Whitehorse City Council
Responses to the Royal Commission into Victoria's Mental Health System

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

- If nearly half of all Australians will experience mental illness during their lifetime, then it is incumbent on the broader society to develop a better understanding of the issues and impacts of mental illness on the lives of people in the community, those we employ or those we engage with. A multifaceted approach is required to gain an understanding of mental illness and its impacts on the lives of people and their families as well as working towards reducing stigma and discrimination.

- It is imperative that awareness raising campaigns are targeted to specific audiences. Large scale media campaigns need to be supported by localised action, for example where mainstream and online media are targeting issues surround anxiety and depression, local forums, workshops etc. are required to provide an opportunity for people with lived experience, their families and supporters, or the whole of community to gain insights, share experiences and develop awareness of local services and supports that may be of assistance. This multifaceted approach would strengthen mental health literacy and promote the normalisation of help seeking behaviours across the community.

- 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.

For example:
Council has been engaged in the following Mental Health initiatives:
- Mental Health Forums including: Let's Talk Mental Health Forums the first of these promoted services and supports available to CALD communities, the second was run in partnership with the Mental Health Foundation Australia, exploring the impacts and experiences of people living with mental illness. In addition, Council has run Parent Information Forums, Youth Mental Health Forums and workshops, Elder Abuse Forums etc.
- Partnerships and networks including: the Eastern Mental Health Service Coordination Alliance, The Regional Family Violence Partnership, Regional Promoting Healthy Masculinities Steering Group, Youth Mental Health Suicide Prevention Project, and the Social Inclusion Community of Practice with the Inner East Primary Care Partnership
- Delivering services and programs such as the Supported Playgroup Program, Maternal Child Health services, Youth Services, School Focused Youth Services, and Building Inclusive Communities (MetroAccess) initiatives
- Promotion of key campaigns and information through Council's media and networks, community organisations, schools and businesses.

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?

- There have been a number of reviews and changes to how mental health information and service provision is delivered in Victoria, often resulting in greater confusion for people experiencing mental illness and their families and carers.

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

- The development of a centralised information portal would be of benefit to individuals and families seeking current information and services in their local area, this portal could be promoted through various networks and campaigns.

- Evidence based targeted programs are required in community settings. Delivering programs in partnership between the mental health or health sector, community organisations and local government provides an avenue to address community needs and priorities. Partnerships provide opportunities to address local priorities and build the capacity of community organisations, associations and clubs through the sharing of knowledge and resources. This approach would further build individual capacity but also the capacity of the community to understand and be responsive to the needs of people with lived experience of mental illness. The formation of regional cross sector networks would assist this work.

- Maternal Child Health Services have a critical role in supporting parents and young children. Maternal Child Health Services screen for the presence of depression and family violence making much needed and timely referrals to other organisations. The provision of additional funding to increase the availability and resources of the Enhance Maternal Child Health Program would enhance the ability to provide even more timely response to families, decrease waiting lists and contribute to the improve outcomes for people experiencing mental illness.

- Social isolation occurs for a wide variety of reasons, however the impact on mental health and the link to mental illness has been well established. People who experience social isolation are less likely to seek assistance from services, they may however approach their general practitioner, discuss their situation amongst peers at a Neighbourhood House class or with a friend. By building the understanding of the community and sharing knowledge of the resources and supports available in the community the impacts of social isolation can be addressed. 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.

- Hoarding is a growing mental health issue in the community. Hoarding is complex in nature and is a well-recognised symptom of anxiety, depression, obsessive compulsive disorder, schizophrenia and other psychosis, and dementia. The impact of hoarding on physical health has also been well established and has the impact on personal and community safety. It is imperative that people who experience hoarding are able to access affordable treatment options including clinical and non-clinical supports but also access to services that remove the clutter and hazards. Establishing referral pathways and linkages to community organisations with a view to increasing social connectedness and participation in valued activities can be critical to the outcomes the person achieves.

- Dual diagnosis has a focus on mental illness and alcohol and other drugs. The intersectionality of mental illness and other forms of disability and chronic illness is required to develop appropriate services and supports to meet the needs of this cohort.

- The duality of the relationship between mental health issues and gambling has been established in the research however gambling is not often associated with mental health campaigns.

Problem gambling has been associated with depression and anxiety disorders, mood disorders, suicidal ideation and other psychological disturbances. This is in addition to poor physical health, alcohol and other drug usage. There is also evidence that people gamble to deal with the impacts of their psychological disturbance.

For example:

People who gamble may become distressed anxious and or depressed in relation to the losses incurred through their gambling habit.   For another person a gambling venue may start off being a safe haven, a place to visit in the middle of the night when their sleep is disturbed, or when being near other people but not engaged with people is desired, which could emanate from social phobias. The visiting can transition to a gambling problem.

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

- Suicide prevention is a whole of community concern, taking a whole of life approach that connects prevention, early intervention, acute services, and post-acute and community services is imperative.

- A broad range of suicide prevention strategies have been funded across the state to address emerging issues, these programs should continue and be replicated across the state. The learnings and evidence base developed as a result of these programs should support the development of additional programs and future directions.

For Example:

Programs that target suicide prevention for farmers in rural communities may not be seen as relevant in metropolitan settings yet the learning relating to the experiences of socially isolated men who experience job loss may transcend settings.

Similarly with more young people intentionally harming themselves, understanding the causal and contributing factors may provide greater insights that can inform prevention strategies.

- It is important that all Victorians have access to information, services and supports that meets their needs. The expectation that people in times of acute crises can navigate complex service systems, articulate individual needs, retain and process an array of diagnostic and service information and recall this information later creates additional frustration, stress and isolation.

- Better data relating to the role of gambling in suicidal ideation and attempts is critical to understanding the interface between these significant social issues. This understanding would create a platform for the integration of services that can address bot the gambling addiction and the mental health problems

- Raising awareness of how suicide impacts on the lives of people in different sections of the community are valuable but the services and supports needed to support people in crisis or with ongoing needs should be provided to people in their local communities.   It is also important to acknowledge that the language used to describe, identify and address mental illness is not universal and key terms may have different meanings across and within cultural groups.

For example:

At a forum held to promote mental health services to the CALD and refugee communities a

woman shared her experiences of having lived through bombings in her own community, as well as the loss of her family members and the impact of war more generally.

During her presentation she explained that she had no words to name how she felt, why her behaviour changed or why she wanted to take her own life. In her community there was not an understanding of post-traumatic stress disorder and there were no services or supports to help people make sense of their experience of war.

In moving to Australia there was great fear of accessing services. Fear associated with her immigration status, eg would this impact on her status or that of her family, would they be able to stay in Australia. There was also little understanding what the services would do, or would she be taken away from her family. The woman went on to explain that a member of her family explained the services to her and went to initial appointments to assist her and her family to understand the services.

- 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.

- People in the LGBTIQ community experience poorer mental health and increased risk of suicide. Reducing the stigma and discrimination directed towards the LGBTIQ community is critical requiring ongoing community awareness campaigns and legislative changes. It is imperative to ensure that people in the LGBTIQ community have access to range specialist prevention, intervention and clinical services.

- Communities are gaining greater understanding of mental illness following trauma, natural disasters and other catastrophic events. This is evidenced in the work that followed the Victorian Bushfires and emergency management responses. The learnings from this work should be more broadly shared and contribute to the overall approach to loss based suicide ideation.

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.

- There are a multitude of factors that may impact on a person's overall capacity to experience what subjectively be reported as good mental health.   Research has demonstrated the value of relationships and sense of belonging, positive self-perception, personal autonomy and choice, and overall good physical health which adds to peoples overall sense of wellbeing.

- Changes to the mental health service system and the introduction of the NDIS have created confusion as to which services and supports can be accessed and by whom. People who experience mental illness may have invested energy and resources into applying for the NDIS only to find they are ineligible, with no referral to other services.

- Given that three quarters of all mental health problems manifest in people under the age of 25, there is a critical shortage of access to locally based services and supports for young people. Referral processes, waiting times and travel distance to services are critical barriers for young people accessing services.

For Example:

Headspace services are located in Hawthorn but provide services to the inner east region. A young person living in Vermont South may not have access to public transport to travel between home and the required service.

- A wealth of evidence links the experience of mental illness to homelessness. Growing evidence of people living in their cars, couch surfing and living in other insecure settings is changing community understanding of this complex societal issue. Strengthening the mental health service system to address the underlying causes of homelessness would be supported by a whole of government approach to delivering a range of safe, accessible and affordable housing options.

- Investment in primary prevention strategies as well as acute, post-acute and community based services that meet the needs of individuals and their families is critical to ensuring that people can experience good mental health.

- Improving data collection methodologies may provide greater insight into the experiences and barriers to service provision and the intersectionality between mental illness and other cohort groupings in the community.

For example:

Data that includes the presence of other disabilities or chronic illnesses may provide the required evidence to increase the range of dual diagnostic services or target preventative strategies to special development schools and disability service 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?

- The labelling of communities or groups of people within a community is unhelpful and creates differential expectations and outcomes that permeate all levels of people's life. Poorer health outcomes in communities are likely to be the result of a compounding range of individual experiences, access to services and supports and systemic barriers as well as factors such as homelessness, unemployment etc.

- Access to health, education, housing, employment and so on underpin a range of lifelong options. Investing in programs and services that build individual capacity and the capacity of communities to respond to local needs and priorities is critical to addressing poorer mental health outcomes. Addressing systemic barriers are key to addressing greater inclusion and better outcomes for people experiencing mental illness issues.

For example:

A young person experiencing mental illness may disconnect from secondary school. The school may have tried several different strategies to keep the young person in school, connect the family to services etc. but for the young person this support is overshadowed by the overwhelming experience of mental illness. The young person eventually engages with services, gains a sense of personal control tries to re-engage with learning through the TAFE system. The person accesses TAFE and is progressing but the cyclic nature of the mental illness interrupts attendance. TAFE courses are time limited and the young person fails the Certificate due to attendance – despite providing medical certificates. This compounds the sense of hopelessness and a lack of outcomes. The lack of education and training opportunities impact on job

prospects and employment.

- Victorian communities in both metropolitan and rural communities experience a lack of skilled and appropriately qualified mental health practitioners across the preventative, early intervention acute, post-acute and community settings.

- Access to gaming machines is more prevalent in low socio-economic communities, yet is I well known that gambling can exacerbate the experience of mental illness. Reducing the number of gambling options available across the Victorian community is imperative in breaking the relationship between mental illness and gambling.

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

- Family members and carers of people experiencing mental illness require timely access to information, services and supports, for both the person they are supporting but also for themselves. The provision of information, services and supports for family members and carers assist in the maintenance of their own mental and physical health and wellbeing, relationships and networks. These assist to build capacity and resilience in what can be challenging circumstances.

- It is critical that the voices of families are heard in the care and support plans developed to assist people who experience mental illness.   Informal supports provided by families and carers are often the foundation of successful outcomes for the person. It is these networks of relationships and friendships that build or maintain a sense of belonging and purpose for the person. The consistency, knowledge, experience and care of family members and carers cannot be replicated by the service system.

- Developing a range of supported informal opportunities for carers to come together, share experiences, gain new insights and knowledge assist to build connections and capacity.

- For every person with a gambling problem between five and ten other people – partners, children, other family members, friends and colleagues are impacted. This impact includes increased levels of stress, anxiety and emotion distress relating to financial difficulties and increased occurrences of family breakdown.

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

- The mental health workforce is made up of a complex range of roles, qualifications and experience. Recognition of this complexity and parity of conditions and wages across the sector would strengthen the workforce and reduce the risk of worker burnout.

- The lack of case management support by experienced qualified mental health professionals has created a huge gap in the services provided to people experiencing mental health issues. Case management services were historically provided through community based mental health service providers.   However, the NDIS articulated that service coordination was not case management.   Case managers, who are often qualified social workers and allied health professionals were deemed, under the NDIS, to be providing direct support to the person and funded as direct support workers, at considerably less remuneration than their previous employment contracts. Case managers then left the industry as their roles could not be

maintained by the services.

- A greater emphasis on mental health and illness should be incorporated into existing funded training courses at both TAFE and University level.

For example:
Teachers undertaking a recent Mental Health First Aid course identified that they had no previous formal training in relation to mental health.

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

- The experience of mental illness is unique to the individual. Some people may experience one or two episodes of mental illness, whereas for others, episodes can be far more frequent. The duration of mental health episodes also varies as does the recovery journey. In addition, the barriers to social inclusion and to social and economic participation also vary.

- Mainstream services should be inclusive of all members of the community. Promotion of anti-discrimination legislation such as the Disability Discrimination Act and Equal Opportunity Act as well as providing resources that target issues such as unconscious bias, stereotypes and organisation policies and procedures would assist people experiencing mental illness to gain the most from their interactions with mainstream services and gain and maintain employment.

- Improving social and economic participation needs to be undertaken through a combination of individual capacity building as part of the individual's recovery journey, but also a broader community capacity building approach that is focused on addressing systemic and structural barriers.

- Programs such as the Building Inclusive Communities program evidence what can be achieved with a state-wide approach to increasing the social and economic participation of people with a disability, including people who experience mental illness. Yet despite the outcomes achieved over a number of years, the state government has redirected funding for this valuable resource away from Local Government, to the NDIS.

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?

- Develop a state-wide place based community development approach to work with a range of community services and local businesses to improve the access and inclusion of people experiencing mental illness in all aspects of community life
- Create a seamless transition model where people are clear about the services and supports provided by the different organisations making up Victoria's Mental Health System
- Continue to fund and resource a range of primary prevention strategies that promote awareness, develop confidence and build individual and community capacity.
- Continue to work with schools and in a range of community settings to promote positive mental health outcomes
- Work to reduce systemic barriers that impede education and employment outcomes, impacting on the lives of people with lived experience of mental illness
- Work with the NDIS to ensure that people with mental illness can access the services and

supports provided through this system.
- Ensuring that people who experience gambling addiction can access mental illness services.
- Ensuring people experiencing hoarding are able to access affordable ongoing psychological and psychiatric services. Working with people experiencing hoarding is complex however mental health services should be linked to a range of community based services to build individual capacity, increase social connectedness and to remove clutter as required.

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

- There is a need for ongoing consistent funding of services and supports, as well as programs that specifically aim to address systemic barriers, discriminatory practices, facilitate awareness raising programs and connections between services.

- Communicate any changes to the Mental Health service system through a broad range of community organisations and networks to ensure that people with lived experience and their families and carers are not disadvantaged by the changes and can locate services and supports that meet their needs.

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

The seven Local Governments in Melbourne's East are exploring the development of a Regional Mental Illness Prevention and Advocacy Network. This Network will work in the preventative and advocacy space with a focus on joined up, strategic activity. Work such as this requires funding to ensure an effective coordinated approach to preventative work in the mental health space.