Uniting Church in Australia
SYNOD OF VICTORIA AND TASMANIA

Royal Commission into Victoria's Mental Health System
Submission from the Synod of Victoria and Tasmania, Uniting Church in Australia

Faith communities as places of social inclusion

The Synod of Victoria and Tasmania, Uniting Church in Australia, commends the Victorian government for initiating this Royal Commission and welcomes the opportunity to submit the following information with a concluding recommendation.

1. Background

1.1 Victoria's Religious Diversity

The national 2016 census reveals a religiously diverse nation with 52% identifying as Christian, with Catholicism being the largest Christian grouping (22.6%). The 52% figure is considerably down from an 88% figure in 1966, and is accounted for by 30% of people now reporting no religion, with Islam (2.6 per cent) and Buddhism (2.4 per cent) being the next most common religions reported. Hinduism had the most significant growth between 2006 and 2016, driven by immigration from South Asia.[1] Many of those who say they have no religion nevertheless describe themselves as religious, engage in spiritual practices such as prayer, or profess a belief in God or a spiritual entity.[2]

The State of Victoria is a multi-cultural, multi-faith and cosmopolitan society with an excellent culture of ecumenical and interfaith dialogue, as evidenced by bodies such

[1] http://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyReleaseDate/7E65A144540551D7CA258148000E2B85?OpenDocument accessed 29 January, 2018.
[2] Gary Bouma, "Defining Religion and Spirituality," in *The Encyclopedia of Religion in Australia,* ed. James Jupp (Cambridge: Cambridge University Press, 2009), 22 - 23.

as the Victorian Council of Churches (VCC), the Faith Communities Council of Victoria, the Jewish-Christian-Muslim Association (JCMA) and a multi-faith advisory group to advise the government via the Victorian Multi-Cultural Commission (VMC). Such bodies play a significant role in promoting harmony and social inclusion. Even in a contemporary secular society such as Victoria, faith is an important aspect of many people's lives, and is the reason individuals and families participate in faith and religious activities, or identify with a faith community.

1.2 Historical Backdrop

Until the late 20th century in Victoria large communal care facilities or institutions continued to be the principal means by which people living with mental illness were housed, often in appalling conditions, with substandard food, accommodation and access to medical care. Bureaucratic management of large numbers of people invariably led to the views and interests of staff taking precedence.[3]

Well into the twentieth, the 'poor' were seen as either deserving or undeserving. Poverty tended to be portrayed in moral rather than economic terms and charity came to be viewed as a means of social control as well as affording the opportunity to expiate the benefactor's guilt. People with mental health concerns were, by and large, viewed as "deserving poor", on account of differentness and inability to contribute to material development of the times.[4] The irony of the "deserving poor" was that they were expected to suffer in silence, thus making it more expedient for government to house them in large impersonal institutions without the risk of dissent.

Often within these state-endorsed institutions, there was still a place for religious representatives to provide sustenance and succor.[5] In some instances when located close to institutions, faith communities appointed people to visit residents and

[3] Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, (New York: Doubleday, 1961), 9.
[4] Graeme Davison and David Dunstan and Chris McConville, (eds.) *The Outcasts of Melbourne: Essays in Social History* (Sydney: Allen and Unwin, 1985), 105.
[5] Robert Perske, "Chaplain's Role in an Institution for the Mentally Retarded." *McCormick Quarterly* XIX (March, 1966): 40 – 53.

families, and sometimes chapels were constructed and religious ceremonies conducted.

During the period 1976 to 1996, the Victorian Government reduced the number of individuals in institutional care from 4439 to 1126.[6] As institutions closed, funding was no longer made available for spiritual care/support. The residents were moved to community residential facilities. Did this mean their spiritual needs were no longer important nor part of holistic care? The Health Minister at the time, Hon. Rob Knowles stated: "It is now time for the Churches to provide this spiritual care".[7] This begs the questions: Did government abrogate its responsibility to attend to the spiritual dimension of people entrusted to its care and support? Did government assume people being moved into the community would attend existing faith communities to meet such needs? If so, this does not appear to have been realized.

2. Legislation: International, Australian and Victorian

The *United Nation's Convention on the Rights of Persons with Disabilities (*2006), was formally adopted by the Australian government in 2008. The Convention states the socio-political conditions for achieving equality, autonomy, non-discrimination, participation and inclusion in society, **including the importance of religion.** The Convention addresses the following life domains: rights (access and privacy); participation; autonomy, independence and choice (i.e. self-determination); physical well-being (work/employment); social inclusion, accessibility, and participation; emotional well-being (freedom from exploitation, violence and abuse); and personal development (education and habilitation).[8]

[6] 'Inquiry into Social Inclusion and Victorians with Disability', Family and Community Development Committee, Parliament of Victoria (September 2014): 1 – 31.
[7] Personal communication with Rev. David Leach, previous chaplain at Mont Park Hospital.
[8] Within the Preamble of the Convention, item (c) is *concerned* about the difficult conditions faced by persons with disabilities subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, **religion,** political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.

Within Australia the *Disability Discrimination Act 1992* (DDA) makes it unlawful to discriminate against people on the basis that they might or might not have a disability. Across the spectrum of disability, this includes people with mental health issues, and people with physical, intellectual, sensory, cognitive or neurological impairment. In Australia, religious communities are not exempt from the requirements of this legislation.

Victorian legislation in relation to people with disabilities is underpinned by the *Equal Opportunity Act 1995,* the *Disability Act 2006* and the *Charter of Human Rights and Responsibilities Act 2006*, each affirming the full participation of people with disabilities in all dimensions of community life.

The afore-mentioned matrix of legislation, designed to enshrine the rights of vulnerable people, forms the basis of federal and Victorian state government policy frameworks and strategies which emphasise social inclusion.

3. Social inclusion - Victoria

The 2014 Parliamentary Inquiry into Social Inclusion and Victorians with Disability determined that social inclusion in the context of disability should be understood in the same way it is for all people in the community. The Inquiry concluded that there are three key elements – involvement in activities, maintaining reciprocal relationships, and having a sense of belonging.[9]

> Involvement in activities included structured recreation, leisure, church, volunteer, and the use of community amenities. Developing and maintaining reciprocal relationships were important with family, friends, co-workers and acquaintances in the community. A person experienced a sense of belonging when she/he was accepted by others, seen as an individual, had positive interactions with others, and was not excluded through marginalisation, teasing or bullying.[10]

These factors were reiterated by the 'SHUT OUT' report:

[9] 'Inquiry into Social Inclusion and Victorians with Disability' report. Family and Community Development Committee. Parliament of Victoria (September 2014): Section 1-1.
[10] Sarah Hall, "The Social Inclusion of People with Disabilities: A Qualitative Meta-Analysis," *Journal of Ethnographic and Qualitative Research*, 3, (2009): 171.

> Disability is characterised by desire for positive change and striving for emancipation and flourishing. It is seen every day amongst people living with disability. It is active hope. **We desire a place within the community.** This place is not just somewhere to lay down our heads, but a place which brings comfort and support with daily living, **friendship** meaningful work, exciting recreation, **spiritual renewal,** (writer's emphasis), relationships in which we can be ourselves freely with others. And out of this great things may flourish.[11]

Some community service agencies, associated with faith-based outreach, and with limited resources, have also developed and adopted context-specific social inclusion policies. Broadly speaking, a socially inclusive approach emphasises the importance of each individual having choice about, and control over, how they live their life. By working to build people's capabilities and material resources, it aims to ensure that all people can participate in community and social life.[12]

Once shut in, many people with mental health concerns ironically now find themselves shut out. Where once they were physically segregated, many Australians with disabilities now find themselves socially, culturally and politically isolated. They are ignored, invisible and silent. They struggle to be noticed, struggle to be seen and to have their voices heard.[13]

This 'SHUT OUT' Report reveals how much further society, including faith communities, needs to go in responding to the isolation and loneliness experienced by people with mental illness:

> In terms of community endeavours and support of social inclusion it is contended that religious communities are the 'final frontier' … social research rarely analyses and explores the value and importance of such

[11] "SHUT OUT: The Experience of People with Disabilities and Their Families in Australia," (National Disability Strategy Consultation Report prepared by the National People with Disabilities and Carer Council: Commonwealth of Australia, 2009): viii.
[12] Wesley Mission Victoria, 'Social Inclusion and Belonging', Policy 11, 2009.
[13] "SHUT OUT", 11.

> expression in the lives of people with disabilities … historically and generally within religious communities, people with disabilities have been recipients of others' largesse, with assumptions made about their interest or capacity to articulate the importance of needs or faith understandings … within a predominantly secular society, religion is perceived as the private domain of individuals and less recognised as integral in the matrix of some people's lives.[14]

The Victorian public health and wellbeing plan 2015 - 2019 however pays scant attention to the issue of spirituality's importance to health but in discussing place-based approaches to enhancing quality of life and health, does indicate faith-based communities as one of several local, activity-based and identity-based populations.[15]

4. Responses by Victorian Uniting Church congregations

Congregations across Victoria provide places of significant connection and social support for some individuals and families living with mental health concerns. In addition to this pastoral care of regular attendees, a small number of congregations have also responded with outreach activities, mindful that so many people in their local community are living isolated and lonely lives. Such activities include informal and volunteer-led 'drop-in' opportunities for coffee and social connection (usually 1-2 days per week with limited hours).

In both of these contexts, people's concerns, both personally, and of the system, are often shared with fellow group members, congregants and leaders. The following is a distillation[16] of those concerns with an accompanying recommendation.

(1) Homelessness and lack of access to employment are critical to people's dignity and quality of life.

[14] Andy Calder, "To Belong I Need to be Missed," *Journal of Disability, Religion and Health* 16, no. 3 (2012): 277.
[15] Victorian Public Health and Wellbeing Plan 2015 - 2019. Victorian Government: Melbourne, 2015: 45.
[16] Results from a survey monkey and personal communications.

(2) Critical care responses are not always readily available – there are insufficient numbers of CAT teams, compounding people's mental health issues through lack of timely attention.

(3) Whilst in the system, vigilance to the protection of people's human rights needs to be paramount, with particular attention paid to inappropriate restraints.

(4) Support pathways for people moving from acute care to community are very often unclear or non-existent. This means people being discharged are not directed towards appropriate ongoing supports, where and when available, to maintain their mental health.

(5) Many people are discharged prematurely from acute care systems, with significant negative effects to themselves and other family members.

(6) Preventative mental health measures need high priority – this includes mitigating the impact of harmful substances and practices, including drug and alcohol abuse.

(7) With the introduction of the National Disability Insurance Scheme (NDIS), funds previously available for some state-based mental health services have been diverted to the NDIS. In many instances replacement resources or responses have not followed.

(8) One striking illustration of this is the closure of some Drop-in Services and Centres operated by Uniting Church congregations and agencies. These places provide essential meeting places for many people experiencing mental health issues, homelessness and isolation. They are places for people to connect with others, and in some instances receive material aid as well as information and access to other community services.

(9) In order for such places to be maintained, and further developed to meet the needs of people living in a range of disadvantaged community contexts, there is a need for government and faith based services, including those of the Uniting Church, to examine the distinctive response of faith communities, with a view to enhanced resourcing and recognition of the role chaplains and spiritual carers play in supporting people living with mental health issues.

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Recommendation

In referencing the 2014 Parliamentary Inquiry into Social Inclusion and Victorians with Disability, the Inquiry concluded that there are three key elements – involvement in activities, maintaining reciprocal relationships, and having a sense of belonging.[17]

In referencing the Victorian public health and wellbeing plan 2015 – 2019, it indicates faith-based communities as one of several local, activity-based and identity-based populations.[18]

The Synod of Victoria and Tasmania, Uniting Church in Australia, recommends the Victorian government convenes discussions with key faith-based entities with the view to advancing recognition and funding of faith-based communities in their provision of support for people with mental health issues. This includes affirmation of day-activity or drop in centres as a significant community / social response to issues of social isolation, activities and lack of community.

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[17] 'Inquiry into Social Inclusion and Victorians with Disability' report. Family and Community Development Committee. Parliament of Victoria (September 2014): Section 1-1.
[18] Victorian Public Health and Wellbeing Plan 2015 - 2019. Victorian Government: Melbourne, 2015: 45.