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

Organisation Name
Griefline

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"As a community, we have experienced the success of the VIC ROADS roads campaigns, the AIDS campaign, the ongoing campaign on violence against women, awareness campaigns in relation to a cancer diagnosis and mental health campaigns in which sporting figures, are engaged as effective figures in normalising the experiences of mental health across the community. Translating the positive work achieved thus far and expanding the messaging to speak directly to the stigma of negatively labelling mental health, potentially impeding individual treatment and meaningful participation, presents an opportunity to shift the focus from a medical focus to a public health perspective as the point of engagement with service delivery. A public health perspective potentially broadens out the narrative, speaking to the many aspects of mental health, symptoms, management and its resolution across various presentations but also includes a social justice model in relation to the lost opportunities for people experiencing mental health symptoms due to stigma and discrimination. Secondly, early intervention programs, designed from a public health and social health perspective and linked in with a variety of structured program options representing the diversity of the client's lived experience is required. Working from the perspective of the client's lived experience informs practice and interventions, focusing on the service driven by the client, with potential for more focus on solutions to reduce stigma and discrimination. In the field grief, loss and trauma and the provision of telephone, online and email support services providing counselling and support to callers across metropolitan and regional, rural and remote Victoria over a 24 hour cycle, unresolved complicated grief, loss and resulting trauma can result in the development of complex mental health presentations, inclusive of suicidal ideation and suicidal intent. Grief is a natural response to loss, but if not addressed, untreated complicated grief and loss can result in a range of adverse and enduring consequences (up to 4 years) include physical, psychological well-being and social well-being symptoms as identified in the Australian longitudinal study (Lui, Forbat & Anderson. 2019). The experience of complicated and untreated grief, loss and trauma can be then complicated by this resulting in homelessness, deterioration in mental health, family violence, family breakdown, unemployment, increases in drug and alcohol use, problem insomnia, health deterioration and an early death (Mughal & Siddiqui, 2019).This domino effect, impacts on how the person's symptoms are classified, so that the initial experience of overwhelming loss and grief can be transposed into a mental health diagnosis, with associated individual stigma attached, shifting away from the original experience of loss and grief. The solution to this, is to work with the experience of loss and grief from a trauma informed perspective and from a strength based, capacity building narrative approach, not focusing on deficits but identifying the repetition of old patterns and meanings which may inform existing responses to loss and grief. This shifts the discourse solely from a focus on risk assessment to listening and building a strength based narrative with the client, while assessing risk from emerging solutions identified by the client in conjunction with the clinician or volunteer. In addition to this, linking the client in with various structured evidence based and evaluated options, which support the transition back to

positively engaging in their social environment in a sustained and meaningful way. Integral to this process, is the service provider having structured links with the community, providing information, education, training and accessing direct feed back from clients and their evaluations of service provision within the organisation. Thirdly, tools of risk assessment developed and designed for face to face sessions need to be reviewed when working with clients over the phone or online and further research and changes in clinical practice are required, focusing on strength based capacity building, trauma informed practice and a narrative approach in regard to building effective engagement, development of trust and a skilled interest in the client's narrative, while assessing risk, without the cues available in face-to-face work. Without addressing the needs of a particular cohort, especially those emotionally and socially isolated, inclusive of those living in regional, rural and remote Victoria with limited access to face-to-face counselling and support, it is vital to ensure that trauma informed, strength based capacity building evidence based effective tools are utilised in phone, online and in Skype counselling. In turn, this effects the experience of stigma and discrimination shifting it from the experience of complicated grief and loss, with the risk of increasing a person's mental health vulnerability and the social assumptions and contemporary interpretations of mental health. Service options for telephone and online counselling, especially within regional, rural and remote communities, to include six counselling and support sessions, with a optional workbook (for in between the session) with the same counsellor utilising a trauma informed, strength based, capacity narrative approach, can also support transition to recovery within an early intervention model, shifting away from a label, stigma and discrimination and rather as a process of working through complicated grief, loss and associated trauma. This in turn can influence how this processes and these services are experienced in the community and are seen as normative and adaptive services supporting transitions back to health. Fourthly, training of staff and volunteers needs to include evidence based best practice interventions for critical self reflection including working with the clinicians or volunteers own triggers. patterns and beliefs, so that a productive and creative insightful space is held between the caller and the worker, which supports positive change, based on a trauma informed, strength based capacity building approach, in an environment without the cues of face-to-face work. Fifth: clinical, skill based, skill development, capacity building and critically reflective supervision provided to volunteers and staff in a planned and consistent manner by qualified staff with training in supervision also impacts on the skill and capacity of staff and volunteers, which in turn potential can impact on the client's capacity to work through symptoms of complicated grief without the identified stigma of a mental health diagnosis. Sixth: structured, supported and integrated early intervention opportunities for partnerships, wrap around soft referral processes, between organisations, meeting the needs of the lived experiences of clients and preventing clients falling through the gaps in relation to service provision. Education and information sessions provided to communities in understanding the normal processes of grief and loss and the effects of untreated complicated grief, loss and resulting trauma and the importance of awareness and accessing programs to work through this. Seventh: Peer support moderated online forums and groups to be further developed and funded to support recovery and to de-stigmatise complicated grief, loss and associated trauma, with increased awareness of its links to mental health symptom development and the social, economic, health and public health links. Eight: Peer support, education and training further developed and funded to support recovery and integrated in community centres and programs as a way of normalising and de-stigmatising complicated grief, loss and associated trauma and providing processes to recovery Eighth: Advertising and commercials identifying the normal processes of grief and the importance of developing ways for the public to engage with loss and grief without fear or discomfort when speaking about it and linking it to services, which provide this support. "

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?

"1. Strength - The community is increasingly aware of the prevalence of mental health. Area of development - increased service provision working with complicated grief, loss and associated trauma, with 24 hour telephone and online services supporting and counselling clients utilising a trauma informed, strength based, capacity building evidenced based narrative model preventing the development of mental health symptoms, Increasing public awareness and increasing confidence in speaking about and responding to grief and loss and recognising complicated grief, loss and associated trauma, via education, training and advertising programs 2. Strengths: Services are increasingly adaptive and responsive to the needs of clients with mental health presentations. Area for development: Range of early intervention options to clients, experiencing complicated grief, loss and associated trauma, inclusive of six session evidence based interventions, with workbook. Client working with the same clinician via telephone counselling and available to all metropolitan, regional, rural and remote areas across Victoria, 7 days a week. Videos available on website explaining complicated grief and loss, with attached tools for clients, with videos of clients lived experiences of complicated grief and loss and their journey to recovery via the website. 3. Strengths: Early intervention organisations are developing partnerships with other organisations, to develop more effective wrap around programs, collaborations and sharing of information - this is presently also achieved by the NOTSS group, of which Griefline is a member. Areas for development: Further structured sharing and collaboration on the same challenges and evidence based tools across all early intervention telephone and online service providers to ensure a uniform, consistent and best practice approach on electronic counselling and support. Continuation and development of partnerships with other service providers, including universities, employment agencies, gyms and other innovative approaches to service provision, in addition to further structured soft wrap around transition processes to ensure the client's ongoing engagement with new services. 4.Strength: Programs evaluation and accountability are increasingly more transparent Areas for development: Client evaluation and direct feedback in relation to service provision. Recording and analysis of phone calls, to ensure best practice and skill development and capacity development of staff and volunteers. Evaluation of online counselling session to ensure best practice and professional development and clinical supervision of staff to ensure ongoing trauma informed practice, strength based and capacity building narrative approach when working with clients 5.Strength: The lived experiences of clients are becoming more central to the development of services - Areas of development: Ad verbatim analysis of phone calls and scripts to ensure centrality of lived experience. Client involvement on board level in relation to the strategic direction and input in relation to service delivery 6. Strength: Professional ongoing training and professional development of staff Area for development: Partnership with university to ensure ongoing access to evidence best practice and a platform for professional accreditation, increased qualifications and skill development of workers and better outcomes for clients "

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

"1. Strength: risk assessments are now routinely utilised when assessing clients with heighten presentations in relation to suicidual ideation and suicidual intent. Areas for development: Working in the field of telephone and online services with complicated grief, loss and associated trauma, the face-to-face tools, for risk assessment can be a blunt instrument in effectively engaging with clients, developing trust and supporting them to share their narrative of loss and to effectively engage with their existing strengths, their capacities via trauma informed practice to better prevent suicide 2.Strength: Active engagement with lived experience of clients Areas of development:

Regular analysis of phone calls between caller and clinician and/or volunteer, analysis of online scripts to ensure quality control and best practice across the service. 3.Strength: Active engagement and collaboration with the NOTSS (National Online Telephone Support Services group) group Areas of development: Increase in contact for Victorian NOTSS group and increase in collaboration and information sharing in relation to common challenges across the telephone and online services. Leadership position in supporting the NOTSS group in maintaining and developing on going collaboration, innovation and uniform best practice across telephone and online services 4.Strength: Trauma informed, strength based, capacity development narrative practice linked to risk assessment for telephone and online services Areas of development: more research, identifying international and national approaches to telephone and online interventions in the field of suicide prevention 5.Strength: Online client moderated forums Areas for development: Increased effectiveness of technology in proving online tools, videos, education, community links and service provision options as an effective method for approaches client participation, education and understanding of complicated grif, loss and associated trauma increasing active involvement in recovery "

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.

"1. Preconceived ideas of mental health, eg: linked to ideas of masculinity - Solutions: education, targeted advertising, specific service provision for particular groups 2. Preconceived ideas about clinical or support capacity of staff or volunteers without regular planned an evidence based best practice supervision and debriefing. Solution: increased focus on the importance for planned regular professional and evidence based supervision and debriefing and professional development to ensure an effective workforce 3. Access to service delivery in regional, rural or remote areas. Solution: Provision of 24 hour phone and online support and counselling service delivery options to meet the needs of client's lived experience and ensure access to services which can support good mental health 4. Service delivery not matching the needs of clients. Solution: Analysis and evaluation of phone calls and online sessions to assess quality of service delivery and clinician/volunteer skill and roadblocks - working with skill development and development of engagement skills to ensure effective service delivery in relation to good mental health 5. Lack of social support or social relationships: Solution: Development of online moderated forums for regional, rural and remote communities across Victoria to ensure community engagement and potential for maintenance of good mental health 6. Past experiences of trauma which have negatively impacted on the person's experience of the world and their own capacity to manage complex feelings, thoughts, sensations and memories. Solutions:Various options for treatment identified on the website, increasing client choice and increased self-capacity for involvement. Trauma informed, strength based, capacity building narrative approaches and psycho-education in working towards recovery from complicated grief, loss and associated trauma ensuring good mental health and insight in relation to the effects of complicated grief and loss. 7. Absence of public health and social model of mental health, with a focus on the individual pathology as focus. Solution: Development of clear information on public health, social health and social justice aspects of complicated grief, loss and associated trauma and its links to the development of mental health symptoms and other social and health ramifications if not treated 8. Absence of easily accessible and de-stigmatised services, Solution: Normalisation of services and education provision in relation to the universal nature of grief, loss and associated trauma. 24 hour access to telephone and online services across rural, regional, remote and metropolitan areas across Victoria to ensure access to services provision to ensuring good mental health, in addition to

specialised face-to-face service provision. 9. Absence of formal linkages and communication between services providing mental health support Solution: Partnerships and structured wrap around referral processes ensuring active client engagement with ongoing service delivery, ensuring good mental health 10. Cultural, education, literacy and language barriers can increase isolation. Solution: Translation of information on website, in GP surgeries, active community engagement via partnerships and accessing use of interpreters via partnerships "

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

"1. Organisations providing services to communities can be functioning in silos - Solution: increased and supported participation and linkages between communities and community organisations supported by targeted funding in employment of project officer or linkages professional to support future sustainable partnerships 2. Isolation of community, rural, remote location, with limited options for employment or education. Solution: Access to 24 hour telephone and online support and counselling services working with grief, loss and associated trauma, preventative in the development of mental health symptoms and chronic mental health outcomes 3. Poverty of service provision within the community. Solution, provision of 24 hour telephone and online services, early intervention service provision linked to evaluation of services to ensure best practice and effective service provision"

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

"1. The effects of complicated grief, loss and associated trauma can result in significant negative effects on family members and carers. Support services, face-to-face and 24 hour telephone and online services can provide effective methods of working with their on grief, loss, trauma and mental health symptoms 2. Online moderated forums can assist increase community, identification and decrease isolation 3. Development of face-to-face family and carer groups via partnerships can also assist support and connection 4. Education forums and partnerships with training organisations can support family members and carers "

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

1. Regular and planned professional evidence based supervision 2. Access to regular and planned structured evidence-based peer support supervision 3. Stepped model of training and education development via partnership with a university and/or TAFE 4. Evidence based training and ongoing skill development

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?

"Importance of a shift to a public health, social health and social justice model of understanding of mental health and structural changes to understanding complicated grief, loss and associated trauma and the potential ramifications of this. This includes increases in unemployment, homelessness, increases in mental health presentation, including suicidual ideation and suicidual intent, family breakdown, family violence, increase in drug and alcohol use, health problems and early death. Linking this with an advertising campaign, partnerships between mental health service providers, including telephone and online services and employment agencies, TAFES, recovery

education programs, volunteer programs Increased understanding in the linkages in relation to complex outcomes, where there is an absence of early intervention programs to meet the lived experiences of clients in preventing increases in the development of chronic mental health presentations and the ramifications of health, social and environmental consequences as a result."

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
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What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Translating the positive work achieved thus far and expanding the messaging to speak directly to the stigma of negatively labelling mental health, potentially impeding individual treatment and meaningful participation, presents an opportunity to shift the focus from a medical focus to a public health perspective as the point of engagement with service delivery. A public health perspective potentially broadens out the narrative, speaking to the many aspects of mental health, symptoms, management and its resolution across various presentations but also includes a social justice model in relation to the lost opportunities for people experiencing mental health symptoms due to stigma and discrimination. Secondly, early intervention programs, designed from a public health and social health perspective and linked in with a variety of structured program options representing the diversity of the client's lived experience is required. Working from the perspective of the client's lived experience informs practice and interventions, focusing on the service driven by the client, with potential for more focus on solutions to reduce stigma and discrimination. In the field grief, loss and trauma and the provision of telephone, online and email support services providing counselling and support to callers across metropolitan and regional, rural and remote Victoria over a 24 hour cycle, unresolved complicated grief, loss and resulting trauma can result in the development of complex mental health presentations, inclusive of suicidal ideation and suicidal intent. Grief is a natural response to loss, but if not addressed, untreated complicated grief and loss can result in a range of adverse and enduring consequences (up to 4 years) include physical, psychological well-being and social well-being symptoms as identified in the Australian longitudinal study (Lui, Forbat & Anderson. 2019). The experience of complicated and untreated grief, loss and trauma can be then complicated by this resulting in homelessness, deterioration in mental health, family violence, family breakdown, unemployment, increases in drug and alcohol use, problem insomnia, health deterioration and an early death (Mughal & Siddiqui, 2019).This domino

effect, impacts on how the person's symptoms are classified, so that the initial experience of overwhelming loss and grief can be transposed into a mental health diagnosis, with associated individual stigma attached, shifting away from the original experience of loss and grief. The solution to this, is to work with the experience of loss and grief from a trauma informed perspective and from a strength based, capacity building narrative approach, not focusing on deficits but identifying the repetition of old patterns and meanings which may inform existing responses to loss and grief. This shifts the discourse solely from a focus on risk assessment to listening and building a strength based narrative with the client, while assessing risk from emerging solutions identified by the client in conjunction with the clinician or volunteer. In addition to this, linking the client in with various structured evidence based and evaluated options, which support the transition back to positively engaging in their social environment in a sustained and meaningful way. Integral to this process, is the service provider having structured links with the community, providing information, education, training and accessing direct feed back from clients and their evaluations of service provision within the organisation. Thirdly, tools of risk assessment developed and designed for face to face sessions need to be reviewed when working with clients over the phone or online and further research and changes in clinical practice are required, focusing on strength based capacity building, trauma informed practice and a narrative approach in regard to building effective engagement, development of trust and a skilled interest in the client's narrative, while assessing risk, without the cues available in face-to-face work. Without addressing the needs of a particular cohort, especially those emotionally and socially isolated, inclusive of those living in regional, rural and remote Victoria with limited access to face-to-face counselling and support, it is vital to ensure that trauma informed, strength based capacity building evidence based effective tools are utilised in phone, online and in Skype counselling. In turn, this effects the experience of stigma and discrimination shifting it from the experience of complicated grief and loss, with the risk of increasing a person's mental health vulnerability and the social assumptions and contemporary interpretations of mental health. Service options for telephone and online counselling, especially within regional, rural and remote communities, to include six counselling and support sessions, with a optional workbook (for in between the session) with the same counsellor utilising a trauma informed, strength based, capacity narrative approach, can also support transition to recovery within an early intervention model, shifting away from a label, stigma and discrimination and rather as a process of working through complicated grief, loss and associated trauma. This in turn can influence how this processes and these services are experienced in the community and are seen as normative and adaptive services supporting transitions back to health. Fourthly, training of staff and volunteers needs to include evidence based best practice interventions for critical self reflection including working with the clinicians or volunteers own triggers. patterns and beliefs, so that a productive and creative insightful space is held between the caller and the worker, which supports positive change, based on a trauma informed, strength based capacity building approach, in an environment without the cues of face-to-face work. Fifth: clinical, skill based, skill development, capacity building and critically reflective supervision provided to volunteers and staff in a planned and consistent manner by qualified staff with training in supervision also impacts on the skill and capacity of staff and volunteers, which in turn potential can impact on the client's capacity to work through symptoms of complicated grief without the identified stigma of a mental health diagnosis. Sixth: structured, supported and integrated early intervention opportunities for partnerships, wrap around soft referral processes, between organisations, meeting the needs of the lived experiences of clients and preventing clients falling through the gaps in relation to service provision. Education and information sessions provided to communities in understanding the normal processes of grief and loss and the effects of untreated complicated grief, loss and resulting trauma and the importance of awareness and accessing programs to work through this.

Seventh: Peer support moderated online forums and groups to be further developed and funded to support recovery and to de-stigmatise complicated grief, loss and associated trauma, with increased awareness of its links to mental health symptom development and the social, economic, health and public health links. Eight: Peer support, education and training further developed and funded to support recovery and integrated in community centres and programs as a way of normalising and de-stigmatising complicated grief, loss and associated trauma and providing processes to recovery Eighth: Advertising and commercials identifying the normal processes of grief and the importance of developing ways for the public to engage with loss and grief without fear or discomfort when speaking about it and linking it to services, which provide this support. "

Is there anything else you would like to share with the Royal Commission?

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outcomes for clients "