WITNESS STATEMENT OF JIM WILLIAMSON

I, Jim Williamson, of 6 Rifle Range Drive, Williamstown, 3016 in the State of Victoria, say as follows:

Background

1   I am the Chair of the Board of LeadWest Committee (**LeadWest**). LeadWest is an advocacy group for six local councils in the western part of metropolitan Melbourne.

2   I also hold the following roles:

   1.   I am Chair of the Footscray Learning Precinct. The precinct brings together a number of schools, Victoria University, and the Maribyrnong City Council in the Footscray community to deliver 'line of sight' education from early learning to adult education.

   2.   I am Chair of the Westgate Tunnel Community Liaison Group. The role involves chairing discussions about the building of the Westgate Tunnel with community members, local council representatives and industry representatives.

   3.   I am a member of the Royal Commission into Victoria's Mental Health System's (**Royal Commission**) Expert Advisory Committee. The Committee was established by the Royal Commission's Terms of Reference.

   4.   I chair the Advisory Committee for the Orygen Research Project, "A systemic approach to the reduction of youth suicide in North West Melbourne".

3   Previously, I have been a member of the Western Bulldogs Community Foundation.

4   Attached to this statement and marked 'JW-1' is a copy of my career summary.

5   I am giving evidence to the Royal Commission in my personal capacity.

LeadWest Committee

6   In 2019, six local councils (the cities of Brimbank, Hobsons Bay, Maribyrnong, Melton, Moonee Valley, and Wyndham) each set up identically constituted special committees to provide a coordinated decision-making process to develop and implement a strategic

plan for Melbourne's west over a 10-year period.[1] The objective of the LeadWest Committee is to foster and undertake actions that will support sustainable growth and development of the region which has a population approaching 1 million.

7   LeadWest Committee meets quarterly to consider and advocate on the following 'quadrant' of issues:

1.   Jobs and Skills - the region is estimated to need 100,000 additional jobs in the next decade, including a higher level of professional and skilled jobs;

2.   Health and Wellbeing – significant improvements are required in acute hospital and preventative care, including mental health services, for all ages;

3.   Transport Connectivity – the region is the beneficiary of many new and large-scale road and rail projects, but within region transport connectivity needs to be enhanced; and

4.   Sustainability and Liveability – the region has extensive housing, environmental, and neighbourhood amenity challenges.

8   LeadWest Committee, and its earlier iterations, have been instrumental in co-ordinating strategic regional collaboration to deliver improved social, economic and environmental outcomes for Melbourne's west for well over a decade. This has included undertaking advocacy activities, maintaining a close and open dialogue with Victorian and Australian governments, as well as managing projects relating to the key quadrant issues.

9   My role as Chair of LeadWest Committee includes meeting with chief executives and council representatives on a reasonably regular basis to consider and discuss the issues described above. The Chair is expected to provide effective leadership in a non-partisan manner in the development of the strategic plan and related advocacy activity, and foster good governance.

Role of local communities in promoting and supporting good mental health

Definition of 'local communities'

10   In my view, and with my work and living in Melbourne's west for over four decades, I have come to the conclusion that 'local communities', in a service planning and delivery sense, should have broadly the same definition or meaning as 'local governments' in Victoria. Local is a term that is often used just to mean nearby or the 'local neighbourhood' and I usually have something larger in mind.

11   There are 79 local councils in Victoria, and I am quite comfortable to regard each of these as a 'local community'. Our local governments can range from large geographical

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[1] Pursuant to section 86 of the *Local Government Act 1989* (Vic).

areas in regional Victoria with a population of only 10,000, to metropolitan municipalities that have 300,000 residents. Each one of these local councils plays a very important part in our federal government structure, and has both elected officials and a substantial local government public sector. This is a defining feature for me of a 'local community'.

12   Regional communities, as such, are not formally recognised in our federation, but represent a mid-point between local government and State or Territory governments. Regional communities, like the west of Melbourne, are made up of a group of local government areas, in our case six local governments. In summary, I think it is helpful to distinguish between the local neighbourhood, local government areas, and even larger population regions, when we are planning or delivering mental health services.

Communities and their role in supporting good mental health

13   There are many examples of services that provide mental health services effectively and enhance mental health wellbeing. Examples of such services are detailed in many of the submissions to the Royal Commission, including the Municipal Association of Victoria (MAV).[2] These could include GP clinics and community health centres that are well known for providing a welcoming and professional mix of services, or a headspace centre that is responding effectively to the mental health needs of young people within the local community, and the region more widely.

14   Local councils often play a role in assisting young people, for example young mothers, and fund services that provide more specialised professional advice and support from within their own budgets.

15   However, I am often advised that while many local communities and local government areas do provide considerable support for the full range of ages who may be experiencing mental health challenges, the services are disjointed, and people who are in significant distress find it hard to know where to go to get the right sort of assistance.

16   Generally speaking, it is my experience that for any key service provision, whether it is in education, health or even transport, it is useful to consider *who* needs the service, *what* services are required, and *where* do the services need to be accessed. In a document entitled 'Community Capacity Building' (2009), Antonella Noya, researcher of the Organisation for Economic Development and Co-operation (**OECD**) highlights the importance of these three factors in building community participation and ownership, and in service planning and delivery, namely:

    1.   a geographical community - where;

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[2] Municipal Association of Victoria, submission to the Royal Commission into Victoria's Mental Health System (July 2019).

2. a community of identities - who; and

3. an issues-based community - what.

17   When we consider local communities in this way, (and about the size of a local government area in Victoria), I believe that local communities are capable of making an even more substantial contribution to improving the mental health of their residents. However, it is important to be clear, as indicated above, about the geographic area that is being served, who are the people who need the different services, and what are the opportunities for them to be involved in achieving what 'better' actually is.

18   More specifically, in relation to the role communities can play in supporting good mental health:

1. A geographical community may be identified by reference to a defined area in which people live, for example, a local government area. There is a role then for that local geographic community to be involved in identifying and determining which services need to be made available in that area. If we take the example of Hobson's Bay, where I live, then we need to determine what the mental health service offer is. Part of this will clarify how primary care services will be provided by well-trained GPs in that district, and whether there are sufficient numbers of psychologists and psychiatrists to whom consumers can be referred in more challenging situations. We then need to determine whether there is a hospital for any acute care needs within the local government area or within the region. It is also important to think through the role that emergency departments are playing in both treatment and follow up care, and just how all of that relates to specialist community-based hubs in the local government area.

2. A community of identity is about developing and delivering services in a local community that caters to the different 'identities' that make up that community, for example, young people, children and families, but also particular cultural groups, or those who are new arrivals. Effective local or regionally provided mental health services will cater to these different stages of life, and be culturally appropriate.

3. Very effective local issues-based community services will also make specific provision for particular mental health challenges such as eating disorders, but also tackle those matters which intersect with many mental health challenges including alcohol and drugs, or assisting recently released prisoners with mental ill-health.

Role of regional organisations in promoting and support good mental health

19   I believe regional organisations can promote and support good mental health in an overarching manner, such as when they are advocating for provision of hospitals or preventative care, which may include advocating for the provision of improved mental

health care. There are many very effective and long-standing agencies who work in the west of Melbourne who have direct experience of the provision of mental health services.[3] What regional organisations can do is learn from, or build on these understandings, and communicate key service needs and gaps to other levels of government, and the community more generally.

20   In my experience, the core concerns of regional organisations[4] are usually focussed on the 'quadrant of issues' described at paragraph 7 above, including advocacy for improved mental health services. This is because community capability tends to be linked to these key regional challenges including jobs, education, physical and mental wellbeing, transport access and connectivity and amenity. Groups and agencies in the west of Melbourne, and on-the-ground in local communities elsewhere in the state, who understand how mental health challenges intersect with the challenge of finding work, living productive lives, and being able to do this in accessible and affordable ways need to be listened to more readily and consistently. Where there is a gap in service delivery which significantly affects good mental health, such as the availability of transitional housing for consumers discharged from hospitals[5] or providing insufficient resources to redress the mix of mental health and family violence experiences of young mothers, regional organisations can draw attention to these urgent priorities. However, better organised and delivered services on a regional base would acknowledge and act on these challenges more systematically.

21   A major challenge for a rebuilt mental health system in Victoria will need to:

1. achieve a much higher level of alignment between the geography that needs to be served;

2. better identify who are the major groups needing services, and then

3. make much better provision for specialised services that offer early intervention.

22   The current Victorian regional partnerships geographic regions could provide one such model for this improved planning, alignment and delivery of mental health services. There are six metropolitan partnership regions and 9 regional ones. This set of 15 Victorian service-based population regions, may provide a more effective planning and delivery template for a joined up and more systematic service model offering high quality and well-integrated primary care mental health services, community-based support, and acute care provisions. Currently there appears to be less than desirable

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[3] NorthWestern Mental Health, submission to the Royal Commission into Victoria's Mental Health System.
[4] Western Bulldogs Community Foundation, submission to the Royal Commission into Victoria's Mental Health System.
[5] *Breaking the cycle of mental health and homelessness*, submission by the Western Homelessness Network to the Royal Commission into Victoria's Mental Health System (July 2019).

alignment between GP services, specialised mental health, community centres, and acute hospitals.

The role of communities in supporting people living with mental illness and their families and carers, promoting social connection, good overall health and wellbeing and preventing mental illness

Resilience

23   Local and wider regional communities, that are functioning well, foster resilience. In my experience, many of the key mental health and community support agencies do follow a strengths and assets based approach to assisting people to lead full lives, and become more adept at minimising the risk of trauma, and recovering from it when it strikes.

Individual resilience

24   When I think of individual resilience, I tend to define it more along the lines of Martha Nussbaum, an academic and currently the Ernst Freund Distinguished Service Professor of Law and Ethics at the University of Chicago Law School, who developed the capabilities approach, as an alternative to the GDP, to help the world think about what it means to live a full life, and how governments can provide the opportunities to help their people do so.

25   Nussbaum has researched and written extensively about human capability, and in particular, about ten capabilities that must be secured at a threshold level for a person to be able to fully function in any kind of community as a citizen. Nussbaum identifies that a life worth of human dignity requires, at a bare minimum, an ample threshold level of ten Central Capabilities:[6]

1. "*Life.* Being able to live to the end of a human life of normal length, not dying prematurely, or before one's life is so reduced as to be not worth living.

2. *Bodily health.* Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.

3. *Bodily integrity.* Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence, having opportunities for sexual satisfaction and for choice in matters of reproduction.

4. *Senses, imagination and thought.* Being able to use the senses, to imagine, think, and reason – and to do these things in a "truly human" way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and

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[6] Martha C. Nussbaum, Creating Capabilities: The Human Development Approach, Harvard University Press, 2011 (pages 32-34)

thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non-beneficial pain.

5. *Emotions.* Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development).

6. *Practical reason.* Being able to form a conception of the good and to engage in critical reflection about the planning of one's life. (This entails protection for the liberty of conscience and religious observance).

7. *Affiliation.* (A) Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech). (B) Having the social bases of self-respect and non-humiliation, being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin.

8. *Other species.* Being able to live with concern for and in relation to animals, plants, and the world of nature.

9. *Play.* Being able to laugh, to play, to enjoy recreational activities.

10. *Control over one's environment.* (A) *Political.* Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association. (B) *Material.* Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers."

26   Nussbaum's capabilities approach spans the economic sphere, social connections and personal wellbeing and also includes having the ability to participate in decisions and having the power and control to plan your life. In my view, Nussbaum's capabilities approach is a good definition of individual resilience, as distinct from a more narrowly

conceived, psychological definition of resilience. I believe that a where a person is able to build and consolidate these this set of ten human capabilities, for example, by age 25, they are well on the way to being able to function robustly through the remainder of their lives.

Community resilience

27   In my view, community, or more collective, examples of resilience are fostered when its institutions and organisations seek to create the conditions that are most likely to foster the growth of the ten human capabilities listed at paragraph 25 above. It benefits from, and builds on, the mix of human capabilities that individuals bring to that community. But it also requires a high level of collaboration between key community-based organisations, including government, business and other social inclusion agencies like sporting, or age relevant recreation groups

28   Whilst having a strong set of human capabilities will assist an individual to achieve mental wellbeing, whether a local community can deliver this in a more substantial and impactful way will come down to the kinds of concerns regularly considered by regional organisations like LeadWest. These include the ready availability and quality of jobs, access to and presence of neighbourhood parks and liveable neighbourhoods, or as Nussbaum observes, multiple opportunities to participate in significant decision making opportunities, and whether all this is achieved in ways that cater to cultural diversity, and provide a capacity for innovation and doing things new and differently.

29   Footscray, therefore, is a good example to me of a remarkably resilient community. In the 1980s and early 1990s, the Footscray community struggled with unemployment, a declining CBD, and drug trade issues. Presently, even though it has challenges, it is a highly desirable place to live, and the schools in the Footscray Learning Precinct are very popular.

30   What assisted the success that Footscray is today (for example, Footscray is in the top 20 of best places to visit according to *Time Out* magazine, and in the top ten most desirable suburbs to live and work – *Domain)*, include its strong working class origins and family connectedness, complemented by a series of new cultural groups coming in and helping to build its business and community life. This includes the Greek and Italian communities in the 1950's and 60's, followed by the Vietnamese, and in more recent times, a number of different African countries. All up, there are well over 100 different cultural groupings. Footscray also pays a strong respect to the ancient indigenous community reaching back over 60,000 years. It also has a very strong creative industries culture.

31   Four other key institutions have assisted both individual and community resilience:

a) the Western Bulldog football club;

b) the Victoria University (which has its origins in working class training);

c) the Western Hospital (which is soon to be rebuilt and expanded); and

d) the Footscray, now the Maribyrnong Council.

Each of these agencies has played a pivotal role in providing enhanced and sustained economic and social opportunity, and have often had outstanding leadership.

32   Similarly, Daylesford, where I also have a close connection, and Ballarat, have repositioned themselves as proximate to the metropolitan area, while retaining what was crucial for those communities. Towns like Daylesford and Hepburn Springs have a long and diverse history of cooperation, but also benefit from being adjacent to a larger regional service centre like Ballarat.

33   Victoria, in my experience, is lucky compared with many countries in terms of its resources and standard of living, and overwhelmingly delivers well in relation to resilient communities, but there remain significant pockets of inadequate service provision. I am well aware of this through my life and work in the west of Melbourne where many people live in outer suburban districts, but still experience job and service shortages and have long commutes to sometimes insecure work. Similarly, through my work with the Western Bulldog Community Foundation and in education more generally, I am aware of service shortfalls in particular pockets of the western suburbs, and difficulties experienced by new arrivals, or long-term unemployed persons. In some of my former roles, for example, with the Brotherhood of St Laurence and Mission Australia, I was aware of significant pockets of higher unemployment and limited access to services in other metropolitan districts. Agencies like Infrastructure Victoria have also reported extensively on service shortfalls and unevenness in rural and regional Victoria.

34   Four of the major 'cohorts' in need of more tailored mental health and life capability support services include: disengaging young people from the school system who do not find secure work and income and who are in poor physical and mental health; women who wish to return to the workforce and experience significant financial, relationship and personal trauma in seeking a more secure life; adult and mature age males who are in poor physical and mental health and who have precarious work; and households in significant financial stress who cannot afford the most basic of physical and mental health services, and delay the problems till they compound in far greater ways than if early intervention had been available.

Opportunities for local communities (including local governments, NGOs, community groups) to support good mental health and wellbeing, prevent poor mental health and support people living with mental illness

35   When someone is unwell in a local community and needs professional advice and support in relation to mental health (whether it is a beginning, moderate or severe condition), there needs to be a quality mix of services available. The services needed include local GPs who are well trained in mental wellbeing, psychologists and psychiatrists, as needed, and more extended and wrap around care if and when necessary, especially for anyone in a recovery phase.

36   None of this is straightforward. The Commonwealth government is primarily responsible for funding general medical practice, and the Commonwealth and the States/Territories fund most of acute hospital care. Much, therefore, of what is available to someone seeking mental health support therefore depends on the accessibility, availability and quality of these services that are planned at national and state levels, but experienced locally.

37   There are three main ways there can be an increased role for community agencies and not for profit groups who have existing roles in responding to and supporting people with mental health needs within the community.

    1.   First, in order to achieve a better planned, integrated and resourced mix of mental health services there needs to be a more effective way of including the 'local community' mental health services, and its various components (including what is essentially the responsibility of the Commonwealth and State governments for primary care and acute care). A greater emphasis of co-designing the provision of mental health services within defined local communities/local government areas that brings together both the professional mental health workforce and the lived experiences of mental health cultures could result in a significant uplift in the planning and delivery of services that deal with mild and moderate mental health challenges, and especially recovery after significant mental health episodes. However, we are not there yet in local and regional communities.

    2.   Second, there needs to be much more consideration given to the mix of mental health services that will be provided within a defined local community, or local government area. This requires good data and improved governance structures, and should dovetail well with the primary care system funded by the Commonwealth predominantly, but should also pivot and relate better to the acute hospital system as well. We have a number of community-based centres providing a good mix of primary care and associated mental health services that could be enhanced, and made much more available through our 79 local government areas.

There could also be an increase in the establishment of specialised mental health services, an increased funding regime to deal with mental health when it presents with associated personal and economic challenges, and a higher level of residential facilities within easier access. Consideration also needs to be given to making the services more affordable, and to cater for economic hardship.

3. Third, within this enhanced role for local communities in an improved mental health system, there could be a greater role for local governments, not for profit agencies and local community agencies to develop and run campaigns to raise awareness of different mental health conditions and to improve people's awareness of the different entry points of the system. Where do you go in the first instance if you are experiencing significant levels of anxiety as a teenager is better understood than previously, but what if a young person presents at a GP and is not given the advice they need? Or what of an older person who attends a GP, and commits to a medication program that makes them more anxious? A more sophisticated system would minimise and respond to these challenges where people find it difficult to navigate the current system.

38   Additionally, for people with significant mental health challenges, we need to make sure that in situations where a person is coming out of acute care, just where and how they will continue to receive the appropriate level of follow up care.

Support for local government and local community groups to better support people living with mental illness, and their families and carers

39   We need to better include the experiences of the large numbers of carers for people with poor mental health, in the medium to longer-term planning, delivery and improvement of services. This is a matter of the overall structure and functioning of the governance of the mental health system as it impacts in local and regional communities, and especially how that is supported by state and federal governments, and coordinated with other privately provided services.

40   In my experience, what is missing is a clearer governance structure for planning, delivery and improving the mix of mental health services in each of our 79 local government areas, and the 15 regions mentioned in paragraph 22 above. Clearly this would need to bring together relevant government agencies from the three levels of government, the private sector, the not for profit sector, and consumer groups. Those who are responsible for workforce planning and conditions, are equally essential to have at the co-design table.

41   One way to do this would be to establish something like a 'Victorian Mental Health and Wellbeing Trust' comprising up to ten experts, who would act as a sounding board to the Victorian government, in particular, on regional matters to do with mental health

services. Similar 'Mental Health and Wellbeing Expert Advisory Working Groups' could be established in each of the fifteen metropolitan and regional partnership regions, as outlined above, with a brief to report to the state-wide trust on system effectiveness, and innovation. In short, we need a new business model to fix the system on the ground, and it needs to be one that maximises wisdom generated in government, business and community in all parts of the state.

42   More allocated, skilled human resources, and more program funding of local governments, could form part of this wider governance reform agenda. Provision of mental health services has not been a traditional core service, or activity for local councils, but in line with earlier observations they could be funded to (1) better know and link with available mental health services within the region, and to undertake information and promotion of these services, and (2) have more ready and sustainable access to a local government mental health pool of funding to plan and deliver evidence-based services that comprise a logical extension of their current services, for example, in the area of youth mental health, support to new mothers, or even through programs for men. However, I do think the prior step is to bring good minds together, including those who have an excellent understanding of the front line challenges experienced in local government, to review the current governance and funding arrangements across the state, and better visualise and deliver how it 'lands' in a particular geography.

Social connection and its contribution to good mental health

43   Social connection, or what Martha Nussbaum calls 'affiliation', along with the other social shareholding capabilities (availability of work, a safe environment etc.) she mentions (described at paragraph 25 above) are fundamentally important in contributing to good mental health. In particular, through social connection society can provide each person with a sense of belonging and that they feel useful and competent – these are the powerful outcomes of social connectedness. The means to these outcomes include supportive relationships, involvement in community activities, providing opportunities for decision-making and civic engagement, and physical activity (among others). These are all important civic building blocks that can enhance an individual's sense that they are valued and belong.

44   Every person needs their own sense of self, to have a decent income and financial assets, and look after their physical health. Again these are all capabilities that a commentator like Marta Nussbaum values highly, and in my view, connectivity with and a sense of belonging to the broader community is likely to be the most important factor in ensuring good mental wellbeing.

45   I was astonished when I first heard figures that a quarter of Australians live in a household by themselves[7]. Although a lot of this may be the result of personal choice and for positive reasons, it does prompt the question of what services the local community or local government can put in place to minimise the risk of feeling disconnected from life and the community.

46   Local governments often have a significant network of carer, cleaning and food services that do precisely this, and it may be possible to consider value-adding some well-planned and clinically approved, home-based professional outreach mental health services in some instances. We also need to think about what services can be put in place for people who are not able to get out and look after themselves, especially where people could be assisted to access quality technology-based communications links.

Examples of community groups supporting social connection for people living with mental illness and their families and carers

47   I think there is a lot happening in this space where community groups and initiatives do seek to work closely with local residents experiencing mild, or not yet recognised experiences of poor mental health. It is important to recognise that all these community groups have been contributing to the glue that has held the mental health system together, and they could have an expanded role in a reformed and more responsive system.

48   By way of example, I was on the board of the Western Bulldogs Community Foundation until early 2019. The Western Bulldogs Community Foundation organises and delivers about $2 million worth of programs a year. A large part of the funds raised from government, business and philanthropy goes towards their health initiative called *Sons and Daughters of the West*. As part of this initiative, the Western Bulldogs Community Foundation conducts seminars and forums that assist people with both physical and mental health in metropolitan Melbourne and regional Victoria, and opens up doors so that people can feel part of the community, but also get referred on for more specialised support for a mix of physical and mental health well-being challenges.

Role of local communities (including local governments, NGOs, community groups) in promoting social and economic determinants for mental health

49   Local governments make a major economic and social contribution in all the key determinants identified by by VicHealth, *namely,* physical activity, freedom from stigma and discrimination, access to economic resources and work, education, housing and money. As a result, the combined annual expenditure of the six local councils serving

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[7] Qu L and Weston R, 2013, Australian Households and Families – Australian Families Trend No.4, published by Australian Institute of Family Studies, page 2

the west of Melbourne now amounts to well over $1 billion. A large proportion of that is spent on infrastructure services and improvements, but all local councils are making significant financial commitments in youth, aged and community services that do assist individual resilience. Significant proportions of local council funds are spent on sporting and recreation facilities as well as parks and the environment.

50   What could be strengthened and enhanced is the increased provision of support for those with mild to moderately poor mental health to obtain a better mix of services in the local communities, primarily through enhanced community hubs, or regional wide strategies. Poor mental health often presents in combination with other factors like poorer physical wellbeing, or eating and diet challenges, alcohol and drugs. Many people with multiple concerns suffer from inadequate finances or limited accommodation options. A more coordinated local government strategy should recognise and respond to these challenges in a more integrated way, and there may be a role for the creation of better resourced community 'Centres of mental health excellence' or at least a more readily identifiable network of such facilities.

51   My understanding is that there are 70 or 80 community hubs (some residential, including extended recovery, some mixed physical and mental health services, others specialising in alcohol and other drugs (**AOD**) that provide a mix of mental health support services. However, I am under the impression that they are unevenly distributed, and there is no well-known or obvious set of unified regional services that they provide based on a population assessment or scale. It is important that all of this kind of work continues - but it may be time to consider whether there could or should be at least one Centre or Network of Excellence for Mental Health (**Centre or Network of Excellence**) in each local government area.

52   Quality mental health services would be available at such a Centre or Network of Excellence, or in associated settings, with well-trained general practice support, and associated psychology and psychiatry referrals. There would also be accessible, and affordable specialised advice on overall wellbeing including physical health, diet and related issues. The Centres or Networks of Excellence would be well connected with acute services, and be well able to assist the broad range of ages presenting with accessing other key services including housing, finance and legal expertise. Generally speaking, there is significant potential for local communities to play an active role in developing these Centres or Networks of Excellence to provide well integrated mental health support, which in turn will help promote outcomes that respond effectively to the determinants listed by VicHealth above.

53   However, at this point, it is not being done in a consistent and universal way across the state. Effective action to counter or minimise the determinants listed above need to draw off both professional and consumer expertise, something that is emphasised by

the Victorian chapter of the AMA in its submission to the Royal Commission.[8] They recommend a 'multidisciplinary approach to care which could be co-ordinated through general practice' which would form an important part of a more effective system. Better community offers do need to be 'professionally and clinically led' as with all levels of mental health challenges.

54   I am well aware of the recommendation in the Interim Report of the Royal Commission for a state-wide, nationally and internationally recognised Centre of Mental Health Excellence, but I think such a Centre should be supported by up to 15 'Centres or Networks of Excellence in mental health across the state. We need to love every bit of it.

55   Other voices that need to be listened to, to develop a consistently high level of mental health services at a community level are the experiences of police, ambulance and emergency department responders to mental health stress and crises. They are often at the front line of responding to complex situations that involve significant mental health stress and associated AOD or financial pressures. A complicating factor here is the need for effective response and outreach services to be available 24/7.

56   Physical fitness, and getting into some sort of reasonably healthy and active lifestyle, is often a critical element of balancing out someone's mental health and local communities can assist with this through physical programs. This needs to be accomplished through the traditional offerings of local governments but also through high quality and affordable programs at Centres or Networks of Excellence.

Role of the State Government in better supporting communities to achieve good mental health

57   As highlighted in the Interim Report of the Royal Commission, and in the draft report of the Productivity Commission dated October 2019, there needs to be an improved offering in relating to services for the 'missing middle' and that is a matter for both the Victorian and Commonwealth governments. Similarly, State and Commonwealth governments can work together to fix up the primary point of care, particularly in relation to having a sufficient numbers of trained GPs, and making it easier for GPs to refer to psychologists or psychiatrists. It is very difficult for GPs[9] to directly refer a patient to a publicly available psychiatrist (unlike cardiology), and this can be complicated by lengthy wait times. It is my personal experience that some GPs do not have an up to date portal to or suite of available psychologists on hand covering the full range of mental health challenges. It is often up to the patient to try to find a suitable psychologist

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[8] Australian Medical Association (Victoria), submission to the Royal Commission Into Victoria's Mental Health System (5 July 2019).
[9] Australian Medical Association (Victoria) submission to the Royal Commission Into Victoria's Mental Health System (5 July 2019).

in the first instance, and this is often based on suggestions coming mainly from acquaintances or family.

58   There also needs to be a higher level of collaboration between Commonwealth and State governments in relation to people who are in the mental health system with significant challenges around alcohol and drug use, as well as homelessness. I also think there should be an injection of significant funding around affordable housing for those who take significant time to recover from trauma. This is certainly one area of Commonwealth government expenditure that does need to be increased, or more funds could be made available to the Victorian and local governments to better meet this long entrenched problem.

59   At the local government level, as mentioned in paragraph 51 above, it would be worth considering if the State Government could create strengthened or new Centres or Networks of Excellence in each local government area that could offer a range of services, including focus on better post-recovery provisions such as the HOPE (Hospital Outreach Post-suicidal Engagement) programs, or specialist advice on particular conditions or access to a pool of psychiatrists. These Centres or Networks of Excellence could provide a wide range of key social and economic services, including good transitional housing. I think that if the State and Commonwealth governments worked with local governments to improve service provision for mental health at the community level, it could lead to significant reduction in suicide attempts and suicide.

60   The focus of State Governments[10], as cohealth state, should be on "*keeping people well and reducing the need for acute care*". They also highlight a preference for services that integrate physical and mental health care with social support services, based in the community where people live as much as possible. A preference I share.

61   None of this will be practical without an increased allocation of much needed resources from the Victorian and Commonwealth government for a sustained period of time. We need to create secure revenue streams that could generate sufficient funds to build a better mental health system. Having spent a lifetime in public sector, community and business roles related to public finance I am able to offer some suggestions about more secure revenue streams that could be considered to generate sufficient funds to build a better system.

62   Victorians are taxed at a lower per capita rate than in New South Wales, so there may be some margin there, but this is a nationwide challenge and the states and territories do have the option to agree to an increase in the GST. A one per cent increase in the GST at the federal level would generate about $6billion nationally, and one quarter of

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[10] cohealth, submission to the Royal Commission into Victoria's Mental Health System (July 2019).

this could flow to Victoria. The funds would be tied to programs in mental health, disability services and the ageing.

63   There would rightfully be some concern that the GST tax does hit poorer or lower income people more heavily. An adjustment to this could be made such that one half of the funds raised are targeted to those geographic districts with lower income and assets, and a higher incidence of mental health stress, disability and age-related social exclusion.

64   In relation to the main forms of taxation and charges within Victoria, the state could set a new levy, and/or hypothecate a small proportion of existing taxes as they bring in additional revenue over the next decade. This could include a proportion of stamp duty (which raises over $7billion per year) towards housing and related issues for vulnerable persons, including mental health. Another option could be to return a higher proportion of gaming revenue to those local communities where there are evident higher levels of economic and social distress, including AOD, poor mental health, and homelessness.

65   To do this effectively would require a significant increase in 'real time' data trends about the incidence of mild, moderate and severe mental health on a regional population basis. This will also require, as many who work in the field are well aware, better alignment in data collections between the very different health, mental health, primary health, AOD, and community agency services that currently exist.

Physical environment and social activities

Role of the physical environment (including green spaces) in supporting good mental health

66   In my experience, the physical environment has a crucial role to play in supporting good mental health. This is certainly the case in most local communities where local governments spend considerable capital and improvement funds on open space and sufficient sporting and recreation facilities. There has also been much more attention given in recent years to the value of open spaces, and bike and walking trails.

67   I have long thought that there could also be opportunities to build on the outstanding work of Stephanie Alexander and her team on kitchen gardens, and believe that there should be enhanced opportunities for people to attend local programs that combine gardens and cooking. I am also aware that organisations like Orygen offer cooking and outdoor outpatient programs and I understand from young people that involvement in gardening, physical activities, cooking, art and design has been helpful for them, and provides them opportunities to interact with other people and be social. There would appear to be an increasing opportunity to build these pilot initiatives, that combine

physical activity, technical skills and creativity, into a more systematic local community program offering in mental health.

68   I understand that in the private mental health system, and from direct experience, there is a strong focus on similar creative and active outlets that help young people visualise their concerns, or work through them in a practical way. I believe this ought to be an important part of the design or updating of facilities.

Role of communities in building inclusive social activities to support good mental health, recognising the diversity of local activities

69   Most local governments that I am aware of have very definite commitments to deliver a comprehensive range of social activities (sport, recreation, library, neighbourhood houses, youth programs and so forth), and are assisted in this by many well organised and committed – often staffed by volunteers – community agencies and groups.

70   Where these seem to work most effectively is when they cater clearly to the different stages of life including children and families, young people, adults, and the older age groups, whilst making specific provision for other key factors like capacity to pay and the more specific needs of particular language or cultural groups.

Digital approaches that support this role

71   The recent shift to a lot more home-based office work and the need to communicate using available technology and apps may be one of the silver linings in the cloud of COVID-19.

72   I am certainly aware through my work with Orygen youth mental health that many young people do access initial and continuing advice about a wide range of mental health challenges on-line. I am generally of the view that the new technologies can assist in the effective management of some mental health challenges, but they need to be moderated and well informed by professional expertise, evidence based and be developed through co-design systems with consumer groups.

Enabling communities to support mental health

Support and incentives for workplaces to develop and implement plans and strategies to support mental health, prevent mental illness, and support people living with mental illness

73   In my view, this is an important component of rebuilding the current system. I think there are two parts to it:

1. First, it would be helpful if workplaces within the six metropolitan partnership regions of Melbourne (Inner Metro, Inner South East, Northern, Western, Eastern and Southern), and equally in regional Victoria, are assisted to think about good mental health, and research is done regarding the extent of mental health concerns presenting at work, how workspaces currently deal with those concerns and whether there are greater opportunities for workspaces or businesses to contribute in the mental health space. As mentioned in paragraphs 61 to 64 above, there is a need to find new revenue sources to better meet the diverse community and workforce needs for better mental health. One such approach could be to allocate a proportion, for example, 1 per cent of all payroll tax collected in the state for these kinds of initiatives, but they should be available in rural and regional Victoria, and outer suburban areas, not just the city.

2. Second, there should be consideration of the extent to which we use online or web-based facilities in traditional workplaces, but also to alter our conceptualisation of a workspace. Most major companies and organisations have well defined human resource procedures, but there could be an enhanced emphasis on mental well-being, including signposting to appropriate professional services. This is particularly important in relation to understanding and navigating much of the stigma that is often associated with poor mental health, and achieving this in ways which increase our general understanding of stigma or trauma, whilst respecting personal privacy.

74 I think universities, school campuses and sporting clubs should also be included in this kind of project as they reach many people and households, and also need to have strategies around mental health awareness, service offerings, and ensuring good practice in these areas. People should be trained up, in a manner similar to physical first aid, to know what to say or do if someone tells them that they are not feeling well emotionally and mentally speaking at work or at learning. Similarly, workplaces should develop an effective digital-based strategy as a model, which provides a useful complementary model to people going to GPs or psychologists or presenting at hospitals, to know the service offer available in their area.

sign here ▶ _J. Williamson_

print name Jim Williamson

date 11/05/2020

ATTACHMENT JM-1

This is the attachment marked 'JM-1' referred to in the witness statement of Jim Williamson dated 11 May 2020.

Jim Williamson
Career Summary - April 2020

Professional and Community Leadership Roles - 2006 to 2020

Independent Chair, Lead West Committee – commenced August 2018. Lead West plays a key role in advocating for the improved social, economic and cultural outcomes of residents and workers in the six LGA's including Brimbank, Hobsons Bay, Maribyrnong, Melton, Moonee Valley and Wyndham. It is governed by a board comprising CEO's and representatives from the six councils. The key advocacy focus is on jobs and skills, transport, health and the environment.

Board Member, Western Bulldogs Community Foundation – 2015 - 2019. The Foundation provides a significant number of community-based programs and services including Sons and Daughters of the West, settlement services for newly arrived migrants and refugees, and youth leadership and entrepreneurship training. Member of the Finance and Audit, and Marketing sub committees of the Board.

Independent Chair, Community Liaison Group - Western Distributor commencing April 2016. Now known as Westgate Tunnel, the CLG provides the formal mechanism for community members and representative or key stakeholder agencies to contribute to achieve best possible outcomes for the works associated with the second river crossing. Initial focus was on design and planning including EES, now focussing on Construction phase.

Independent Chair, Footscray Learning Precinct – commenced August 2017.
This involves assisting the Department of Education and Victorian School Building Authority to develop an Australian first education and learning precinct including early childhood services, primary education, secondary schooling, adult provision and the university and training sectors. Four Development Groups for Infrastructure, Pedagogy, Governance, and Community Engagement report to the Leadership Committee.

Board Member, Victorian Registration and Qualifications Authority (VRQA) – commenced 2016. This Ministerial Board has responsibility for registration and accreditation of schools and vocational education bodies within Victoria. Responsibilities include Chair Vocational Training and Apprenticeships sub-committee and member Information Technology and Knowledge Management sub-committee. Has a significant focus on child safety standards.

Board Member, West of Melbourne Economic Development Alliance (WoMEDA), and the West of Melbourne Advisory Committee to the Victoria University (WoMAC). These two committees are resourced by Victoria University and prepare strategic

advice on jobs and skills in the west of Melbourne, especially based on Footscray, Sunshine and Werribee that reflects footprint for VU.

Chair, Advisory Committee to five-year research project at Orygen – A Systemic Approach to Youth Suicide Prevention in North West Melbourne. Project has been running for two years and brings together representatives from local government, health services and education. Projects include use of social media, emergency departments, prevention in schools, resources for gps, parent support, youth voice.

Member, Expert Advisory Committee (EAC) for the Royal Commission into Victoria's Mental Health System.

Director, Codeso PL – a Melbourne based public policy research and program development company specialising in joined up business, government and community capability building initiatives since 2006.
Clients include Brimbank Council, Office of Co-ordinator General – Major Transport Infrastructure Program (MTIP), Western Melbourne Regional Development Australia Committee, Brotherhood of St Laurence, Dairy Australia, Hobsons Bay City Council, City of Melbourne, Victoria University.

Senior Manager, Special Projects - Community Services, Brotherhood of St Laurence 2009 – 2012 – part time consultancy. New employment and enterprise contracts developed and implemented with Victorian Office of Housing, Australian Government DEEWR, and Department of Transport Victoria.

Senior Manager, Community and Employment Development, BSL, from mid 2007 – 2008, full time. Managed annual programs in training, job search and enterprise development.

Community Sector Policy Manager and Analyst – 2002 to 2005

Senior Policy Officer, Youth Transition, Mission Australia – Melbourne. National role based in Melbourne developing and coordinating comprehensive youth policy advocacy agenda covering education, employment and youth welfare.

Executive Officer, Standing Committee on Youth Unemployment.

Company Director, Research Analyst and Event Manager - 1993 to 2002

Director, Novus Research and Marketing PL, Melbourne based public policy research and events management business.

Research, policy, evaluation and/or marketing projects for:
    Victorian Department of Human Services
    New Zealand Treasury
    Melbourne City Council
    Australian Universities Teaching Committee
    Australian Council of State School Parents Organisations
    Community and Public Sector Union (CPSU).

Established and managed Victorian Retirement, Ageing and Seniors Expos 1996-2002 - Melbourne Exhibition Centre, Royal Exhibition Building, Melbourne Town Hall. Major focus on health and wellbeing of Victorian Seniors.

Education and Public Sector Roles – 1982 to 1992

Senior Policy Officer, Departments of Premier and Cabinet and Treasury (1992-1993).

Executive Officer – Review of *Tied Grants* for Victorian government departments.

Board Member – Western General Hospital – 1991-1993 – Member, Finance Sub Committee.

Senior Policy Officer – Portfolio Co-ordination Department, Department of Education (1988 – 1991). Chair, Review of Resources Assisting Integration of Students in Victorian Schools.

Lecturer in Curriculum Studies and Special Education. Course Coordinator second year programs, Melbourne College of Advanced Education (1982 – 1987).

Teaching – Department of Education – 1973 to 1981

Secondary Teacher, Economics and English at Mortlake, Nhill and Sunshine High Schools.