Royal Commission into Victoria's Mental Health System

Outline of questions we ask as part of the Formal Submission process

We have been asked to consider some important themes relating to Victoria's mental health system.

The 11 questions set out in the formal submission cover those themes. There is no word limit and you can contribute as many times as you like. Attachments are also accepted.

You do not have to respond to all the questions. You can also make a Brief Comment submission if you wish.

To help us focus on the areas that matter most to the Victorian community, the Royal Commission encourages you to put forward any areas or ideas that you consider should be explored further.

You can request anonymity or confidentiality when filling in the cover page, which also allows us to capture details about your age, gender etc.

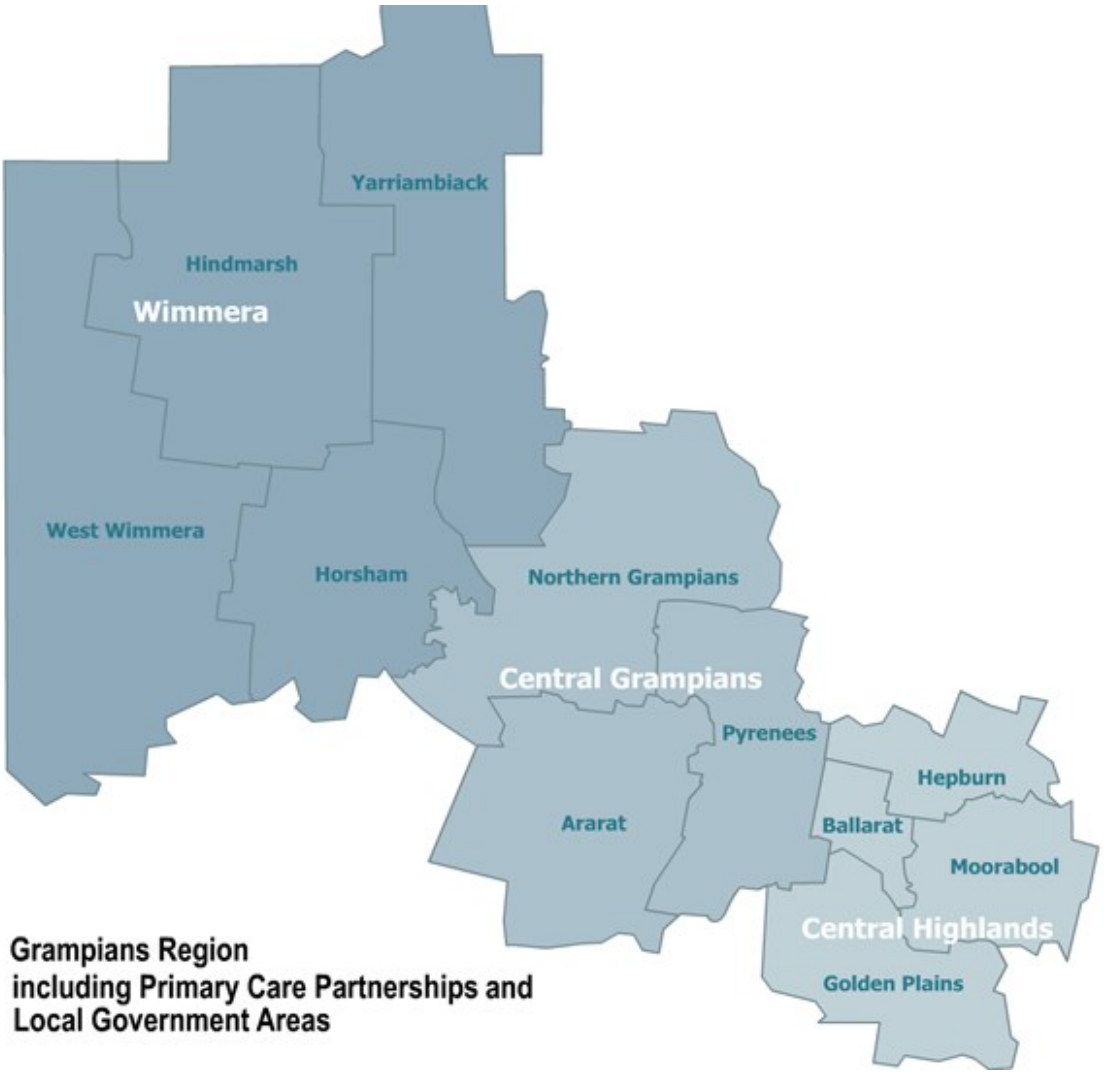
These are the questions that you will be asked:

Grampians Area Mental Health Service (Ballarat Health Services) submission to the Royal Commission into Mental Health 2019

Introduction

Ballarat Health Services is the parent organisation responsible for the delivery of the Grampians Area Mental Health Service. The Grampians Area Mental Health Service (**GAMHS**) catchment is located in the north-west of Victoria and covers 47,980 square kilometres, stretching 400 kilometres from the western outskirts of Melbourne to the South Australian border.

Figure 1 Grampians map, showing Primary Care Partnerships and Local Government Areas



The catchment is comprised of the following Local Government Areas (**LGAs**):

- Hindmarsh;
- Yarriambiack;
- West Wimmera;
- Horsham;
- Northern Grampians;
- Ararat;
- Pyrenees;
- Ballarat;
- Hepburn;
- Moorabool; and
- Golden Plains.

Demographic Profile of the catchment

At the 2011 census, the population of the Grampians region was estimated at 213,104 people. The population is projected to increase by 1.51 per cent per annum during the period from 2011 to 2031, or 30.26 per cent in total (Table 1).

Catchment population projections 2011 to 2031 (table 1)

Local government area	2011	2016	2026	2031	Difference 2011 to 2031	Percentage change 2011 to 2031	Percentage growth per annum
Ararat	11,326	10,952	10,706	10,618	10,614	- 6.29%	- 0.31%
Ballarat	95,185	103,249	113,800	125,235	136,873	43.80%	2.19%
Golden Plains	18,958	21,216	23,644	26,254	28,964	52.78%	2.64%
Hepburn	14,629	14,859	15,293	15,886	16,479	12.64%	0.63%
Hindmarsh	5,856	5,393	5,130	4,883	4,641	- 20.75%	- 1.04%
Horsham	19,523	19,887	20,492	21,129	21,793	11.63%	0.58%
Moorabool	28,670	32,126	36,132	41,052	46,124	60.88%	3.04%
Northern Grampians	12,054	11,420	11,119	10,931	10,820	- 10.24%	- 0.51%
Pyrenees	6,759	6,867	7,042	7,227	7,419	9.76%	0.49%
West Wimmera	4,287	3,811	3,471	3,210	2,988	- 30.30%	- 1.52%
Yarriambiack	7,183	6,645	6,254	5,931	5,618	- 21.78%	- 1.09%
Total Catchment	**224,430**	**236,427**	**253,083**	**272,357**	**292,332**	**30.26%**	**1.51%**

Source: Victorian population projections, Victoria in Future 2016, Department of Environment Land Water and Planning

The south-eastern areas of the Grampians region have growth rates above the state average, while the more rural areas of the region in the north-west (West Wimmera, Hindmarsh, Yarriambiack and Northern Grampians Shires) will experience negative growth.

Four LGAs within the catchment are expected to experience strong growth from 2011 to 2031:

- Ballarat with a 43.8 per cent increase;
- Golden Plains, 52.78 per cent increase;
- Hepburn, 12.64 per cent increase;
- Moorabool, 60.88 per cent increase.

Socioeconomic status for LGAs within the catchment

People living in areas of relative disadvantage tend to rely on public health services, and often have less capacity to meet out of pocket, travel and accommodation expenses. Across a range of disadvantage measures, many LGAs within the catchment score poorly compared with other parts of Victoria. Disadvantage varies across the catchment, with Northern Grampians, Hindmarsh and Pyrenees the most disadvantaged LGAs. (*Source: Australian Bureau of Statistics, 2033.0.55.001 - Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011*)

Northern Grampians is the most disadvantaged LGA in the catchment region. In particular, Northern Grampians has a very low score and ranking for Index of Education and Occupation (e.g. high unemployment or fewer people with qualifications). Golden Plains ranks 58 out of the 80 Victorian LGAs. Golden Plains is the only LGA in the catchment region that has an Index of Relative Socio-Economic Disadvantage score of above 1,000.

SEIFA scores of Local Government Areas in the Ballarat Area mental health catchment region

Local Government Area	Index of Relative Socio-Economic Disadvantage	Ranking in Victoria*	Index of Economic Resources	Ranking in Victoria*	Index of Education and Occupation	Ranking in Victoria*
Ararat	938	11	966	21	951	21
Ballarat	969	30	962	14	986	46
Golden Plains	1011	58	1052	75	967	32
Hepburn	967	28	974	28	1008	55
Hindmarsh	929	6	968	23	938	11
Horsham	971	35	976	32	974	40
Moorabool	995	49	1024	64	969	35
Northern Grampians	926	5	961	11	934	9
Pyrenees	930	8	962	13	949	18
West Wimmera	977	36	1000	48	1002	53
Yarriambiack	943	16	969	24	969	51

**Note: Ranking is out of 80 LGAs in Victoria, where 1 is the most disadvantaged and 80 is the least disadvantaged*
Source: Australian Bureau of Statistics, 2033.0.55.001 - Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011

Health status of the community

In 2013, Victorian Population Health Survey results from the Grampians region reported lower than the state average numbers of people with adequate work-life balance in every LGA with Horsham and Moorabool significantly lower, and a higher than average rate of intentional injuries treated in hospital with Horsham and Ballarat significantly higher. All LGAs in the Grampians region reported at least one area where the result was poorer than the state average. No LGA scored worse in every category than the state average, although Golden Plains, Hindmarsh, Moorabool, the Pyrenees, and Yarriambiack scored worse in 3 out of 4 categories.

Local government area	Persons who have a high degree of psychological distress	Persons sleeping less than 7 hours per day	Persons with adequate work-life balance	Intentional injuries treated in hospital per 1,000 pop'n*
Ararat	7.2%	28.7%	48.2%	1.3
Ballarat	5.9%	28.8%	50.7%	6.5
Golden Plains	11.6%	38.0%	51.3%	2.7
Hepburn	10.4%	27.6%	44.0%	2.9
Hindmarsh	12.0%	33.0%	40.2%	2.9
Horsham	7.4%	25.8%	25.8%	8.8
Moorabool	11.9%	39.7%	37.6%	2.8
Northern Grampians	8.1%	28.9%	46.4%	2.5
Pyrenees	8.6%	37.3%	40.7%	3.4
West Wimmera	10.0%	22.9%	47.0%	2.1
Yarriambiack	16.7%	21.8%	42.6%	3.8
Grampians Region	8.2%	30.5%	39.36%	4.8
Victoria	*11.1%*	*31.5%*	*53.1%*	*3.1*

**Note: 2012-2013 data from the Victorian Injury Surveillance Unit (VISU) using Victorian Admitted Episodes Dataset and Victorian Emergency Minimum Dataset data. Source: 2013 LGA profiles data, Department of Health, http://docs.health.vic.gov.au/docs/doc/2013-LGAprofiles- data*

When compared with the Victorian average, Ararat, Hepburn, and Horsham had a higher percentage of persons surveyed who sought professional help for a mental health related problem (*Source: Victorian Population Health Survey 2011–12, chapter 9: Mental Health*).

The rate of drug and alcohol clients is slightly higher than average for the region, with the highest rate in Horsham (14.1 per 1,000 population) and the lowest in Golden Plains (2.9 per 1,000 population). All LGAs other than Golden Plains, Moorabool and West Wimmera have a higher than average rate of registered mental health clients, with the highest rate in Ararat, at nearly twice the Victorian average (*Department of Health – Home and Community Care program, 2011-12; Australian Bureau of Statistics – Estimated Resident Population 2011. Department of Health – Mental Health, Drugs and Regions Division, 2011-12; Australian Bureau of Statistics – Estimated Resident Population 2011*).

Grampians Mental Health Services Profile

The Grampians region is serviced by a comprehensive Area Mental Health Service operated by Ballarat Health Service and based in Ballarat. The GAMHS has multiple components, including:

- **23-bed Adult Acute mental health inpatient unit** that provides management and treatment during an acute phase of mental illness;
- **10-bed Aged Acute inpatient unit** that provides management and treatment during an acute phase of mental illness for clients aged 65 years and over (located at the Queen Elizabeth Centre);
- **20-bed Aged high-level care residential facility** which provides care and treatment for residents over 65 years and over who have a serious mental illness that requires longer term care (located at the Queen Elizabeth Centre). An additional six residential beds are provided at Stawell, and a further six beds at Nhill;
- **10-bed adult Residential Recovery Program facility** (community care unit) that focuses on people who have a significant and prolonged history of mental illness and associated deterioration in psychosocial function
- **12-bed adult Secure Extended Care facility** that provides secure care for people who have unremitting and severe symptoms of mental illness and associated behaviour disturbance;
- **5-bed Mother and Family Unit** that provides perinatal mental health assessment and biopsychosocial treatment for women and their children, exclusive to those residing in the Grampians and South Western region.

The following Community Based Services are provided to the region:

- **Adult Community (in the home) Mental Health Services:** a regional service with offices located in Ballarat, Ararat, Stawell and Horsham. This team provides specialist mental health services for people aged 26 to 64 years;
- **Adult Intensive Community-Based Recovery Services**; focused upon the delivery of care to those with longer term mental illnesses in their own home;
- **Aged Community Mental Health Services:** a regional service with offices located in Ballarat, Ararat and Horsham. This team provides specialist mental health services for people aged 65 years and over. It treats people with an existing mental disorder; those who develop a mental disorder later in life, and those who have severe behavioural problems associated with dementia;
- **Infant and Child Community Mental Health Services:** a service which provides access to timely consultation, mental health assessment and evidence-based treatment for infants and children aged between 0 and 14 years and their families who are experiencing a significant mental disorder, emotional disorder or other mental illness (or are at risk of developing such an illness later in life);
- **Youth Community Mental Health Services:** a service which provides mental health assessment, consultation and evidence-based treatment to young people aged 15 to 25 years. Services provided

by the team range from detection and intervention for those known to be 'at risk' of developing a mental illness, through to treatment for those experiencing mental illness.

Grampians Area Mental Health Service – Lived Experience Workforce

The lived experience workforce is a critical component to the mental health work force at GAMHS*. It consists of people with a personal experience of mental illness as a sufferer, family member or other carer. The lived experience workforce provide consultation and strongly influence governance processes throughout the service.*

The GAMHS *submission to the Royal Commission Victorian Mental Health Services includes responses directly from the lived experience workforce which are identified accordingly.*

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

Current understanding in the Victorian community

There are significant amounts of good work currently underway from Beyond Blue, media and sporting personalities regarding anxiety and depression in the mild to moderate category. There are also many positive media stories about these types of illnesses, and this has led to improvement in the Victorian community's understanding of mental illness.

Health promotion activities regarding anxiety and depression often generate a significant amount of empathy in the community for the people who are experiencing such illnesses.

There appears less community understanding, and therefore resulting fear, of those with illnesses such as delusional or psychotic disorders. This increases social isolation, disenfranchisement, stigma and discrimination.

Suggestions for improvement

- There should be a communication strategy that provides greater levels of information to the community about the full range of mental health illnesses. This must be accompanied by positive and recovery focused stories for individuals who have a psychotic illness, particularly examples where people with psychotic illness live a full life, contribute to the community, and have a family, etc. The communication strategy should create the story that acute mental illness is just as critical as more commonly accepted physical illnesses, and treatment and care should be sought accordingly.
- This communication strategy needs to be regular and ongoing. 'Mental Health Week' is only one week a year. The communication strategy needs to have an increased focus on mental health promotion. The public health system has good processes for public community education for heart disorders, diabetes and skin cancer, but we have no or very little community education which focuses on mental health, particularly the low prevalence disorders such as Schizophrenia.

Grampians Area Mental Health Service – Lived experience workforce response:

It is important to communicate the message that mental illness is something people recover from and that someone with a mental illness usually spends a significant period of time well and functioning, as other members of society do. People still fear and/or there may be a tendency to mistrust people living with mental illness. There is still a misconception among some members of the community that people living with a mental illness will not recover or live meaningful lives, when this is not so.

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?**

Prevention and Recovery Care (PARC)

The Prevention and Recovery Care (PARC) model is working well. The model provides a community-based 'step up – step down' facility for those experiencing the early stages of an acute illness episode, or in the early stages of recovery from an illness episode, where admission to an acute inpatient unit is not warranted. This type of service is less restrictive and provides an alternative to hospitalisation.

There needs to be more PARCs available, particularly in Regional and Rural areas, as this will provide greater opportunities to intervene early in a person's deterioration, particularly if these services are available in the local area. The full range of PARC options should be in Regional and Rural areas - i.e.

Women's, Youth, older persons. There is scope to look at increasing the functionality of PARC to address other areas of need, for example, Mother and Family, Eating Disorders, etc.

Specifically within the Grampians region, PARC beds should be considered in regional centres such as Horsham and Ararat.

Community-based mental health care

Since deinstitutionalisation of psychiatric hospitals in the mid 1990's, the Victorian mental health system has invested significantly in the delivery of services from a community-based model. Client centred and family inclusive practice has developed accordingly. That is, clinicians providing care via a community case management clinic basis, or clinicians attending to clients in their home environment when required.

Community-based mental health services have served the community well, with the Department of Health and Human Services regularly investing in new innovations to address gaps in the system, such as the introduction of homelessness teams, services focused on children of parents with a mental illness, young persons services (16-25 years), and primary mental health teams providing support to primary care providers such as General Practitioners.

These innovations have, however, inadvertently created a complex and challenging system to navigate for consumers, carers and other health professionals. Further, they have created 'silos' within area mental health services, due to a lack of integration between specialist teams, despite being part of the same area mental health service. A greater focus on the planning of the whole of the area mental health service, taking into consideration the many and varied components that are configured within an area mental health service, would be of benefit, ensuring services are able to be intuitively navigated, and that components of the system have an ability to intersect seamlessly. A strong emphasis on a therapeutic model of care in the community is considered to be beneficial for consumers, more so than traditional case management models of care.

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

Early intervention

The early identification of people at risk of suicide is an effective means to ensure support and assistance for those that require it, reducing the likelihood of suicide occurring. Regrettably, there are many occasions where those people are not identified early enough, or where follow up care is not able to prevent the completion of suicide.

Early intervention initiatives in schools and workplaces are a good strategy to make people at risk of suicide are made aware of the help that is available. Investment in such services should continue.

Education and community awareness

Further investment in suicide prevention, and support for participation in suicide prevention strategies such as the LivingWorks Australia ASIST program are worthwhile investments. Investment in such programs have occurred in the past, and a renewed focus on future investment would be of benefit. The benefits are not only the development of skills in recognising and preventing suicide, but also raising awareness about the prevalence of suicide, and what services are available to assist.

Older Persons

Suicide by older people is not a commonly understood issue. Factors can include issues such as a loss of independence, isolation and physical health deterioration. Increasingly, aged persons' residential

mental health services are provided as outreach to people in their homes and/or in their residential aged services. This retains older people's contact with families and communities, and gives them more choice about where they wish to live. It is recommended that aged persons' residential mental health services should be remodelled so that services are provided to older people in their homes and/or in mainstream residential aged services.

Access to care in regional areas

It is recommended that adult mental health services in the community should be reconfigured to ensure equity of access and clinically appropriate response time across regional areas. People presenting to their local rural health service should have access to information about what services are available to them and how to access those services.

4. <u>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</u>

Access by People living across the Grampians Region

By area, GAMHS provides for a larger catchment than most other regional area mental health services. Some parts of the region, particularly to the west, are relatively inaccessible, have very small populations and have relatively poor access to other acute health services. To the west of the catchment, most people access Wimmera Health Care Group (Horsham), and are referred to Ballarat or another appropriate location from there.

Regional health services are eager to directly provide services for people living in their catchments, and could work well with local general practitioners, but require additional consultancy to assist in times of need. The community-based clinical service system works in partnership with public health services and with Mental Health Community Support Services to provide local service options for people with mental illness who do not live in Ballarat. Mental health inpatient and residential services are available only in Ballarat, so public health services across the region need to have clear pathways and access where appropriate for people in their own catchments.

Many people are transported to Ballarat Health Services by ambulance. However people in the regional locations would welcome service options that allow them to reduce the incidence of emergency transports. Though spread across a large geographical area, regional/rural places are slow in population growth and these regions do not attract funding growth to provide the primary and secondary level support services for consumers in the region. In effect, the expectation to provide all levels of care falls on the tertiary care services, utilising the existing allocated funding.

Primary mental health services

Primary services include general practitioners, community health services, Aboriginal Controlled Community Health Organisations, schools and rural hospitals. The primary service system should provide a region-wide platform for prevention, early intervention services, and access to secondary and tertiary services.

The following access difficulties are identified:

- Geography: people living further away from Ballarat and from the "spine" provided by the Western Highway have less access to the primary mental health care services provided by general practitioners, community health services, Aboriginal Controlled Community Health Organisations, schools and rural hospitals

- Skills base: workers in this sector may not have contemporary skills for responding to the needs of people with mental illness, and may therefore not be confident to provide services and/or referrals
- Stigma: particularly in small communities, people can still face stigma when they seek assistance for mental illness. This can reduce their willingness to seek support, and it may reduce the trust they feel in their service provider.

Secondary mental health services

These include psychological support services, Mental Health Community Support Services, Grampians Community Health and headspace Ballarat (provided by a consortium led by Western Victoria Primary Health Network).

The following access difficulties are identified:

- Geography: people living further away from Ballarat and from the "spine" provided by the Western Highway have less access to secondary care services
- Information: primary care providers sometimes do not know what services are available for people living in their area, and how to refer them to regional services
- Waiting lists and priorities: many secondary level services have waiting lists, and consumers may be prioritised so that people with lower-priority needs may wait considerable times
- Outreach capacity: the pressure on resources means that it is difficult for secondary level services to outreach to individuals and/or to primary care providers
- Skill mix: it can be difficult to recruit professional staff to regional and rural services, particularly if the organisation is not able to provide full time and ongoing employment. The constraints of funding can mean that positions are offered on a fractional basis, and this may not be enough to attract somebody to relocate to that area
- Inconsistency of eligibility requirements and access pathways mean that service providers, referrers and individuals find it difficult to navigate the service system
- Communication: the service providers can at times find it difficult to maintain effective communication channels.

Specialist mental health services

Tertiary clinical services are provided by the GAMHS, private psychiatrists, specialist mental health services in Melbourne, and St John of God Hospital, Ballarat.

The following access difficulties are identified:

- Geography: it is recognised that specialist services will be to some extent concentrated in Ballarat, but it is important that people living across the region have access to the skills and knowledge held by the tertiary services.
- Complexity: the service system is relatively complex, so each part does not necessarily know what is happening in other parts. Consumers and their families find it difficult to navigate
- Communication pathways and networks between service providers need to be improved, for the benefit of consumers and their families and carers
- Eligibility: it is difficult for community members and primary care providers to understand and navigate the complex eligibility requirements, so it can be difficult for them to make appropriate referrals.

Grampians Area Mental Health Service – Lived experience workforce response:

Good mental health is built in a society where originality and innovation is given precedence, where everyone has access to education and employment, where there is room for difference and diversity, where discrimination on any grounds is outlawed and dismissed, and where resilience is built by participation in sports, in the various arts, and in civic life. All children and teenagers should be taught about good mental health, resilience and mental health intervention and identification.

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

Access to care

Access to appropriate and effective mental health care is restricted in regional areas. This is in part due to the 'centralising' of area mental health services. In GAMHS for instance, services are distributed from the central hubs of Ballarat, and to a lesser extent, Horsham and Ararat. The current model of care for people requiring mental health inpatient care in smaller regional communities should be reviewed to ensure that patients receive appropriate and timely specialist mental health care locally, and that staff are appropriately supported in these local services.

Smaller rural hospitals are a key contributor to the mental health service system, as many rural people present first to their local hospital. While it is appropriate for some people to be transferred by ambulance to Ballarat Health Services, smaller rural hospital staff need to be able to provide appropriate support for people who are awaiting transfer. Further, and in partnership with their local community-based specialist mental health service, they need the capacity to provide support for people for whom transfer is not their best option. The model needs to be flexible to respond to local circumstances, including staff profiles.

Telemedicine

Consideration should also be given to Telemedicine enhancements (telepsychiatry). Due to the geographical reach of regional services, such services need to utilise smart ways to deliver care to consumers located in remote rural areas far away from the catchment's towns and hospitals. Efficient use of telemedicine by the development of infrastructure and capacity building will improve the provision of care to these consumers in remote rural areas, but also reduce the amount of travel currently undertaken by clinicians.

Grampians Area Mental Health Service – Lived experience workforce response:

The former state government strategy 'Mental Health Matters' gave an outline of how mental health services could be embedded in all other services (including prisons, AOD services, employment services, and education providers) to intervene to help those with mental illness. Such a strategy should be revisited, and include setting targets for statistics like reducing the gap in life expectancy of those with a mental illness as compared with the general public, reducing the number of people with a mental illness living alone or in supported residential services, reducing the number of people in prison who have a mental illness, and reducing the number of people with a mental illness who have co-existing drug and alcohol issues.

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

Service Navigation

As stated above, the Victorian public mental health system is complex and challenging to navigate. Families and carers need to be able to access the services they require during periods of high stress,

emotion and at times urgency. Consistency of service access will increase confidence of families and carers in the mental health services.

Families and carers are less likely to be familiar with the configuration, including the physical infrastructure, of mental health services compared to those of acute or general health care services. An orientation of services for families and carers, and for the broader public in general, would significantly improve the understanding of Victorian public mental health services.

Support for families and carers

Support programs via health care professionals or via peer support services would significantly improve the ability for families and carers to understand mental illness, prognoses, risks, etc. Dedicated funding for support services, or access to Medicare-based services for families and carers would be a significant improvement in service provision.

Grampians Area Mental Health Service – Lived experience workforce response:

Family members can find themselves in a compromised position, advocating for their loved ones and at the same time advocating for the acceptance of treatment and care, when someone with a mental illness is reluctant or refusing to receive care. . It can be very challenging providing care to a loved one who then may or may not recover, depending on the severity of their illness and their recovery journey. Carers may need time off work, part-time roles, education, respite and a range of other supports or interventions to assist them. Access to counselling and therapy sessions for carers should be considered.

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

Attraction, recruitment, and retention of staff in regional areas is a multifactorial problem caused by less staff being attracted to living in the regions and limited career progression options being available. Absence of Medical Registrars discourages psychiatrists from working in the regions, due to the workload they as consultants will need to carry themselves. There needs to be financial and housing incentives to encourage staff to work in regional area mental health services. Consideration should also be given to increasing the amount of personal leave and study leave available to staff in regional mental health services in order to maintain good health. Most learning opportunities for mental health professionals and allied health staff are Melbourne centric, which makes participation more challenging. There needs to be greater investment in learning opportunities in regional and rural centres.

It is suggested that there be consideration of greater training program support to develop and run training programs in regional services to ensure regional experience is provided to trainees and to attract workers to the regional services. This includes nursing, medical and allied health undergraduate and post graduate training. Partnerships with universities to provide such training are critical.

A sustained focus upon a safe workplace is also critical, with workplace violence and aggression a significant concern for many working in mental health services – particularly acute services.

Grampians Area Mental Health Service – Lived experience workforce response:

Working in mental health services is a very rewarding line of work. Opportunities to provide enhanced access to mental health workplaces as undergraduates is critical, in order to ensure clinicians consider specialising in Mental Health later in their careers. In the Grampians area mental health service the workforce is an aging one, and we need to appeal to a new generation. This can be done partly by using all Information Technology platforms well, but also in listening to and training another generation of workers. The lived experience workforce, with the right supports, flexibility and budget is a more than capable adjunct to clinical services.

We also need to ensure staff know they will be really well supported by colleagues and management when faced with the challenges and sometimes traumatic situations that can arise when working in mental health services. Genuine and deep investment in staff wellbeing programs will be reflected in staff retention and positive patient outcomes.

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?

A strong focus on recovery orientated care is important.

> *From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.*
>
> *It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery – hope, healing, empowerment and connection – and external conditions that facilitate recovery – implementation of human rights, a positive culture of healing, and recovery-oriented services.* (Jacobson and Greenley, 2001 p.482).

An emphasis on supporting consumers and their carers to develop or enhance life skills and vocational skills, enabling an independent life, would greatly enhance the quality of life outcomes for people with a mental illness. Skills to manage their illness, including the identification of early warning signs of relapse, and encouraging supportive employers to provide vocational opportunities for those with a mental illness would greatly enhance the models of care that currently, can at times be somewhat narrowly focused upon medical and/or pharmacological intervention.

Grampians Area Mental Health Service – Lived experience workforce response:

We need an "Us and Ours" campaign where the state government commits to real and measurable change for those with mental illness and then reports annually on processes and outcomes. There must be a better level of accommodation than the current supported residential services. Funding should be made available so that these SRS's are replaced with units with 24 hour staff so that clients now in Supported Residential Services can learn the skills they need to thrive in the community. A renewed focus on holistic mental health care is required. The current system can be too reactive, and at times emergency-driven.

The delivery of care to those with a suspected mental illness in emergency departments should be reviewed. Currently the environment is not suitable for many people presenting with a suspected mental illness, and environments that support de-escalation of the presenting illness could be considered.

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?

- **Funding models** - Population-based funding models disadvantage regional, rural and remote mental health services as the funding does not take into consideration the social, economic and geographical challenges inherent in these catchments. The specific challenges for the Grampians Mental Health Service are outlined in the introduction above. The Victorian Auditor General's Office report regarding access to mental health services indicates that regional and rural services are far more expensive to deliver than metropolitan services but are allocated funding on the basis of the same population-based funding model.

- **Forensic mental health care** – This includes post-sentence facilities (Corella, Rivergum) which are for those that have completed their incarceration sentence but are considered an ongoing risk to the community. There are no forensic beds (beds for those incarcerated) in the Grampians catchment despite a large prison population in Hopkins and Langi Kal Kal correctional facilities.

    - In-reach services into prisons for those with mental illness, and indeed those with mental illness and soon to be released, would significantly improve the engagement of former prisoners in mental health care following their period of incarceration. Such in-reach could be provided by dedicated 'forensic mental health service clinicians', provided from the Area Mental Health Service. Support and oversight could be provided by the state-wide Forensicare service and in collaboration with Justice Victoria.
    - There is an increasing need to accept patients from post-sentence facilities into SECU. However, admission from post-sentence facilities to mainstream mental health facilities will often be inappropriate given the potential risk to co-patients and staff. An opportunity exists to develop an interim bed-based service that sits between these two services which would deliver a significant improvement in the accessibility and the quality of care available. Those beds could be provided by the Area Mental Health Service with support and oversight provided by the state-wide Forensicare service, and in collaboration with Justice Victoria.

- **Dual disability services** – There is a scarcity of dual disability services for consumers with disabilities like intellectual disability or acquired brain injury. There needs to be appropriate infrastructure including trained staff to provide care to members of the community with these types of conditions, who do not have a mental illness. This will avoid the need for admission to mental health facilities for behavioural containment, despite the absence of a mental illness.

- **Accommodation** – There is inadequate availability of housing options for consumers living with a mental illness in regional areas. The accommodation services receive a significant number of referrals for accommodation services and need more accommodation stock to support the clients with mental illness.

- **AOD services** - There is a significant number of persons who suffer from acute mental illness presentations either primarily due to substance use or abuse or have an exacerbation or perpetuation of a primary mental illness due to substance use. The substance use also impacts on the safety of others living with them and the public, including in the context of road safety. We find that a majority of these consumers only have very sporadic engagement with Alcohol and Drug **(AOD)** services, and accordingly, valuable clinician time and resources are expended in attempting to engage them. An inpatient setting with an active group therapy and individual AOD therapy would improve engagement and deliver a therapeutic setting with significant periods of time to work together on the triggers and strategies with the therapist. This can have cost benefits as well, with consumers more motivated to participate in community AOD programs.

- **Partnership development**

    - Strengthened relationships with other mental health service providers in the catchment, in particular National Disability Insurance providers;
    - Together regional services providers should build models of care to meet the needs of high-risk client groups and hard-to-reach and disengaged client groups, in particular those who live outside of metropolitan and large regional centres where there has been declining engagement in mental health services;
    - Area mental health services should work closely with Primary Health Networks on the development of stepped models of mental health care to ensure that pathways for clients and providers are clear and clinically appropriate;

- Mental Health Services should review the current approach to engagement with people with a lived experience of mental illness and their carers to ensure that they are appropriately engaged in service planning, development, delivery and improvement and evaluation;
- While it is difficult to determine with accuracy the number of Aboriginal and/or Torres Strait Islander people accessing mental health services, it can be expected that this is a particularly vulnerable and underserviced group. area mental health services need to enter partnerships with Aboriginal-Controlled Community Health Organisations. These partnerships should be used to explore mental health issues for Aboriginal and Torres Strait Islander people in the region, and the barriers they face in access to mental health services. In consultation with Aboriginal and Torres Strait Islander people in the region, AMHS's and the Aboriginal Controlled Community Health Organisations could develop secondary consultation models, and models to streamline pathways for Aboriginal and Torres Strait Islander people to mental health services if they need them;
- Consideration should be given to improved access to trauma-informed care in the community. It can be argued that there is a lack of trauma-informed and focussed care in regional and rural areas. The wait period for accessing such care can lead to people falling through the cracks and becoming acutely unwell. This impacts on the recovery of the consumer and leads to increased morbidity and mortality. The consumers are forced to utilise the tertiary care services including mental health and acute general bed-based services.

Grampians Area Mental Health Service – Lived experience workforce response:

Delivery of evidence-based treatment. Defining measurable and achievable changes in outcomes for those with a mental illness and reporting on them. Building adequate infrastructure for housing for those with a mental illness. Making sure that stigma is overcome by a world leading prevention and intervention program. Making sure all services have equity in terms of service provision - child and youth acute services and community care unit in this region.

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

Community engagement is critical in any change. The opportunity to educate the community at large about mental illness, treatment and care options and service facilities available to the Victorian public are important to break down the stereotyping and stigma of not only those suffering a mental illness, but also the associated stigma for those that work in mental health services, and the stigma surrounding the services that are provided.

Grampians Area Mental Health Service – Lived experience workforce response:

The gaps in the mental health system that need closing should be defined, targets should be set, and a whole of government approach should be used to deliver the services required to achieve the targets. We should learn from other world leaders in this respect – such as Portland in the United States, Trieste in Italy and Birmingham in the UK, to name a few

11. <u>Is there anything else you would like to share with the Royal Commission?</u>

Grampians Area Mental Health Service – Lived experience workforce response:

We have a once in a generation chance to change the mental health system. We should have a Victorian oversight body with real teeth like the National Mental Health Commission. Such a Commission should include at least one consumer member, as well as carer or family members. Consumers need to be given a leading voice as part of any reform.