Royal Commission into
Victoria's Mental Health System

Introduction:

Yarra Ranges Council welcomes the opportunity to provide input into the Royal Commission into Victoria's Mental Health System.

The Royal Commission is an important platform for Council to articulate the unique challenges the Yarra Ranges community faces due to its size and demographics. Yarra Ranges is an interface Council bordering the outer rings of metropolitan Melbourne as well as regional areas, spanning an area of approximately 2,500m^2 and comprising of 55 townships. Yarra Ranges is home to close to 150,000 residents (2016 ABS).

Data demonstrates that persons residing in peri-urban councils like Yarra Ranges experience higher incidences of mental health issues. The provision of a full range of support services and programs is essential to the health and wellbeing of residents.

Yarra Ranges has some of the poorest mental health statistics in Victoria, measured through the Victorian Population Health Survey, hospital admission data and surveys of young people.

The 2017 Health and Wellbeing Profile indicates that people in the Yarra Ranges are experiencing higher rates of psychological distress across all ages (20%) compared to the State average (12.6%).

Contributing factors to poor mental health outcomes include lack of access to health and mental health services, limited social connection, poor transport options and stigma of mental illness particularly in regional areas where a lack of anonymity and privacy can create barriers to support.

The Council response to the Royal Commission is based on local evidence and data as well as consultation with service providers, schools, and community. The submission discusses priority cohorts who are at higher risk of mental illness and suggestions where service improvement is required.

The key themes outlined in this submission have been presented and unanimously endorsed by Councillors at the Yarra Ranges Council Meeting on 25 June 2019.

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

It is important to build on the existing campaigns that aim to reduce stigma and increase help seeking behaviours such as Beyond Blue and VicHealth as well as primary prevention initiatives that focus on early years, family services and schools.

There is much work needed to reduce stigma of mental illness in our communities, with an urgent need to focus on initiatives that support the following priority cohorts:
- Young people
- Men
- Aboriginal and Torres Strait Islander communities
- Culturally and Linguistically Diverse (CALD) communities
- Carers of people with a mental illness and/or a disability.

Recommendations:

1.1 Work with community based organisations to shift perceptions about mental health early in life through delivering primary prevention activities and expanding the coverage of existing evidence-based programs. This work should be undertaken in collaboration with maternal and child health services, early childhood services and schools.

1.2 Increase mental health literacy through meaningful engagement and education that targets diverse cohorts such as Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse (CALD) communities, LGBTIQ communities, men and people in rural and remote communities. Examples include:
- *Free Mental Health First Aid* (MHFA) training that is widely available to the Victorian community and delivered by community educators in a broad range of languages.

- *Gender Equity Programs* that are delivered to young men across schools, community centres and sports clubs with a focus on healthy masculinity to introduce the importance of positive mental health, respectful relationships, help seeking and connection.

1.3 Increase opportunities for employment of culturally diverse staff and employment of cultural community educators to help tackle issues around stigma. Ensure services and programs are inclusive to culturally and linguistically diverse communities by providing access to interpreters and information in community languages. *This will be examined further in question five.*

1.4 Explore the range of initiatives workplaces can undertake in order to improve mental health in the workplace. Draw upon the expertise of the *Mentally Healthy Workplace Alliance* to identify practical, national resources for Victorian business, community and government workplaces to better support staff.

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?

Community mental health literacy has improved over the past decade, with more people talking about mental health and a rise in programs that focus on wellbeing. Data shows that families are more likely to access a growing number of health services and schools are much more likely to offer support.[1]

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[1] Parent Guides (2018) *Mental Health 101: The A-Z of Understanding our Health and Well-Being* p.4. Accessed: https://issuu.com/parentguides/docs/parent_guides_mental_health_101

However, the prevalence and impact remain significant with only 54% of those affected by mental illness accessing treatment.[2] There is a need for more visible and non-stigmatising 'soft entry' points to services which offer a holistic understanding of health and wellbeing for individuals, families and communities. Services such as psychosocial inclusion programs and high quality mentoring programs can provide a safe place for community members to engage and develop the trusting relationships essential for them to create a pathway to recovery.

Community members in the Yarra Ranges identify a range of barriers that can prevent them from accessing early treatment and support. These include:

- Lengthy waiting times for services
- Geographic and social isolation
- Experiences of stigma associated with mental illness
- Lack of understanding of services available
- Lack of transport options
- Unavailability of services / after-hours support.

Integrated mental health services

Research shows the benefits of an integrated service model of care. There have been many examples nationally and internationally of integrated models, where key services such as primary health, mental health, other allied health and support services are co-located and coordinated.[3] A range of benefits outlined by the World Health Organisation include reduced stigma, improved access to mental health services and treatment of co-morbidities, improved primary care to prevent hospital admissions, and improved workforce capacity through coordinated care.[4]

Yarra Ranges presents a set of unique demographic challenges that require localised responses including integrated services, outreach support and place based approaches that promote early intervention. The challenges of service access in the Yarra Ranges include the large geographic area and the relatively low population in outer and rural areas. Furthermore, the rural communities of the Yarra Ranges are not recognised as such and consequently do not receive rural health funding. Yarra Ranges residents, in particular our young people, currently lack equitable access to services.

It is very pleasing to note that in March 2019 the Federal Government announced $4.5 million investment over three years for a new Integrated Youth Health Hub in Lilydale, alongside funding for a satellite Headspace. This funding will support the establishment of a much-needed service for young people in the Yarra Ranges, particularly those who are vulnerable and at-risk, with health and mental health issues.

Key features of the Integrated Youth Hub will be to actively include young people and families in co-design of the model as well as ensuring coordinated outreach to surrounding areas of the municipality. Importantly, the care and support provided will be streamlined and coordinated across all service types, accessible for those living in more isolated areas, and determined by the specific needs of the young person.

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[2] Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.

[3] Sector Connect Incorporated (2017). *Integrated Mental Health Service Project Final Report.* Available at http://www.sectorconnect.org.au/assets/Integrated-Mental-Health-Service-Project-FINAL.pdf

[4] Ibid.

An Integrated Hub model addresses many features of youth mental health care such as affordability and convenience, holistic and timely initial assessment, welcoming environment, and coordinated care.[5]

The Lilydale Integrated Youth Health Hub will provide a welcome opportunity to improve the level of community access to mental health services investing in integrated, community-based services which may provide an alternative to hospitalisation that is not restricted short-term or residential based.

Enhance mental health support in schools

Schools are implementing a range of mental health support in schools including prevention and early intervention programs, and access to mental health professionals including counsellors, mental health nurses and GP's.

However, not all schools have the same access to programs and services due to location, funding and whether the school is Government, Catholic or Independent. As a universal access point for young people, more could be done to ensure equity of access to evidence based supports.

Essential evidence based programs that are proving to be effective in those schools that have funding and resources include:

- Doctors in Secondary Schools program that provides assistance to students to identify and address any health problems early and make primary health care more accessible.

- Mental Health Practitioners to provide direct counselling support and other early intervention services; coordination of support for students with severe needs; and whole-of-school prevention and mental health promotion activities. Yarra Ranges Council welcomes the recent announcement of $51.2 million to support Victorian schools under the Mental Health Practitioners in Schools initiative.

- Respectful Relationships program across Government schools to embed a culture of respect and equality across our classrooms and our communities.

- Teen Mental Health First Aid (TMHFA) is a 3.5-hour course teaching high school students how to provide mental health first aid to their friends. The course was developed in response to research indicating that young people turn to their family and friends in a time of need, including those young people with a probable serious mental illness.[6] Over the past year Yarra Ranges Youth Team has delivered the TMHFA program to over 380 students in schools across the municipality. The TMHFA program provides a safe and soft entry to support. Feedback from a school wellbeing coordinator highlights the benefits of this program:

  "The students have been much more comfortable talking about mental health and particularly in coming forward with and discussing their own struggles. One mum said that her son had finally told her what was going on for him which involved self-harm. I feel that the course was helpful for him in this journey towards disclosure."

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[5] Hamilton, M.P., et al. *Identifying attributes of care that may improve cost-effectiveness in the youth mental health service system.* Med J Aust. 2017: S27-S37

[6] Parent Guides (2018) *Mental Health 101: The A-Z of Understanding our Health and Well-Being* p.8. Accessed: https://issuu.com/parentguides/docs/parent_guides_mental_health_101

School Focused Youth Service

The School Focused Youth Service Program (SFYS) is a key part of a mental health early intervention approach and needs to be included in Victoria's mental health planning. Funded by Department of Education and Training, Yarra Ranges Council SFYS supports schools to support vulnerable young people to remain in education through fostering resilience, addressing mental health literacy and building capacity. This program is highly valued by schools and the community.

In the past year, Yarra Ranges SFYS Program has supported the delivery of mental health initiatives to 631 students, 157 school staff and 82 parents/carers through targeted engagement with 41 schools across the region. Program evaluation repeatedly shows there is a real benefit in working with students in prevention and to build resilience.

Operating since 1997 with a history of funding cycles of 2-3 years, the SFYS contract finishes in December 2019. It is vital that this program continues to be funded, preferably on a longer term contract beyond 2 or 3 years.

Mental health support for children in the Middle Years

Support must also extend to primary schools, with a focus on bridging the gap in services for people in the middle years (8-12). Across Yarra Ranges there are significant gaps for this age cohort in terms of access to appropriate mental health services. It is important for the Commission to propose an approach to addressing the middle years, especially as the early onset of mental illness can begin during these critical transitional middle years.

Recommendations:

2.1 Fund and develop integrated mental health services that improve service navigation and coordination between Commonwealth, State funded and locally based services. This includes embedding a 'No Wrong Door' approach and outreach support that:
   ➢ Focus on strengthening service integration to support a more effective, person-centred service system.
   ➢ Support referrals between services so that people experiencing vulnerability are not re-traumatised by retelling their story (No Wrong Door).
   ➢ Increase resources for locally based programs which provide a 'soft entry point' into the system to engage people who are not ready for formal participation with other health care workers.
   ➢ Consider the diversity of needs and approaches that are place based including outreach services that promote prevention and early intervention.

2.2 Expand mental health services to meet demand. Through consultation and co-design, the Commission should identify urgent reforms to address system access barriers, reduce assessment and treatment waiting times and costs for consumers and their carers and families. There is also need to shift the balance of the mental health service system toward team based, community based mental health support.

2.3 Enhancing mental health support in schools as the universal access point for young people. Provide evidence based early intervention and prevention programs with adequate funding and resourcing that is more equitable across all Government, Catholic and Independent schools.

In particular, continue and expand the following essential programs across all Victorian schools:

- Doctors in Secondary Schools
- Mental Health Practitioners based in schools
- Respectful Relationships Curriculum
- Teen Mental Health First Aid for students and Youth Mental Health First Aid for school and youth agency staff to build capacity and help seeking behaviour.

2.4 Continuation of funding for School Focused Youth Service (SFYS) as a mental health early intervention approach supporting schools, young people, families and the community.

2.5 Increased support and consideration of the mental health needs of children in the middle years (8-12 year olds). Yarra Ranges Council recommends the implementation of universal mental health prevention programs in primary schools such as those advocated by the Black Dog Institute.

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

Local data and evidence shows that young people in Yarra Ranges are experiencing increased mental health concerns particularly anxiety, depression and suicide. Over the period 2012-2016, Yarra Ranges had a total of 67 suicide deaths, with 76% of suicide deaths amongst males. Suicide is the leading cause of death for young people 15-24 years old.[7]

Data shows a severe disparity between the suicide rates of Aboriginal and Torres Strait Islander people and non-Indigenous Australians in the 15–44 age group. In 2017, suicide was the leading cause of death among Indigenous Australian children aged 5 to 17. Aboriginal and Torres Strait Islander people account for 2.8% of the population, but over the past five years, one in every four Australian children who died by suicide was Indigenous.[8]

Yarra Ranges Council is a member of the Eastern Metropolitan Region Suicide Prevention and Response Protocol. The Protocol brings together mental health services, hospital, emergency services and local Councils to communicate and coordinate following the event of a youth suicide. The Protocol has assisted in an increased understanding of real time prevalence of youth suicide and improved a coordinated and localised response.

In responding to service and access gaps, a place-based approach is required that recognises that people and places are inter-dependent and the places people live in have an important role in shaping health and wellbeing. A place-based approach focuses on local needs and local priorities, engages the community as an active partner in developing solutions, and maximises value by leveraging multiple networks, investments and activities to deliver the best outcomes for communities.[9]

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[7] Australian Bureau of Statistics, *Suicide in Australia*, 3303.0 - Causes of Death, Australia, 2017

[8] *ABS 2018 Causes of Death, Australia, 2017: Intentional self-harm in Aboriginal and Torres Strait Islander People*

[9] *Department of Health and Human Services (2016). Delivering place-based prevention in Victorian communities 2016. Accessed:* https://iepcp.org.au/wp-content/uploads/2017/04/Discussion-Paper-delivering-place-based-prevention-Sept-2016.pdf

Recommendations:

3.1 Use place-based approaches to promote early intervention across a broad range of services. There is significant opportunity to establish how generalist and targeted services can be funded to outreach to be located in community to deliver programs and supports that build resilience.

3.2 Expand investment in assertive outreach for suicide prevention. Evidence shows that between 15 to 25 per cent of people who attempt suicide will re-attempt, with the risk being highest during the first three months following discharge from hospital after an attempt.[10] Currently in Australia half of the people discharged from hospital after a suicide attempt do not attend follow-up treatment.[11] There is a clear need to expand community based assertive outreach services to people who have attempted suicide.

3.3 Build a skilled and well supported mental health workforce that can deliver culturally responsive, trauma-informed services in mainstream mental health services and Aboriginal Community Controlled Organisations. This includes significant community input into the design, delivery and decision making processes.

3.4 Include Families/Carers in Mental Health Plans. The benefits of expanding investment in family based interventions are well documented[12] and should be identified as part of the Commission's recommendations.

3.5 Provide mental health literacy programs and training for parents/carers. The biggest challenge in getting some young people into services can be their parents. Better engagement with families to build mental health literacy would be beneficial.

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.

Data demonstrates that persons residing in peri-urban councils like Yarra Ranges experience higher incidences of physical and mental health issues. Yarra Ranges has some of the poorest mental health statistics in Victoria, measured through the Victorian Population Health Survey, hospital admission data and surveys of young people. The 2017 Health and Wellbeing Profile indicates that people in the Yarra Ranges are experiencing higher rates of psychological distress across all ages (20%) compared to the State average (12.6%).

Several factors exacerbate mental health acuity including:

- Poor access to primary and acute care;
- Limited social connection;
- Distance and cost (including poor transport options);
- Limited mental health services and mental health professionals;
- Cultural barriers in service access; and
- Stigma of mental illness particularly in regional areas where a lack of anonymity and privacy can create barriers to support.

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[10] Mental Health Australia and KPMG (2018) *Investing to Save: the Economic Benefits for Australia of Investment in Mental Health Reform*

[11] *Department of Health and Human Services (2016). Delivering place-based prevention in Victorian communities 2016. Accessed:* https://iepcp.org.au/wp-content/uploads/2017/04/Discussion-Paper-delivering-place-based-prevention-Sept-2016.pdf

[12] Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). *Strengthening prevention and early intervention services for families into the future.* Deakin University and FRSA.

Expand community based mental health services to reduce burden on emergency services

With limited community-based mental health services available to prevent people becoming unwell, provide early intervention, and to support them to move into the community from acute settings, the burden falls to hospital emergency departments, ambulance services, the police and the justice system.

In 2016-17, only 39% of those who presented to public hospital emergency departments in Australia seeking care for a mental health related condition were admitted to hospital. Therefore, around 60% of people presenting to public hospital emergency departments could have been supported by other types of services.[13] The current mental health service system offers general practitioners and emergency departments few options for referring patients to complementary community based mental health services to support the care of people with mental illness to avoid unnecessary hospital visits.

Furthermore, General Practice is experiencing unprecedented presentations for mental health issues. Psychological conditions represent 60 per cent of the reason for patient visits to GP's, and are considered as the health issue causing most concern for the future.[14]

Provide a culturally safe and accessible mental health system

To improve access, services need to be welcoming and safe. In particular, consideration and inclusion of Aboriginal and Torres Strait Islander people and services, CALD communities, culturally appropriate services and support for LGBTIQ+ people is essential. This includes:

- The importance of cultural competency to ensure cultural safety, responsiveness and inclusive services.
- An understanding of government policies that have contributed to trauma, such as the over representation of Aboriginal and Torres Strait Islander children in out of home care.
- The importance of being trauma-informed and the value of cultural strengthening for healing.
- The importance of self-determination and having the Aboriginal Community Controlled Health Organisations (ACCHO's) and other community controlled organisations inform the Commission of their needs.
- The availability of, and need for, culturally appropriate services, including interpreters, bicultural workers and approaches that engage with community.
- The availability of inclusive and appropriate services for lesbian, gay, bisexual, transgender, gender diverse and intersex members of the community, and the impact of discriminatory service provision on these groups.

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[13] Australian Institute of Health and Welfare (2018) Table ED.10: *Mental health-related emergency department presentations in public hospitals, by episode end status, states and territories*, 2016–17

[14] The Royal Australian College of General Practitioners (2018). *General Practice: Health of the Nation*. East Melbourne, Vic: RACGP.

NDIS funding for people experiencing mental illness

There is currently a gap for people experiencing mental illness who are not eligible for the National Disability Insurance Scheme (NDIS) and/or who do not apply for NDIS due to stigma or lack of understanding of the system. Only a very small proportion of the estimated 150,000 people experiencing mental illness each year will be eligible for the NDIS.[15] There are also problems that flow on to other sectors. For example, drug and alcohol services are facing increasing demand because of gaps in the NDIS.

There is a need to invest in the community health setting to provide psychosocial disability support for those who do not qualify for NDIS. There is further need to ensure that NDIS assessors have specialist psychosocial expertise and capability to review how NDIS access criteria is applied to people with a psychosocial disability which considers the episodic nature of mental illness and ensure access decisions are made by skilled clinicians.

Recommendations:

4.1 Expansion of community based mental health services to meet needs. As outlined in Question 2, investment in community based mental health services will decrease the demand for services particularly on hospital emergency departments and emergency services.

4.2 Strengthen the skills of GPs to better identify and appropriately assess, treat and refer people requiring mental health support. There needs to be investment in strengthening the skills of GPs to better identify and appropriately assess, treat and refer people requiring mental health support. This includes improving the coordination of care between the public and private mental health treatment sectors.

4.3 Provide a safe and accessible mental health system. Ensure the mental health system is safe and accessible and meets the needs of vulnerable and high risk populations including Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people and LGBTIQ+ populations.

4.4 Improve access to NDIS for people experiencing mental illness that has a profound impact on their ability to work or study and build positive relationships.

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

In the Yarra Ranges we know that there is inequitable opportunity to access appropriate support. There are cohorts of our community who are more at risk of developing a mental health issue and less likely to access support. This includes:

Young People

Mental illness often starts early in life and can have significant implications for future health,

[15] Mental Health Victoria (2018) *Saving Lives. Saving Money: The case for better investment in Victorian mental health.*

learning, employment and personal relationships.

It is estimated that around one in four young people (aged 16-24 years) and one in seven children and adolescents (aged 4-17 years) have a mental health problem. One half of all mental health conditions emerge by the age of 14, and three-quarters by the age of 24.[16]

Mental health and wellbeing is a key focus of the Council Youth Strategic Action Plan, with anxiety and depression known to be the two most prevalent presenting issues reported by young people, service providers and schools. More than 50% of referrals to services such as Inspiro Youth and Family Counselling Service and Headspace Knox are related to anxiety and/or depression.

Consultation with young people and service providers show that there is a gap in knowledge and access to mental health/health services and complexity for young people to navigate the service system.

In July 2017, Yarra Ranges Council consulted with young people 15-25 years of age who are members of the Yarra Ranges Council Youth Reference Group to discuss collaborative approaches in response to increasing mental health and youth health issues. Young people highlighted a range of barriers to service access including:

- Not knowing what services are available.
- Experiencing homelessness and not knowing where to go.
- Lack of awareness of counselling support available locally.
- Challenges getting to services – lengthy travel times mean that many young people can't get to services before 5pm (after school).
- The importance of building a relationship with the worker.
- The need for outreach programs which are accessible to young people living in the Hills and Valley regions.

Men

The Yarra Ranges Health and Wellbeing Profile 2017 shows that there is a high level of men experiencing mental health issues (23% reporting high levels of psychological distress) that is much higher than the state average (10%).

Male suicide continues to be a major social issue for men and boys of all ages and remains the leading cause of death for men aged 15-44 (Burden of Disease, 2011).

Service data shows that men are less likely to seek professional support. Organisations such as headspace recommend that the mental health profession needs to look beyond the traditional ways in which support is delivered to promote new and innovative ways of providing help that will make it easier for men to get the help and support they need. For example, delivering components of psychological therapies through teleconference/telephone, video conference and/or internet-based apps without a one-to-one relationship with a clinician.

The use of digital technology and evidence based interventions within an integrated framework can supplement traditional face to face services adding considerable flexibility and capacity to the mental health sector. These interventions can be particularly helpful in

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[16] Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Department of Health, Canberra.

supporting men who are less inclined to prioritise face to face support, and those living in rural or regional areas or without access to transportation.

Aboriginal and Torres Strait Islander communities

According to the Australian Bureau of Statistics (ABS) the Indigenous population of Yarra Ranges is 972, or 0.7% of Council's population (June 2011), although the ABS acknowledges the true figure is likely double this. This is the largest concentration of Aboriginal and Torres Strait Islander people in the Eastern Metropolitan Region of Melbourne.

The suicide rate amongst Aboriginal and Torres Strait Islander peoples is more than double the national rate. In 2015, suicide accounted for 5.2% of all Indigenous deaths compared to 1.8% for non-Indigenous people (Source: ABS).

The Victorian Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027 highlights the following:

- Aboriginal people are around three times more likely to experience high or very high levels of psychological distress than non-Aboriginal Victorians.
- Self-harm emergency department admissions are four times the rate of non-Aboriginal Victorians.
- Aboriginal lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) Victorians are at an increased risk of mental ill-health, including depression, anxiety disorders, self-harm and suicide, compounded by the effects of intersectional marginalisation and discrimination (AIHW 2015; Leonard et al. 2012; Farrell 2015).
- The rate of mental health-related admissions is significantly higher for Aboriginal people than non-Aboriginal people in Victoria.

Yarra Ranges Council understands that cultural safety, respect and community control are vital to developing effective strategies to close the health gap for Indigenous Australians. Evidence that community controlled health services are the best way to lead improvements in Indigenous health has led Council to support local organisation Healesville Indigenous Community Services Association (HICSA) in its aspiration to develop an Integrated Health Service called the Belonging Place. This project has multi-partner support and is a major focus for Council with the intention to reduce the health gap for Indigenous Australians living in the Yarra Ranges and the Outer East region.

Culturally and Linguistically Diverse (CALD) communities

Yarra Ranges had 180 new arrivals in 2015-16 according to Census data. More than 40 per cent of these new arrivals were Burmese, with 89% of Burmese arriving as humanitarian refugees.

The Australian Institute of Health and Welfare (AIHW) reports that immigration can be a source of trauma and refugees have high rates of mental health problems.[17] Recent research found refugees in Melbourne were 3.1 times more likely to have a mental disorder and twice as likely to have post-traumatic stress disorder compared with Australian-born individuals.[18]

People from CALD backgrounds may miss out on mental health services due to a lack of information in community languages and culturally appropriate services, difficulties using

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[17] Australian Institute of Health and Welfare (2018). *Australia's health 2018*. Australia's health series no. 16. AUS 221. Canberra: AIHW.

[18] Shawyer F, Enticott J, Block A, Cheng I & Meadows G (2017) *The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents.* BMC Psychiatry 2017 Feb 21;17(1):76. doi: 10.1186/s12888-017-1239-9.

mainstream services because of language and cultural barriers, confusion about how services operate or lack of unawareness of the range of services and supports that are available. Language and cultural barriers are highly relevant for mental health and culturally sensitive and appropriate supports are essential for CALD communities, particularly those who have had traumatic experiences prior to migration. Recovery and its principles are not universal concepts and as a result may present challenges for mental health workers and CALD consumers.

People experiencing Homelessness

Council has ongoing concerns about the impact of homelessness on individuals and the impact on mental health. Safe and secure housing provides the foundations for good relationships, schooling, employment, participation in community life and offers both emotional and physical security. Housing located near services, transport and other facilities is fundamental to promoting good health.

There has been an increase in Yarra Ranges in the number of people sleeping rough. In 2017/18 local agency Anchor supported 967 people in the Yarra Ranges. Of these, 702 required crisis support.

In 2014, there was a shortfall of 920 dwellings that were suitable for affordable social housing in Yarra Ranges i.e. housing for households in the lowest 10% of incomes. More generally, the social housing supply for the Eastern Metropolitan Region is significantly below the metropolitan average.

Recommendations:

Young People:
5.1 Increase flexibility of service provision including school and community based support and after hours services.

5.2 Engage young people in designing youth-friendly mental health services and as advocates on important mental health issues. Young people should be recognised as experts in their own lives.

Men:
5.3 Provide flexibility including less formal options, as well as a range of service access options such as face to face support, phone counselling, online and other digital services.

5.4 Invest in digital technology interventions that are well researched and evidence based to support people who prefer not to seek face to face support, and those living in rural or regional areas or without access to transportation.

Aboriginal and Torres Strait Islander:
5.5 Build a skilled and well supported mental health workforce and Aboriginal mental health workforce that can deliver culturally responsive, trauma-informed services in mainstream mental health services and Aboriginal community-controlled organisations.

5.6 Recognise that Aboriginal and Torres Strait Islander organisations are best placed to provide culturally appropriate services, developed by and for local communities, and support them to do so.

5.7 Create Indigenous employment opportunities within the mental health service system by embedding Indigenous ways of knowing and understanding into organisational structure.

5.8 Connection to Culture is linked to improved mental health outcomes for Aboriginal and

Torres Strait Islander people. Services need Aboriginal and Torres Strait Islander employees to negotiate the intricacies between Traditional Owner groups and other language groups on Country.

Culturally and Linguistically Diverse Communities:

5.9 Services need to be inclusive to CALD communities by providing access to interpreters and information in community languages.

5.10 Increase opportunities for employment of culturally diverse staff and employment of cultural community educators to help tackle issues around stigma.

People experiencing Homelessness:

5.11 Funding and resources to increase capacity of crisis accommodation services, social and affordable rental housing.

5.12 Further resource and connect housing, homelessness services, health and mental health services that can provide outreach. Embed primary health care workers in homelessness services and enhance connections between primary health care providers and community managed organisations so that health and welfare service providers can work together to ensure people experiencing homelessness receive holistic support.

5.13 Expand existing models of service provision, including after-hours access to health care in locations targeted to people experiencing homelessness.

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

When considering mental health the vulnerability of carers is important. Carers can be socially isolated, lack support and not access the services they need and continued attention to this vulnerable group is needed as they often experience poor mental health.[19]

Families and carers of people with mental illness face unique challenges and often require support to:

- understand the mental illness and how it can be managed
- understand and access treatment and support
- know how to support recovery
- deal with the impacts of mental illness
- take a break from their caring role
- understand and access the NDIS

Formal and informal support options available in the community is essential for carers, including parents, children and young people who have a family member with a mental illness, with a particular focus on social networking, reducing stigma and increasing access to further resources and professional support.

Recommendations:

6.1 Invest in home visit support for family members and carers who find it difficult to seek support due to a range of factors including time, cost and transportation issues.

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[19] Hussain R, Wark S, Dillon G*, et al (2016) Self-reported physical and mental health of Australian carers: a cross-sectional study BMJ Open.*

6.2 Invest in community services for carers and those who have a family member with a mental illness.

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

The Australian Mental Health workforce is facing rapid change with increasing demand for service provision. Recent changes include the impact of major new initiatives such as the NDIS. Services are being lost, and funding is often short term, meaning shorter term contracts, greater casualisation and uncertainty for workers.[20]

A recent study by ANU found staff shortages, unsustainable high workloads, acutely unwell patients, and verbal and physical aggression as top causes of stress at work for Victoria's mental health nurses. The study showed that mental health nurses faced some of the most significant workplace stress in the country, with high rates of ongoing stress causing serious implications for attrition of mental health nurses with the industry.[21]

Recommendations:

7.1 The Commission investigate the impact of the NDIS on the mental health workforce, including casualisation and loss of recovery focussed support.

7.2 Consider impact of short term funding for programs on staff and consumer wellbeing.

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?

There are significant social impacts for people experiencing mental health issues that are well researched, some of which are described above in previous questions. Social connection and inclusion is an essential determinant of good mental health.

The 2016 Victorian Population Health Survey (VHPS) report looks at predictors of poor mental health and found an association between social isolation, low trust and low perceived social support and poor mental health.

Local Government has an important role in supporting the development of cohesive and connected communities to support people to experience increased wellbeing. Yarra Ranges Council undertakes a range of activities to increase social connection, a sense of belonging and active participation in community life including:

- Delivery of a range of programs for young people including funding for a generalist youth counselling service (Inspiro), leadership skill programs, mentoring, nature therapy programs, work experience and targeted mental health programs in schools.
- Focus on early years and middle years planning, support and program delivery.
- Support place based community planning and engagement in townships across Yarra Ranges.

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[20] Mental Health Australia (2019). Submission in response to the Productivity Commission Inquiry into mental health April 2019. Pg. 33. Accessed: https://mhaustralia.org/sites/default/files/docs/mental_health_australia_submission_to_the_productivity_commission_inq uir._.pdf

[21] Australian College of Mental Health Nurses Inc. (2019). Workplace stressors, psychological well-being, resilience, and caring behaviours of mental health nurses: A descriptive correlational study. *International Journal of Mental Health Nursing (2019). Accessed:* https://doi.org/10.1111/inm.12610

- Promote and fund social inclusion projects delivered by community groups, through Council's grant programs.
- Engage with older adults to support age friendly cities and deliver programs that offer social connection and enable older adults to participate purposefully and respectfully in the community.
- Support activities that connect people in their communities for example: through dance, the arts, neighbourhood projects and walking groups.
- Support people living with a disability and their carers to participate in community life through a focus on building inclusive communities and facilitate access to the NDIS through information and referral.
- Facilitate nature based activities to improve and protect mental health.
- Work with partners including educational institutions, community organisations, schools, businesses and industry groups, to focus on enhancing educational pathways and employment opportunities for young people.

Recommendation:

8.1 Increase resources for Local Government and not-for-profit organisations that specialise in delivering social and community inclusion initiatives that build social capital and community resilience.

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?

Council's submission outlines its key recommendations that focus on addressing the following priorities for mental health reform:

- ➢ Establish governance, funding and administrative structures that support an integrated, accessible, and person-centred mental health system.
- ➢ Increase the overall suite of mental health and related support services to address anticipated need for all Australians no matter where they live.
- ➢ Consider the diversity of needs and approaches that are place based including outreach services that promote prevention and early intervention.
- ➢ Support referrals between services so that people experiencing vulnerability are not re-traumatised by retelling their story.
- ➢ Allocate more funding for preventative and primary mental health resources in community settings.
- ➢ Resourcing for all Victorian schools to deliver evidence-based universal mental health prevention and intervention programs for young people.
- ➢ Invest in technology that provides an alternative to face-to-face service delivery to meet the mental health needs of young people.
- ➢ Consider the need for tailored, appropriate and culturally safe services for Aboriginal and Torres Strait Islander and culturally diverse groups within our community.
- ➢ Engage young people in designing youth-friendly mental health services and as advocates on important mental health issues.
- ➢ Better equip friends and family to provide support to young people when they seek help in relation to their mental health. Peer support networks and peer education initiatives should also be utilised.

This submission highlights the desperate need for integrated mental health services that are locally community based, provide outreach support, a range of flexible and person-centred services and embeds a 'No Wrong Door' approach.

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

It is vital that there is ongoing dialogue with mental health consumers, schools, service providers, community providers, families and all levels of Government. There is not one solution to improve mental health outcomes for our community. It is only through a well coordinated and inclusive approach that change will occur.

Sustainable change will not occur quickly. It is important to consider short term and long term approaches that improve mental health and wellbeing. This includes structural and behaviour changes that will take many years.

A long term plan for reform is required that is backed by investment. A significant challenge of the current mental health system is the continued short term funding allocation for program and service delivery that is often siloed.   Furthermore, these programs all report different outcomes through different measures. The long term plan needs to include clear measures that all services contribute to.

Conclusion

Yarra Ranges Council is acutely aware of the significant challenges to the mental health and wellbeing of our community. Council plays a key role in the provision of prevention and early intervention services and programs, service coordination and advocacy.

Yarra Ranges presents a set of unique demographic challenges that requires a localised response including integrated services, outreach support and place based approaches that promote early intervention. This Submission considers the diversity of needs and approaches required to build a more coordinated and seamless support system that improves the health and wellbeing of the community.

The commitment from Yarra Ranges Council is reflected by Councillors who unanimously supported the preparation and key areas of this Submission.