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Royal Commission into Victoria's Mental Health System
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Submission from the City of Yarra to the Royal Commission into Victoria's Mental Health System

The City of Yarra acknowledges that there are a variety of reasons why someone may be experiencing mental illness. Specific to the City of Yarra context we submit that our top priorities for addressing mental health issues are where they are associated with problematic gambling, homelessness, problematic alcohol and other drug use and where wrap-around service resources are lacking, are poorly coordinated and where the responsiveness of services is fragmented across regions, particularly in relation to addressing issues of comorbidity and dual-diagnosis. The City of Yarra also acknowledges the impact that stigma and marginalisation can have on those experiencing any of the abovementioned circumstances, and how this can often exacerbate or generate mental illness.

Mental health can be defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Similar to physical health, mental health can vary in individuals. Data for the Yarra community relating to subjective wellbeing, feeling part of community, feeling valued by society, lifetime prevalence of anxiety/depression and psychological distress is similar to Victorian levels. However, the percentage of the adult population who feel under time pressure is higher, indicating that a significant part of the Yarra population may experience time-related stress. A major challenge for local government (and indeed many authorities) is the limited opportunity to capture localised dual-diagnosis or comorbidity information, to particularly monitor the influence of poor mental health as a precursor or as exacerbating other chronic condition(s) and to monitor how comorbidity manifests in an individual (person-centric model of care).

The development of Yarra's Council Plan (incorporating the Municipal Health and Wellbeing Plan) has had regard to the Victorian Public Health and Wellbeing Plan 2015–2019 which includes the following six priorities:

- Healthier eating and active living
- Tobacco free living
- Reducing harmful alcohol and drug use
- **Improving mental health**
- Preventing violence and injury
- Improving sexual and reproductive health

As part of the Council Plan, the City of Yarra has pledged to promote a community that is inclusive, resilient, connected and who enjoys strong mental and physical health and wellbeing. The City of Yarra has also published a Gambling Policy in 2017 and seeks to advocate for a fairer society where the gambling industry no longer causes social and economic harm in the community of Yarra.

The City of Yarra is making this submission to highlight the impact that problematic gambling, lack of social and affordable housing (as a precursor for homelessness), problematic alcohol and other drug use and the poor coordination and inconsistent resourcing of wrap-around services (including the issue of fragmentation of services across regions) has on the mental health of the City of Yarra and Victoria more broadly. This submission addresses numbers 1, 4, 5 and 6 of the listed terms of reference.

This submission takes the view that the Victorian Government should be prioritising actions to:

- Prevent mental health problems from occurring where possible through prioritising a consistent, long-term commitment (and financial investment) into preventative mental health promotion and holistic preventative action across a variety of industries particularly related to the following:
 - Addressing problematic gambling;
 - Investment and delivery of social and affordable housing; and
 - Development of mechanisms to enable coordination of services to follow an individual, especially across different regions;
- Minimise and contain the prevalence of poor mental health through a combination of both macro and person-centric models of care, particularly in identifying and intervening in cases of comorbidity or dual diagnosis; and
- Ensure treatment resources are available and accessible, particularly through provision of coordinated wrap-around services, especially across different regions.

Gambling

The City of Yarra is a proud member of the Alliance for Gambling Reform who brings together over 60 organisations who share the objectives of preventing harm from gambling.

It is well established that frequent gambling is associated with depression with people suffering from problems with gambling reporting higher levels of depression¹. Similarly, a study (“The Study”) commissioned by the Victorian Responsible Gambling Foundation found that 41% of people seeking treatment for mental illness gamble². The Study found that 6% of all people seeking treatment for mental illness had a problem with their gambling and lost an average of \$440 a month to gambling businesses (which is eleven times more than the average of people who do not have a gambling problem). A further 8% of people seeking treatment had a moderate risk of gambling problems and lost an average of \$124 a month to gambling businesses. The Study found the prevalence of having a gambling problem among people who are seeking treatment for a mental health problem is eight times higher than in the general population. The Study also found that gambling harm was more likely to be experienced by patients of mental health services with:

- A drug use disorder (3.6 times more likely); and
- A psychotic disorder (2.4 times more likely).

¹ Howe P, Vargas-Saenz A, Hulbert C, and Boldero J, ‘Gambling and problem gambling in Victoria’, Victorian Responsible Gambling Foundation, Melbourne, July 2018, 16.

² Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, and Volberg R, ‘Problem gambling in people seeking treatment for mental illness’, Victorian Responsible Gambling Foundation, July 2017, 2.

Problem gambling was more likely to be experienced by patients of mental health services with:

- A drug use disorder (3.4 times more likely); and
- A borderline personality disorder (2.6 times more likely)

The risks posed by poker machines are not easy to quantify compared to the benefits described by the industry. Research on how impact is measured by the Victorian Commission for Gambling and Liquor Regulation (VCGLR) has found that concrete financial benefits promised by the poker machine supplier tends to be more persuasive than the poorly quantified social impact. We know that the social cost of gambling in Australia has been estimated at \$4.7 billion every year. It is also important to recognise that gambling-related harm is spread across the whole community and not just those who could be seen as ‘problem gamblers’. Research on the gambling burden of harm suggests that problem gamblers account for 15% of the burden of harm. It has been estimated that around 17% of people who present to a public mental health service may have issues with problematic gambling³.

Homelessness

Homelessness can profoundly affect a person’s mental and physical health, their education and employment opportunities, and their ability to fully participate in society⁴. The causes of homelessness are complex and homeless people often face a number of health and wellbeing issues, including financial, family violence, unemployment, mental health and addiction.

Due to a complex set of structural, social and economic issues, Yarra has four times the state average rate of homelessness. In 2016, the Australian Bureau of Statistics (ABS) estimated a total of 1,008 homeless or marginally housed persons in Yarra, most of whom were living in over-crowded dwellings or boarding houses. The ABS estimated the homeless count for City of Yarra was 838 persons in 2016. People are sleeping rough, squatting or living in rooming houses and this is an increasing issue for women and families, particularly where escaping family violence. There are a growing number of households experiencing housing stress, paying more than 30% of their income on housing. This situation is likely to continue while there is a severe shortage of appropriate and affordable housing in Melbourne and in Yarra. Council continues to advocate for resources and quality services to ensure affordable housing is available. We also work to ensure that new developments are encouraged to allocate a proportion of their housing to accredited housing agencies to deliver community housing.

The March 2019 Victorian Housing Register (VHR) shows a social housing waitlist of over 41,600 applications across the state, of which about half were priority access applications. There are 697 people in the DHHS North Eastern Melbourne area (Collingwood, Fitzroy, Richmond) recorded on the VHR, with 355 of those applicants meeting the requirements for priority access. There are also 422 tenants currently in Collingwood, Fitzroy and Richmond who have applied to transfer to another location – suggesting that their current housing may be inappropriate to their needs⁵. Despite this immense demand across the state the recent Australian Productivity Commission report on government services showed that the number of social housing dwellings in Victoria had decreased in the 10 years from 2009 to 2018⁶. Furthermore, the Victoria Government was found to be spending the least (per capita) on social housing of all the states and territories in 2017-18 at \$82.94, as compared to the national average of

³ Anthony de Castella, Pip Bolding, Adeline Lee, Sonja Cosic, Professor Jayashri Kulkarni, 2011. ‘Problem Gambling in People Presenting to a Public Mental Health Service’, Office of Gaming and Racing, Department of Justice.

⁴ Australian Institute of Health and Welfare, ‘Specialist homelessness services 2017-18: Victoria’, Australian Government

⁵ Victorian Housing Register and transfer list by local area, March 2019

⁶ Australian Productivity Commission, Report on Government Services 2019, Chapter 18 Housing

\$166.93⁷. Additionally, in Victoria, where there is a relatively small proportion of social housing relative to need (as illustrated by the VHR waitlist and other data), allocation has come to be prioritised with eligibility access not only based on households with a housing problem (affordability, overcrowding, poor quality etc.) but most often overlaid with a range of complex issues such as mental illness, addiction and family violence. It must be acknowledged that tenants of social housing live with social inequities and many tenants are living with complex physical and or mental health conditions.

Despite our best efforts, there are limited ways for local government to help those experiencing homelessness other than through advocacy efforts and development of localised strategies. Yarra's approach recognises the principles of Victoria's *Charter of Human Rights and Responsibilities* in treating all people with respect and dignity and also acknowledges people experiencing homelessness often have a history of trauma.

Problematic alcohol and other drug use

The City of Yarra tracks well above the State rates for most of the illicit drug indicators. Yarra has the highest rate of illicit and heroin-related ambulance attendances, as well as overdose deaths. Yarra also has a particularly high rate of drug offences, emergency department presentations relating to illicit substances, and drug and alcohol clients.

While there is no disputing the importance of providing alcohol and drug-related support services, often it is the lack of mental health services offered in conjunction, to provide the lasting and holistic care a person may need (person-centric model of care). In relation to problematic alcohol and drug use, it is relevant to mention that the Burnet Institute conducted an analysis of the North Richmond Community Health (NRCH) Alcohol and other Drugs (AOD) program over 2014 and 2015 and recruited 128 people who inject drugs who use NRCH AOD services to be part of a study. The study identified that participants have a range of complex and high needs stemming from issues relating to:

- Inadequate and unaffordable housing
- Personal drug use
- Contact with criminal justice systems
- Poor mental health reflecting their marginalisation from 'mainstream society'
- Prevalence of blood-borne viruses
- Poor harm reduction literacy

The Study also identified a high level of disadvantage in the participants, including:

- Over 90% being unemployed
- Less than 20% having completed Year 12 schooling
- 57% having a mental health problem
- 37% living in unstable accommodation Participants were also found to have relatively high levels of hepatitis C and HIV and relatively low levels of full hepatitis B vaccinations.

Coordination and resourcing of wrap-around, dual-diagnosis services, particularly in relation to comorbidity

This submission calls for greater awareness and advocacy regarding the complexity of comorbidity and urges the Victorian Government to critically examine the existing system and address this issue

⁷ Australian Productivity Commission, Report on Government Services 2019, Chapter 18 Housing

through provision of thorough, coordinated care, particularly where comorbidity exists. As an example of the prevalence of comorbidity, a 2016 Survey found that pathological gamblers with suicidal thoughts often reported challenges with alcohol and drug abuse⁸. The Survey reported that the onset of substance and/or alcohol abuse usually precedes a problem with gambling. The Survey found that gambling disorders result in considerable stress, exacerbating feelings of depression or anxiety, with the potential for these to develop into a mood, anxiety or substance disorder.

The City of Yarra's Health and Wellbeing Status Report (published 2016) presented data on a number of groups more susceptible to experiencing comorbidity and overall poorer health and wellbeing outcomes, identified as follows:

- People living in long term disadvantage
- People from diverse cultural backgrounds
- People aged 0 to 17 years (there are also significant opportunities to influence adult health and wellbeing outcomes for this age group)
- People aged over 65 years
- People living with a disability
- Aboriginal and Torres Strait Islander people
- People who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ)
- People experiencing or at risk of homelessness
- People who suffer from an addiction (for example drug or gambling)
- People working in the sex industry

Recommendations

Gambling

The City of Yarra endorses the recommendations of the Alliance for Gambling Reform to the Royal Commission into Mental Health related to the impact of gambling on mental health. Measures to reduce the risks of these harms include:

- Awareness raising in the community of the risks of mental health issues being part of gambling harm;
- Measures to reduce ready accessibility of gambling; and
- Measures to reduce the mental health risks associated with the design of gambling products;
- \$1 bet limits - that EGMs be limited to taking only \$1 in a bet for a single button press, down from the current \$5 per button press;
- Reducing ready access to cash in EGM venues - the current ban on cash withdrawals in venues should include EFTPOS cash-out;
- Reduce EGM accessibility through greater community control via the Planning Permit Process, to reduce the ready accessibility of EGMs, so that it becomes easier for people with gambling disorders to avoid involuntary exposure to EGMs through the concentration of venues in some areas of the state;
- Reduce EGM Operating Hours, reducing accessibility to EGMs through a reduction in opening hours of the gaming room of EGM venues, favour EGM venues being shut between midnight and 10 am;

⁸ Giovanni M, Fabiola S, Mariangela C, Nicola P, Ilaria T, Gianluca S, Maurizio P and Giannantonio Massimo D, 'Gambling Disorder and Suicide: An Overview of the Associated Co-Morbidity and Clinical Characteristics', International Journal of High Risk Behaviour and Addiction,6(3), 2017, 2

- Establish a duty of care code of conduct on all gambling businesses, to hold responsibility for identifying signs of gambling harm, requiring gambling venues to respond proactively to problem gambling.

Homelessness

It is recommended that there be more resources provided to assist those specifically experiencing homelessness, to provide them with appropriate shelter at all stages of homelessness (primary, secondary and tertiary). Given that the Victoria Government was found to be spending the least (per capita) on social housing of all the states and territories in 2017-18 at \$82.94, as compared to the national average of \$166.93⁹, it is recommended that the Victoria Government increase spending to meet or exceed the national average.

Problematic alcohol and other drug use

It is recommended that wrap-around services be adequately resourced to provide the lasting and holistic care a person may need (person-centric model of care). A universal data-base system (or other suitable mechanism) could be developed and funded to capture localised data (LGA or otherwise) to monitor dual-diagnosis and comorbidity, particularly for the vulnerable groups identified earlier. It is also essential to address the issue of responsiveness and commitment of services to follow an individual (as opposed to being confined to a geographically-defined region) particularly where services are often fragmented across different regions (i.e. local, state, federal government, or otherwise).

Additionally, it is recommended that further investment and diversification of Crisis Assessment and Treatment Teams (CATT) or Acute Community Intervention Services (ACIS) be provided to respond to different escalations of mental illness, and not only as part of an emergency response (i.e. a psychotic episode, self-harm, suicidal). Instead, it is recommended that localised CATT/ASIC teams (or a similar service) be established and adequately resourced to provide an early intervention model of care, to offer a response to complex behaviours prior to escalation to an emergency response.

Coordination and resourcing of wrap-around, dual-diagnosis services, particularly in relation to comorbidity

As mentioned earlier, it is recommended that a universal data-base system (or other suitable mechanism) be developed and funded to capture localised and live data to provide an accessible information base and to be used as a tool in realising evidence-based intervention opportunities, especially related to dual-diagnosis and comorbidity and to:

- Monitor the influence of poor mental health as a precursor or as exacerbating other chronic condition(s); and
- Monitor how comorbidity manifests in an individual (person-centric model of care).

Capturing this information is critical in prioritising and evaluating reactive and proactive health promotion initiatives (and other public health initiatives), especially for complex comorbidities with the following aims:

- Prevent the onset of mental illness;
- Reduce the likelihood of additional comorbidity if mental illness is present; and

⁹ Australian Productivity Commission, Report on Government Services 2019, Chapter 18 Housing

- Direct health promotion protective care actions (particularly at a local level) via identification and data capture of existing mental health illness and risk factors.

As stated earlier, it is also essential to address the issue of responsiveness and commitment of services to follow an individual (as opposed to being confined to a geographically-defined region) particularly where services may be fragmented across different regions (i.e. local, state, federal government or otherwise). Similarly, as stated earlier, it is recommended that localised CATT/ASIC teams (or similar) be established to provide an early intervention model of care to offer a response to complex behaviours prior to escalation to an emergency response.

If you have any queries in relation to the submission, please contact [REDACTED]
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Yours sincerely

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