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

Organisation Name
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How can the Victorian community reduce the stigma and discrimination associated with mental illness?

"People living with mental illness are subject to stigma and discrimination in their daily lives. We welcome the Royal Commission's focus on these issues, and offer the following suggestions for how the Victorian community can reduce stigma and discrimination associated with mental illness. Challenge language and labels A first step in reducing stigma and discrimination is to challenge language and labels. The term mental illness' carries an inherent negativity, emphasising what is wrong with a person. Additionally, mental health diagnoses often do not to have an expiry date', and people can carry labels throughout their entire life. We need to support people living with mental health issues to share their stories, which can help to build community understanding and empathy. More precise use of language (particularly for medical diagnoses such major depressive disorder' or postnatal depression') is also needed to ensure that mental health issues are taken more seriously and not unfairly dismissed. Education and training Education and training provide further critical intervention points to reduce stigma and discrimination. This can start in primary school, using simple messages to emphasise the importance of children's mental health, alongside their physical health. People with lived experience of mental health issues (including family members, carers and children) should be provided with the support and opportunities to contribute to the development of educational activities to raise awareness and challenge stereotypes relating to mental health. Additionally, a more strategic and targeted approach to public health education campaigns is needed to ensure messages around mental health are not diluted and achieve maximum coverage and impact. Employment Employment is a critical setting for the reduction of stigma and discrimination, both as a site of potential discrimination but also due to its important role in maintaining good mental health. Councils (and other large employers) play an important leadership role by implementing inclusive and supportive policies and practices. For example, workplace training can increase understanding that poor mental health is a genuine medical condition, particularly where it impacts behaviour or performance. This can help to counter the genuine concern held by many people that disclosure of a mental health issue can affect employment prospects or career advancement. "

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?

"Council officers have identified a number of activities that are working well. Local youth outreach and mentoring programs are supporting young people in Wyndham to link to services and build positive relationships. Other local programs and services (such as Maternal and Child Health, Family Support, Men's Shed, and Sons and Daughters of the West) help to identify and support at-risk groups, and prompt more general discussions about mental health. While these examples are working well, there are examples of how the system could be working more effectively. Role of General Practitioners While they play a vital role in our communities, the role of General Practitioners (GPs) as one of the key entry points into the mental health system can create

barriers for some people. For example, many GPs have limited time to spend with patients due to high demand for their services, while the prevalence of Super Clinics' mean patients often are unable to see the same doctor for each visit. Additionally, GPs sometimes lack the specialist knowledge to initially diagnose and manage complex mental health issues. As such, consideration should be given to supporting other health professionals (with appropriate training) to prepare Mental Health Care Plans. The identification and training of specialist GPs', with relevant skills and experience to manage mental health issues across different at-risk groups, would also be an effective prevention, support and treatment initiative.   National Disability Insurance Scheme and Aged Care Reforms The implementation of the National Disability Insurance Scheme (NDIS) and Aged Care reforms both appear to be having negative unintended consequences on mental health services in Wyndham. Anecdotal reports indicate that people who are not eligible for the NDIS (or are unable to effectively describe and advocate for their needs) are not receiving the same services as they had previously. At the same time, some service providers are unable to deliver their programs to the same extent due to reduced funding. Changes to the Aged Care sector have also led many councils to review their role as a direct service provider in the local community, resulting in the loss of long-standing relationships which have supported early identification and referral of mental health issues. While we welcome the recent announcement of state funding for additional community-based mental health services in Wyndham, further analysis and investment is needed to ensure vulnerable residents continue to have access to the vital services they need. Improvements to services Through the development of its Advocacy Strategy, Council found that Wyndham has significant service and funding gaps in relation to mainstream and specialist mental health services, including family violence, housing and homelessness, and alcohol and other drug support services. Wyndham also faces significant barriers (such as financial remuneration and lack of prestige) in attracting sufficient experienced mental health professionals to meet current (not to mention future) demands. These gaps are particularly evident in Wyndham's growth areas, and place additional strain on Council's youth counselling service, which often works with local residents who have had previous interactions with these other services. Further investment in local services is needed to address these critical gaps in Wyndham's mental health services.   Closer integration There is an urgent need for closer integration between the various parts of the mental health system, as well as with allied housing, homelessness and employment services. A range of benefits are likely to flow from closer integration, including earlier referrals, co-located services in schools and community facilities, better after-hours service responses, additional after acute care' support for recently discharged patients, more joined up' support, and more effective outreach services. Closer integration will also lead to savings to the system, arising from residents' reduced reliance on income support payments, reduced demand on services, and lower overall levels of socioeconomic disadvantage. "

What ideas do you have to prevent suicide?
"Like many parts of Victoria, suicide leads to tragic outcomes in Wyndham. Anecdotal reports suggest that (in one month alone in late 2018) there were 13 suicide-related incidents that were known to Council officers, including four completed suicides. The following ideas to prevent suicide are provided for the Commission's consideration.   Improved awareness of risk factors Improved awareness of risk factors (such as loss of employment for middle aged males or bullying for young people) and associated strategies for managing these risks can be effective prevention strategies. Peer support programs (such as Mental Health First Aid and Teen Mental Health First Aid) should be expended across a range of settings, including sports clubs, workplaces, schools and community groups. These programs are particularly important for young people, as adults are often not present or involved when these issues arise.   Better communication We also need to

increase our capacity to have difficult conversations about self-harm and suicidal thoughts, before this leads to action. We need to build trust and create environments where these conversations can occur respectfully and safely, providing a circuit breaker' for people experiencing potentially dangerous mental health issues. This will evolve over time as stigma is reduced, but can also be fast tracked' by introducing (paid or voluntary) mental health support officers into workplaces and community organisations such as sporting clubs.   Closer connections Closer connections to family and community are critical protective factors in preventing suicide. One in five Wyndham adults (20%) are socially isolated, higher than the Victorian rate of 17 per cent(1). Additionally, compared to Victorian adults, proportionally fewer Wyndham adults perceive people as willing to help each other, their neighbourhoods as close-knit, and other people as trustworthy(2). Formal and informal social activities can help to reduce isolation and facilitate conversations that may help to identify mental health issues and connections to support and services.   Improvements to services A more robust and efficient mental health service system could also help to prevent suicide. Increased investment is needed to reduce wait times to access services, provide more effective after-hours services, and increase support for employees after they leave a workplace following retirement or redundancy. In Wyndham, there is a particular need to increase access to services in our growth areas, where residents are currently forced to travel long distances on congested roads or by public transport. More generally, urgent action is needed to reduce demand on critical parts of the system, including acute care beds, preventative support services, drug and alcohol counselling, and family support. Limited accesses to these services can create pressure points', placing some people at increased risk of self-harm or suicide.   Footnotes 1 - Department of Health and Human Services (2017) Inequalities in the social determinants of health and what it means for the health of Victorians: findings from the 2014 Victorian Population Health Survey, State of Victoria, Melbourne. 2 - Department of Health (2015) The Victorian happiness report the subjective wellbeing of Victorians, State Government of Victoria, Melbourne. "

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.

"Mental health is a key issue in Wyndham. The most recent data shows that almost one-quarter (23.2%) of residents experience anxiety or depression in their lifetime(1), while almost one in eight residents experience high or very high levels of psychological distress(2). Additionally, Wyndham residents do not seek professional help for a mental health related problem at the same rates as other Victorians(3). We recommend that the Royal Commission focus on the following factors which make it hard for people to experience good health, as well as our suggested improvements. Complex needs Personal and family experience of trauma, housing and financial insecurity, homelessness, alcohol and drug use and abuse, gambling harm, family violence, and other dynamics all have complex and interrelated impacts on mental health. For example, local data collected by the H3 Alliance (an alliance of service providers across health, housing and homelessness in Wyndham) has found that one-quarter to one-third of the people presenting to the homelessness system in Wyndham have a mental health issue. System-level responses (supported by policy reform and investment from all levels of government) are needed to respond to these complex issues and their resulting impacts on mental health.   Cultural background and English proficiency Understandings of mental illness vary considerably between cultures, which can create stigma around disclosing mental illness or accessing services, and impact an individual's understanding of when, where and why to seek help. Low or no English proficiency (coupled with limited literacy in preferred language) also creates significant barriers to accessing services. Further development of culturally appropriate services (supported by translated materials

and interpreter services) can help to break down some of the barriers. Newly arrived migrants and asylum seekers Anecdotal evidence suggests that some people do not visit a doctor or fully explain their circumstances, fearful that full disclosure may impact future resident application. Additionally, residents born in some countries (including New Zealand) are unable to access Commonwealth funded support programs, including housing and family violence services. Of particular concern are cuts to the Status Resolution Support Service (SRSS) program, which make it much more difficult for people on humanitarian visas to access basic income assistance, trauma and torture counselling, a caseworker, job counselling, vital medicine, housing, and even food for their children. Further investment and policy reform are needed to address these challenges for some of our most vulnerable residents. The mental health system The service system in Wyndham is under pressure, with excessive wait times for public services, lack of services in our growth areas, difficulties attracting experienced and highly skilled staff, large numbers of mental health presentations in non-specialist services such as hospital emergency departments, and poor communication with patients, families and carers. Lack of funding and capacity also creates an incentive to more quickly discharge acute care patients (sometimes into homelessness or other challenging circumstances), resulting in many patients being re-admitted within weeks. Additionally, there is a missing middle' between primary prevention and tertiary acute services, which does not account for people's lived experience and can limit support until patients reach crisis point. Further investment and re-structuring is needed to change the dynamics and incentives within Victoria's mental health system. Limited integration with allied services Work needs to be done at a local level to support the integration of services across the health, housing, homeless and community/welfare sectors. We also need to recognise that there are different types of mental health issues, requiring very different responses. This requires a flexible, multi-pronged approach with different pathways for entry/exit which cater to a people in a range of circumstances, including self-referral for low level psychological wellbeing support, Mental Health Care Plans for mid-level responses, and a case management approach for chronic or complex cases. The system needs to be particularly responsive to those most at risk, including people experiencing homelessness who (due to not having an address) cannot access community mental health services. Affordability of services Costs create further barriers to good mental health, particularly for more disadvantaged communities. While Medicare-funded Mental Health Care Plans provide subsidised sessions, additional treatment is often required at full cost, which is beyond the reach of many people. Some more specialised services (such as family and trauma therapies) are also not subsidised by Medicare. Transport and liveable communities Transport is a critical issue in Wyndham, with a large proportion of the resident workforce forced into long (and often cramped) daily commutes. Not only does this directly affect mental health, it prevents people from participating in other activities (such as physical exercise or social interaction) which are known protective factors. Access to services is also directly impacted by lack of transport options, particularly in our growth areas and for people without access to a private vehicle. Additionally, well-planned and designed built environments can promote good mental health, including well maintained footpaths and cycling paths, appropriately located community facilities, plentiful parks and open space, and opportunities for formal and informal physical exercise. Footnotes 1 - Department of Health (2014) Victorian Population Health Survey 201112, survey findings, State Government of Victoria, Melbourne. 2 - Department of Health and Human Services (2016) Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. 3 - Department of Health and Human Services (2016) Victorian Population Health Survey 2014: Health and wellbeing, chronic conditions, screening and eye health, State Government of Victoria, Melbourne."

What areas and ideas for change you would like the Royal Commission to prioritise?
N/A

Is there anything else you would like to share with the Royal Commission?
"Recent research has found higher rates of gambling harm among people with specific mental health disorders, including borderline personality disorder (2.6 times more likely to be a problem gambler) and psychotic disorders (2.4 times more likely to be experiencing gambling harm)(1). Further research is needed to understand the association between mental health, problem gambling and gambling harm. More generally, reform to gambling regulation is much needed in Victoria to protect communities from gambling harm, particularly vulnerable people living with mental health issues. These concerns are reflected in Council's Advocacy Strategy, which articulates the need for various reforms, including fewer electronic gaming machines (EGMs) in Wyndham, $200 daily EFTPOS withdrawal limits in EGM venues, and $1 maximum bets on all machines.   Footnotes 1 - Lubman, D. et al (2017) Problem gambling in people seeking treatment for mental illness, Victorian Responsible Gambling Foundation, Melbourne, p. 8."