic ill health rather than to suspend the enrolment. Students need to reenrol and start again when they are well enough.

Furthermore, cuts to Certificate I and II qualification subsidies render these training courses unviable. While courses at these levels have limited value from an industry perspective, they are a valuable tool for providing vocationally focused training while bridging the gap between preparatory training such as foundation skills for learners who have had incomplete or unsatisfactory schooling and vocational post-secondary education.

Victoria has been trialling a more comprehensive approach to support disadvantaged learners through the Skills First Reconnect Program[4] where providers are funded to:

- Undertake outreach and engagement activities to locate, engage and attract disengaged, high-needs learners back into a learning environment.
- Assess the learning and non-learning needs of Reconnect participants and develop an agreed learning plan to transition participants to further training or employment
- Coordinate and provide access to support services that help participants start and stay in training.
- This allows for the provision of comprehensive supports beyond the purely educational, effectively removing the departmental silos that exist between education and human services. Consequently, this program can better support people with mental health issues. Some Reconnect models include provision of casework to ensure barriers to participation in all areas of learners' lives are mitigated as much as is possible. Anecdotally the program is producing positive outcomes and provides a potential model for wider adoption.

In addition to accredited training, around half of Victoria's 400 funded Neighbourhood Houses were providers of pre-accredited education funded through the Adult Community and Further Education

[4] See https://www.education.vic.gov.au/about/programs/Pages/reconnect-program.aspx

Board. These Learn Local providers are required to target the most educationally disadvantaged, including cohorts that are more likely to experience or be at risk of experiencing mental ill health, and initiate vocational and/or employment pathways for them. The priority cohorts in 2017 include:

- Women, including young mothers, women seeking to re-enter the workforce after significant time away and women who have experienced or are experiencing family violence
- People in low socio-economic status localities
- Early school leavers
- Indigenous people
- Low skilled and vulnerable workers
- Unemployed/underemployed people
- People from a culturally or linguistically diverse background
- People with a disability
- Young people who may be at risk of disengaging or who may have already disengaged from the community and/or education

According to a Department of Education and Training report (Deloitte Access Economics, 2017), 82% of the 24,600 unique learners enrolled in pre-accredited training in 2016 were in at least 2 cohorts and 54 % belonged to three cohorts. Ninety percent of learners were in a priority cohort excluding a general female cohort.

Despite the challenges faced by these learner cohorts, those who transition to accredited training attain their qualifications at higher rates compared to the average Victorian VET student. Twenty-nine percent of learner's transition into accredited training, with 64% of those directly attaining a qualification and an additional 14% indirectly attaining a qualification. By comparison, the average Victorian VET completion rate is only 47.3%.

Improving the support available to learners and providers of this kind of training, particularly as part of an integrated economic participation strategy with clear pathways to vocational training and employment like the current but limited Skills First Reconnect Program, should improve economic participation outcomes for many people with mental health challenges.

However, early reports from some Neighbourhood Houses suggests the NDIS may be having a distortionary effect in this area. They are seeing a decline in learners and participants more broadly with disabilities of all types which they attribute to NDIS providers trying to attract and protect a client base in a competitive service environment. One potentially adverse effect is the loss of interaction and engagement with the broader community that Neighbourhood Houses facilitate with its associated potential to reduce stigma and broaden understanding and acceptance. This in turn potentially affects the viability of the Learn Local model despite its demonstrable success.

Other Neighbourhood Houses report increased participation where NDIS clients have self-managed packages.

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?

Neighbourhood Houses are not positioned within the state's health infrastructure to provide direct clinical support to people experiencing mental ill health. A small number of Neighbourhood Houses do offer generalist counselling services, particularly in rural Victoria, or some type of casework associated with vocational or pre-vocational education support. Consequently, NHVic can not comment on the operation of the mental health system as a whole.

The main work of Neighbourhood Houses as it relates to support for people who experience mental ill health is in the area of social and economic participation as outlined above. Both are recognised as supportive of good mental health aiding prevention and assisting with recovery. This occurs through offering a broad suite of activities to the whole community, while endeavouring to ensure the activities are accessible to vulnerable and disadvantaged community members.

Support is also provided to individuals to access support services, including mental health services, on both an ad hoc basis as participants present with various needs or where support programs are designed to assist people to link with relevant services.

As noted above, this universal approach provides direct benefits to the individual participants but can also serve to reduce stigma amongst other participants and in local communities.

Carers and others may be supported where support groups are run out of Neighbourhood Houses.

Where Neighbourhood Houses do specifically target people who experience mental ill health, partnerships with mental health services are a key feature that are understood as vital to their success.

These areas could be strengthened through:

- Dedicated recurrent funding for diverse activities, e.g. social and recreational, that connect people and build their social networks.
- Better service integration. Apart from reported lack of direct service integration and continuity of care, there is an opportunity for supported partnerships with non-health sector players such as Neighbourhood Houses. These can be beneficial, as demonstrated by the Mindworks and Boomerang Network programs at Farnham Street Neighbourhood Learning Centre[5], but there is no structured, properly resourced approach to this across the state. Consequently, these types of activities emerge as ad hoc arrangement based on the experience, networks and expertise of individuals.

Neither of these recommendations are high cost activities, particularly compared to the cost of mental ill health to the health and justice systems and the broader economy.

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[5] See http://www.farnhamst.fsnlc.net/online/courses/life-skills

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