Royal Commission into
Victoria's Mental Health System

Formal submission cover sheet

Make a formal submission to the Royal Commission into Victoria's mental health system

The terms of reference for the Royal Commission ask us to consider some important themes relating to Victoria's mental health system. In line with this, please consider the questions below. Your responses, including the insights, views and suggestions you share, will help us to prepare our reports.

This is not the only way you can contribute. You may prefer to provide brief comments here instead, or as well. The brief comments cover some of the same questions, but they may be more convenient and quicker for you to complete.

For individuals

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports, subject to any preferences you have nominated.

For organisations

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

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Because of the importance of transparency and openness for the Commission's work, organisations will need to show compelling reasons for their submissions to remain confidential.

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them. If you would like to contribute and require assistance to be able to do so, please contact the Royal Commission on 1800 00 11 34.

Your information	
Title	Mr
First name	Matt
Surname	Sharp
Email Address	[redacted]
Preferred Contact Number	[redacted]
Postcode	[redacted]
Preferred method of contact	☐ Email ☒ Telephone
Gender	[redacted]
Age	[redacted]
Do you identify as a member of any of the following groups? Please select all that apply	☐ People of Aboriginal and Torres Strait Islander origins ☐ People of non-English speaking (culturally and linguistically diverse) backgrounds ☐ People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community ☐ People who are experiencing or have experienced family violence or homelessness ☐ People with disability ☐ People living in rural or regional communities ☐ People who are engaged in preventing, responding to and treating mental illness ☐ Prefer not to say
Type of submission	☐ Individual ☒ Organisation Please state which organisation: **Goulburn Valley Health** Please state your position at the organisation: **Chief Executive** Please state whether you have authority from that organisation to make this submission on its behalf: ☒ Yes ☐ No ☐ Group How many people does your submission represent?

Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? ☐ Yes ☒ No
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document ☐ Yes ☐ No
	Prior to publication, does the submission require redaction to de-identify individuals, apart from the author, to which the submission refers ☐ Yes ☒ No
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	☐ Person living with mental illness ☐ Engagement with mental health services in the past five years ☐ Carer / family member / friend of someone living with mental illness ☐ Support worker ☐ Individual service provider ☐ Individual advocate ☒ Service provider organisation; Please specify type of provider: **Public Mental Health Service** ☐ Peak body or advocacy group ☐ Researcher, academic, commentator ☐ Government agency ☐ Interested member of the public ☐ Other; Please specify:
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	☒ Access to Victoria's mental health services ☒ Navigation of Victoria's mental health services ☒ Best practice treatment and care models that are safe and person-centred ☒ Family and carer support needs ☐ Suicide prevention ☒ Mental illness prevention ☒ Mental health workforce ☒ Pathways and interfaces between Victoria's mental health services and other services ☒ Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements ☐ Data collection and research strategies to advance and monitor reforms ☒ Aboriginal and Torres Islander communities ☐ People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities ☒ Rural and regional communities ☐ People in contact, or at greater risk of contact, with the forensic mental health system and the justice system ☒ People living with both mental illness and problematic drug and alcohol use

For individuals only

Please identify whether this submission is to be treated as public, anonymous or restricted

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed.

Please tick one box	
☒ Public	My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission.
☐ Anonymous	My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised (i.e. all information identifying or which could reasonably be expected to identify the author is redacted). If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you.
☐ Restricted	My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted.

Please note:

- This cover sheet is required for all formal submissions, whether in writing or by audio or video file. Written submissions made online or by post, may be published on the Commission's website (at the discretion of the Commission) subject to your nominated preferences.
- Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commissions reports subject to any preferences nominated.
- While the Commission will take into account your preference, the Commission may redact any part of any submission for privacy, legal or other reasons.

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

Background

Goulburn Valley Area Mental Health Service (GVAMHS)

GVAMHS is a designated mental health service under the *Mental Health Act 2014* (Vic), which forms part of GV Health, a public health service under the *Health Services Act* 1988 (Vic).

GVAMHS is a state-funded specialist mental health service that provides community-based and inpatient care for three main population groups in its catchment area:

a. children and adolescents (0 to 18 years of age);
b. adults (16 to 64 years of age); and
c. older people (older than 65 years of age).

GVAMHS' clinical services focus on assessment and treatment of people with a mental illness living in its
catchment area. GVAMHS is one of Victoria's:

a. 21 government-funded adult mental health services;
b. 17 aged persons mental health services; and
c. 13 child and adolescent mental health services (**CAMHS**).

GVAMHS has the following bed-based services:

Wanyarra, a 20-bed inpatient psychiatric unit (**IPU**), a 10-bed adult Prevention and Recovery Care program (**PARC**), and a 10-bed Specialist Residential Rehabilitation Program (**SRRP**), which is a type of Community Care Unit (**CCU**). Each of these is located in Shepparton. The PARC at Shepparton was established in 2003, and was the first PARC in Australia. SRRP was established in 2001 and provides residential rehabilitation and recovery services. Both PARC and SRRP were established and continue to be conjointly operated with Wellways, which is a Mental Health Community Support Service (**MHCSS**). GV Health operates Grutzner House, which is a 20-bed Aged Psychiatry Residential Care Facility (APRCF) that specialises in caring for older persons with a mental illness and provides longer-term accommodation, ongoing assessment, treatment and rehabilitation.

The GVAMHS covers the local government areas (**LGAs**) of Greater Shepparton, Strathbogie, Mitchell, Murrindindi and Statistical Local Area of Moira-East. GVAMHS' catchment area is characterised by geographic and cultural diversity. The catchment area extends from the NSW border to the peripheries of Melbourne. This area is exposed to droughts, particularly in its farming areas to the north and bushfires, especially in the hilly regions to the south. Greater Shepparton has the highest population of Aboriginal and Torres Strait Islander peoples outside of metropolitan Melbourne. It also has one of the largest numbers of resettled refugee groups from Iraq, Afghanistan, Congo and Sudan, and elsewhere.

Two of the LGAs in the GVAMHS catchment area, Greater Shepparton and Mitchell also have a higher number of children between the ages of 0 to 14 years compared to the national average. These LGAs also have high rates of developmental problems in children between the ages of 0 to 5 years.

Dr Ravi Bhat, Divisional Clinical Director of the Goulburn Valley Area Mental Health Service, has provided a witness statement to the Royal Commission. This statement details a range of challenges and opportunities for the provision of mental health services in Victoria, and particularly in a regional and rural setting. This submission supplements that statement.

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?

GV Health believes that the areas that the Royal Commission should prioritise for change, which are of particular relevance to GV Health, are the following:

1 Early childhood and family mental health services;
2 Aboriginal and Torres Strait Islander mental health services;
3 Access to mental health services;
4 Funding disparities;
5 Workforce shortages; and
6 Mental health services directed toward culturally and linguistically diverse populations especially refugees and asylum seekers.

Early Childhood and Family Mental Health

The GV Health catchment has areas that are likely to be associated with adverse maternal and child mental health, such as having areas of very high socio-economic disadvantage, which in turn are associated with adverse mental health outcomes.

Greater Shepparton has a higher proportion of children aged 0 to 14 years (19.9%) compared to Victoria (18.3%).[1]

There has been a significant increase in the number of pre-school aged children who are developmentally vulnerable across multiple domains such as physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills, and general knowledge. The proportion of children who are developmentally vulnerable on two or more domains (19.4%) is nearly double the Victorian average (10.1%).[2]

In school aged children between years 7 to 9, four LGAs in the GVAMHS catchment report rates of bullying that is considerably higher than the Victorian state average (Victoria: 20.8%; Greater Shepparton: 25.2%; Moira: 30.7%; Mitchell: 31.5% and; Strathbogie: 33.3%).[3]

In secondary school aged children and adolescents, hospital presentations with any illicit substance use are one of the highest in the state for Greater Shepparton.[4]

Therefore, enhancing perinatal, infant and child mental health (0 to 5 years), as well as focusing on child and youth mental health services is critical to the health of this community.

It is the opinion of GV Health that it is vital that help and interventions can be provided in the right setting at the right time for this group of highly vulnerable Victorians. The settings need to match the type of care that is required by the parent/s, child or the adolescent.

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[1] Australian Bureau of Statistics, 2016 Census Quickstats – Greater Shepparton, < https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA22830?opendocument>.

[2] Australian Early Development Census Community Profile 2018 – Greater Shepparton Victoria, https://www.aedc.gov.au/resources/community-profiles.

[3] Victorian Child and Adolescent Monitoring System Indicator – Children who are bullied, <https://discover.data.vic.gov.au/dataset/vcams-children-who-are-bullied>.

[4] Australian Early Development Census Community Profile 2018 – Greater Shepparton Victoria, https://www.aedc.gov.au/resources/community-profiles.

Early experiences in the first few years of a person's life shape the foundation for sound mental and physical health. Improving children's environments of relationships and experiences early in life can address many costly problems including suicide in adolescence and young adulthood, alcohol and drug problems, and mental health problems. Enhancing perinatal, infant and child mental health (0 to 5 years), as well as focusing on child and youth mental health services helps to prevent many of the issues listed above. This also aligns with supporting the development of enhanced pathways to care for parents, their infants, partners and families. Enhanced pathways include local access to a residential (community based) "mothers and babies" centre where vulnerable families can be assessed and supported in a multidisciplinary wrap around service model of care. Presently families in the Greater Shepparton region do not have access to a local residential mothers and babies centre.[5]

GV Health used to run a highly successful model of the Perinatal Emotional and Mental Health (**PEHP**) program that could no longer continue in its original form due to funding pressures. As stated GV Health does not have access to a Parent-Infant (Mother Baby) Unit locally. Perinatal mental health issues have a 17% prevalence in the Australian community and a small percentage of women require inpatient specialist care. It is vital for this community to have access to these programs to intervene early and improve outcomes for both the mother and the child.[6]

GV Health operates the state-funded CAMHS in a community setting context and is also the lead agency for Shepparton headspace. Internally the demand for both these services has grown. Despite this, mental health services for children and adolescents, especially those who are the most vulnerable are not adequate or are fragmented. There are not enough service providers in primary care to whom young persons could be referred, resulting in multiple re-presentations and interruptions to the flow of in-patients through these services. GV Health recommends that these various services should either be brought together under one governance umbrella or at the very least be co-located to ensure easier access and navigation for clients and their families.

Recently Dr Vibhay Raykar (Clinical Director GV Health CAMHS) went on sabbatical leave to Tulane University, New Orleans, which runs a highly successful model to improve the care of children in out-of-home care. This program avoids the traditional stepped care approach and provides "curbside" consultations and support to paediatricians and maternal and child health nurses by the equivalent of CAMHS clinicians, including child psychiatrists. This is found to identify children at risk earlier and provide care such as parenting programs to improve outcomes. Programs such as the Tulane Early Childhood Collaborative program contain facets that could be used to guide an explicit framework explaining the working relationship between CAMHS, Child Protection and the Department of Education and Training.[7]

GV Health proposes the development of Family, Child and Adolescent Mental Health Services (**Fam-CAMHS**) that incorporate PEHP, infant mental health services, currently existing CAMHS, as well as therapeutic services to Child Protection. Such Fam-CAMHS will provide highly specialised care to children at risk as well as the children and adolescents across all settings, i.e., those in out-of-home care and those living with their parents. It proposes that additional family care providers and Fam-CAMHS be co-located to improve access to children and families and avoid duplication of care. It proposes that current services within CAMHS such as CAMHS and Schools Early Action (**CASEA**) program be expanded to include children in primary school and secondary school years to provide secondary consultations and support to the school support services. GV Health proposes that Parent-Infant (mother and baby) Units are available at each rural mental health service. In addition, it would be critical to develop a specific team to work with specialists, general practitioners (**GPs**), and primary care providers using the Tulane Early Childhood Collaborative framework.

[5] G Huebner et al, 'Beyond Survival: The Case for Investing in Young Children Globally' (Discussion Paper, National Academy of Medicine, 16 June 2016).

[6] R Lakshmana 'Impact of introduction of telehealth consultations on a regional mental health program for perinatal women'.

[7] Tulane Early Childhood Collaborative, Tulane Early Childhood Collaborative, TECC (19 June 2019).

Aboriginal and Torres Strait Islander Mental Health

Aboriginal and Torres Strait Islander mental health services can be provided through a variety of avenues including Aboriginal Medical Services, as well as mainstream services which in the Goulburn Valley region include GV Health, headspace and other suicide prevention services. GV Health supports a focus on developing culturally and clinically effective models of care within mainstream mental health services – in particular, developing and strengthening partnerships between area mental health services and primary healthcare providers, particularly Aboriginal and Torres Strait Islander community controlled health services. For more than a decade GV Health has been providing a Spiritual and Wellbeing Clinic within the Rumbalara Aboriginal Cooperative. There are examples of projects and programs across Australia that support the mental health and wellbeing of Aboriginal and Torres Strait Islander people that could be replicated and fused into the way mental health services across Victoria operate.

In Queensland, an example of an initiative which is supporting rural communities with high Aboriginal and/or Torres Islander populations is Project HOPE. HOPE stands for Harmony, Opportunity, Pride and Empowerment. Project HOPE has been operating since 2015 in Charleville and Cunnamulla. The HOPE model focuses on physical, social and emotional wellness for young people. It has also focused on service integration between health services, local government agencies, Aboriginal Medical Services, police and education. HOPE has held programs on Country with cultural significance. Participants have learned traditional stories and also created their own dances based on their ideas and feelings about being on Country.[8]

Models such as Project HOPE demonstrate the importance for mental health practitioners and support workers taking a holistic approach in the mental health wellness model for Aboriginal and/or Torres Strait Islander people. Another model which demonstrates the importance of a holistic approach for Aboriginal and Torres Strait Islander mental health is the Dance of Life model, developed by Professor Helen Milroy. This model which integrates painting, narrative, theory, and existing evidence is an example where a holistic approach is adopted. The potential solutions for healing and restoration of wellbeing come from considering additional factors encompassing issues of symptom presentation and service delivery, such as education and training, policy, the socio-political context and international perspective.[9]

There needs to be an investment and commitment in adapting and developing such models of care within the Greater Shepparton region. Culturally sensitive services such as the GV Health provided Spiritual and Wellbeing Clinic should be supported and expanded to provide care to children of Aboriginal and/or Torres Strait Islander peoples.

Improving access to mental health services across the catchment region

GV Health catchment spreads across approximately 19,000 sq km. People living in rural Australia are particularly affected by transport disadvantage, especially the rural poor. Even those who own a car often do not have the capacity to pay for fuel necessary to travel long distances to see mental health clinicians. People living in areas farthest from Shepparton often first present to their local hospital (a small rural hospital) where staff may not be skilled in assessing and deescalating situations, resulting in the use of emergency services. Even when emergency services are accessed they may not be able to respond quickly due to large distances and they will often take the person to the nearest designated mental health service, which may not be GV Health. This reality is less likely to achieve easy access, the most appropriate care, and results in considerable dislocation for consumers and their families.

[8] HOPE Project – Building Stronger Communities, <https://clinicalexcellence.qld.gov.au/improvement-exchange/hope-project-building-stronger-communities>.

[9] Dance of Life Matrix, <https://www.ranzcp.org/practice-education/indigenous-mental-health/aboriginal-torres-strait-islander-mental-health/the-dance-of-life>.

Telehealth

GV Health proposes that services should be developed to provide care, including emergency care, for consumers close to their own homes. For example, this may be done by expanding on the existing ICT networks provided through the State Government rural health alliances connecting all small rural hospitals in the catchment of rural state-funded mental health service with the designated mental health service through high speed telehealth networks. An important enabler to this is accessible patient administration systems/electronic medical records to allow information to be shared between clinicians. This will enable a site such as GV Health to provide telehealth based triage and urgent assessments to people presenting at emergency departments of small rural hospitals. This will also enable mental health clinicians of the designated mental health service to provide support, education and secondary consultation opportunities to clinical staff of small rural hospitals. GV Health is proposing to implement a limited version of this in the new model of care for its Adult Mental Health Services within its existing funding allocation; for rural mental health services this should be seen a core strategy to improve access to mental health services for people living in rural areas.

It is important to consider models of funding that would take in to account geography, remoteness and availability of local specialist resources to enable our communities to access specialist care equitably.

GV Health has successfully trialled Medicare funded consultant psychiatrist-led clinics into local general practices. Such outpatient clinics have been vital in supporting GPs in the management of people with complex presentations. GV Health proposes the expansion of such clinics in rural settings with additional clinical time and telehealth linkages.

In addition to providing clinical consultations, telehealth will also be vital to enhance capacity within primary care in rural areas to diagnose and appropriately manage people with mental illnesses and alcohol and drug problems. The expansion of this model requires funding for such activity and its coordination. A well-established model is Project ECHO, which is an innovative academic health centre-led program of health care delivery and clinical education for the management of complex, common, and chronic diseases in underserved areas, using hepatitis C virus as a model. This has now been expanded to include other chronic conditions. At GV Health, Professor Ed Ogden (Addiction Medicine Specialist) has now included GV Health in Project ECHO for substance use disorders. GV Health proposes that Project ECHO model be expanded to include mental health care delivery and clinical education for primary care providers, especially GPs. A recent systematic review by Zhou et al found that "Project ECHO is an effective and potentially cost-saving model that increases participant knowledge and patient access to health care in remote locations, but further research examining its efficacy is needed."[10] Such innovations can be monitored for fidelity and evaluated by the Centres for Excellence in Rural Mental Health care as described below.[11]

It is estimated that Victoria currently has 22 IPU beds per 100,000 population. Rural services, including GV Health have less bed numbers than this Victorian average at 20 beds per 150,000 population catchment.[12] Rural state-funded mental health services do not have CAMHS inpatient beds; this may result in children and adolescents having to spend the night in emergency departments or paediatric inpatient units while waiting for inpatient beds in metropolitan services. GV Health proposes that rural services should have adequate IPU beds as well as designated

[10] The Impact of Project ECHO on Participant and Patient Outcomes: A Systematic Review. Zhou et al 2016 <https://www.ncbi.nlm.nih.gov/pubmed/27489018>

[11] Sanjeev Arora et al, 'Academic Health Center Management of Chronic Diseases through Knowledge Networks: Project ECHO' (2007) Academic Medicine 154; Carrol Zhou et al, 'The Impact of Project ECHO on Participant and Patient Outcomes: A Systematic Review' (2016) Academic Medicine 1439.

[12] Australian Bureau of Statistics https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/2016%20QuickStatseu of Statistics <https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/2016%20QuickStats>

CAMHS inpatient beds. In addition, an alternate is for all rural state-funded mental health services to have Youth PARCs.[13]

GV Health, similar to other regional state-funded mental health services has limited access to some state-wide specialist services such as those for treatment of people with eating disorders, neuropsychiatry assessments etc. For example, it is difficult for people with neuropsychiatric disorders, i.e., those affected by neurological disorders that also cause psychiatric problems to access specialist assessment and opinion from the Neuropsychiatry Unit, Melbourne Health. People have to typically travel to Melbourne or get admitted to the Neuropsychiatry Unit for an opinion. Recently Better Care Victoria Innovation Fund has funded the Neuropsychiatry Unit to provide telehealth services to regional sites, including GV Health for people with young onset dementia.[14] Such services could be expanded to meet the needs of other people affected by neuropsychiatric disorders.[15]

Funding disparities

The current funding model for mental health services has resulted in funding disparities between services. There is a significant need to review the model. Funding is required for both infrastructure and clinical activities that are appropriate for the phase of the person's mental illness. In the acute phase of care, the focus is typically on improving symptoms, reducing distress and supporting people. However, in the continuation phase the focus shifts to reducing the risk of relapse of the episode of illness and promoting recovery. In the maintenance phase the focus moves to reducing the risk of re-occurrence of the illness, assisting in the person's recovery journey and enhancing their wellbeing.

Infrastructure is critical for the management of people with serious mental illnesses. GV Health mental health requires further developed infrastructure. People in the acute phase of their illness or in a mental health crisis often need short-term inpatient care. GV Health has seen a dramatic increase in mental health presentations to its emergency department in the past three financial years, with an average annual increase of 15%.

GV Health does not have a Psychiatric Assessment and Planning Unit (**PAPU**), which is vital to manage people in the acute phase of their illness.

The IPU is not purpose built for providing a therapeutic environment for short term inpatient care. For example, the high dependency unit or intensive care area is included in its bed numbers; this makes it inappropriate for its use for people who do not need to be managed in such restrictive settings. GV Health has a PARC Program and a CCU, the SRRP, both of which are essential for the continuation and maintenance phases of care. However, GV Health does not have a Secure/Extended Care Unit, which is required for people with very severe mental illnesses with complex co-existing problems such as substance use disorders and being a significant risk to others.[16]

GV Health has an Aged Persons Residential Care Facility (APRCF), which despite its stated ethos of providing "longer-term accommodation, ongoing assessment, treatment and rehabilitation" is not funded to the same extent as PARCs and SRRPs as they are reliant on Commonwealth Government funding with additional funding from the State Government. With population longevity, APRCFs are increasingly home to either physically able older adults with dementia and severe

[13] Stephen Allison, et al, 'Victoria's low availability of public psychiatric beds and the impact on patients, carers and staff' (2017) Australian & New Zealand Journal of Psychiatry 191-192.

[14] Better Care Victoria - Utilising telehealth to bridge the gaps in young onset dementia <https://www.bettercare.vic.gov.au/our-work/innovation-fund/innovation-projects/Browse-all-projects-listing/utilising-telehealth-bridge-gaps-young-onset-dementia>

[15] North Western Mental Health - Young Onset Dementia and Telehealth <https://www.nwmh.org.au/professionals/services/specialty-services/young-onset-dementia-and-telehealth>

[16] Psychiatric Assessment and Planning Unit (PAPU) guidelines, <https://www2.health.vic.gov.au/about/publications/researchandreports/Psychiatric-Assessment-and-Planning-Unit-PAPU-guidelines>.

psychiatric problems or people with serious mental illnesses. Commonwealth Government funding incentivises physical disability with the need for further review of funding models. As a result APRCFs are at constant financial risk and are not able to provide care to this group of older adults. GV Health proposes that such facilities are adequately funded.

Current funding arrangements for community treatment of people with mental illnesses provide incentives for the acute phase of care and some for the continuation phase. However, it is vital the funding provides incentives to promote recovery and enhance wellbeing. Given the geography, specific funding is required to work with local health providers to achieve the best mental health outcomes for the community (post discharge follow-up carer, early consultation/ intervention and support). GV Health has brought together the divisions of Community Care and Mental Health under one directorate. This change has brought together for the first time GVAMHS and GV Alcohol & Drug Services (GVADS) under the same internal governance leadership structure. This has led to greater collaboration between these two services including implementation of the Project ECHO model and a successful application for a Commonwealth Government funded Specialist Training Program funding for a registrar position in Addiction Psychiatry. There is a considerable overlap between mental health and alcohol & drug problems; this cohort of people is also living longer, which means that greater numbers of older adults will present with co-morbid mental health and alcohol & drug problems. GV Health proposes that these two services be brought together at a whole of system level to provide seamless care to people affected by both mental illness and alcohol & drug problems.

Workforce shortages

Workforce shortages are common in mental health services and are amplified in rural mental health services. A mental health workforce is commonly composed of nursing and medical staff. Depending on the service location and the aged-based program (for example, CAMHS) of the mental health service, there is a variable number of staff from other disciplines such as psychology, occupational therapy and social work. The presence of a workforce with lived experience is also highly variable.

GV Health was a trial site for the Peer Support Program and has developed a Lived Experience Workforce Strategy and this proved to be a successful initiative.

State-funded mental health services typically see people with very complex problems on the background considerable trauma. This type of clinical practice can have deep impact on staff, both through exposure to violence as well as exposure to deeply distressing experiences. Over time clinical staff have been predominantly focusing care on assessment, monitoring and management of risk and provision of support. However, staff need training in psychotherapies to be able to provide such interventions to all consumers of state-funded mental health services, even to those who have serious mental illnesses that necessitate use of medications.

In this context, it is vital that services have multi-disciplinary teams and use a team-based approach to treatment and care. Teams allow reflective clinical practice and supervision to take place. This is possible because expression and the integration of multiple perspectives from clinicians from across disciplines can only occur properly in a team environment. This is particularly important in understanding complex mental health problems and in planning suitable treatment. Teams also help manage difficult situations and potentially challenging consumers by providing support, reflection and practical help such as having two clinicians to manage such situations and patients. For this to occur, it is vital to enhance local training capabilities across all disciplines.

GV Health has found in its experience that rurally based training greatly enhances the chances of retaining new graduates and specialists locally. This has been the case with its Graduate Mental Health Nurse Program, RANZCP accredited specialist training program in Psychiatry as well as the experience of the Department of Rural Health, University of Melbourne, Shepparton.

GV Health has also found that simply recruiting staff does not necessarily mean it will be able to retain them. It is commonly known that staff in rural locations are susceptible to experiencing professional isolation and feeling that they do not have sufficient opportunities to develop their expertise locally. Hence it is vital to ensure that staff in rural state-funded mental health services have dedicated time and funds to build staff expertise. This can be done by ensuring access to adequate continuing professional development funds as well as dedicated time for staff to engage in professional development. It is also important to develop a Centre for Excellence in Rural Mental Health to coordinate this process so that rural training needs in particular are met. Each regional area should be assisted in developing a mental health workforce strategy. This should be monitored and regularly reported on to the DHHS and Office of Chief Psychiatrist. It may be useful to develop a capability framework for services to ensure the staffing levels and funding are appropriate to demand management and function of these services.

Mental health services directed toward culturally and linguistically diverse populations especially refugees and asylum seekers

Greater Shepparton is expressed by the Greater Shepparton Council as "one of Victoria's great culturally diverse areas".[17] The Greater Shepparton area has 13.2% of residents born overseas. According to the Victoria Auditor General Office prior to their arrival, refugees and asylum seekers may have experienced some or all of the following:[18]

- forced displacement
- prolonged periods in refugee camps or marginalisation in urban settings
- exposure to violence and abuse of human rights, including physical torture and gender and sexual-based violence
- loss and separation from family members
- deprivation of cultural and religious institutions and practices
- periods of extreme poverty, including limited access to safe drinking water, shelter and food
- severe constraints on access to health, education, employment and income support
- prolonged uncertainty about the future.

These experiences mean that the settlement requirements for refugees and asylum seekers are complex. According to Shawyer et al there is increased need for mental health screening and care for the refugee populations and this should also be considered in relation to healthcare planning.[19] GV Health proposes that resources are directed into mental health care planning for the refugee populations. This will ensure both primary and acute care are resourced and trained to treat this cohort.

GV Health thanks the Commission for the opportunity to provide a submission into the Royal Commission into Victoria's Mental Health System. GV Health embraces and welcomes the forward focused direction of the Commission and looks forward to the Commission reviewing the recommendations that have been outlined in this submission.

Privacy acknowledgement
I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. ☒ Yes ☐ No **Matt Sharp** **CHIEF EXECUTIVE**

[17] Greater Shepparton Community Diversity <http://greatershepparton.com.au/community/diversity>

[18] Victoria Auditor General Office – Refugee, migrants and asylum seekers < https://www.audit.vic.gov.au/report/access-services-refugees-migrants-and-asylum-seekers?section=31195--1-background>

[19] Frances Shawyer, Joanne C. Enticott, Andrew A. Block, I-Hao Cheng and Graham N. Meadows <BMC Psychiatry BMC trusted 2017 17:76 https://doi.org/10.1186/s12888-017-1239->