SUMMARY OF RECOMMENDATIONS

Knox City Council recommends that the Royal Commission:

1. Establish a funding stream for each municipality to develop and implement locally targeted community awareness and stigma reduction campaigns.

2. Increase research into the social determinants of health, with a particular focus on marginalised communities and their lived experience.

3. Increase funding for multi-sectorial and inter-sectorial approaches to mental health promotion.

4. Develop a national best-practice framework to aid organisations in creating mentally healthy and resilient workplaces.

5. Increase funding for specialist mental health services.

6. Recommend State Government commit to public information sessions on how to navigate the mental health service system.

7. Recognise that physical, medical, social and psychological health are interrelated and that mental health prevention initiatives should focus on the broad range of factors associated with mental health and wellness.

8. Establish funding streams for place-based interventions for community capacity building and suicide prevention.

9. Establish a funding stream for local governments in partnership with community organisations to initiate a community based brokerage fund to respond to suicide prevention and other new and emerging mental health and wellbeing community needs.

10. Establish funding for mental health first aid training for workers, volunteers and community members and organisations who have contact with high risk cohorts.

11. Provide funding for establishment of an Eastern Metropolitan Region Mental Health and Prevention Network.

12. Conduct a comprehensive review and commitment to action on barriers affecting service access, integration and coordination.

13. Provide ongoing funding for the provision of NDIS education and information to people with a psycho-social disability and their families and carers.

14. Further develop of a specialised pathway to NDIS for people with psycho-social disabilities.

15. Provide ongoing funding for local community programs and initiatives focused on building the capacity of community services to be more inclusive of people with a mental health issue or psychosocial disability.

16. Commit to re-funding Mental Health Community Support Services for people with mental health issues who are ineligible or unable to access the NDIS.

17. Invest and support the development of long-term State Government policy and action plans that focus on improving mental health outcomes for marginalised communities.

18. Provide funding for partnership opportunities to conduct research into factors associated with high rates of psychological distress for young women in Knox.

19. Fund each municipality to develop programs and interventions targeting social connection, capacity building and wellbeing for family members and carers of people with a mental illness.

20. Prioritise responses submitted by mental health organisations, community groups, and individuals living with mental illness, their families and carers in considering the needs of the mental health workforce.

21. State Government to advocate to Federal Government to Increase Newstart, Youth Allowance and other government benefits to adequately support people with mental illness maintain a quality of living conducive to wellbeing.

22. Provide funding for local organisations in each municipality to establish training, internship and/or mentoring programs for marginalised groups.

23. Increase funding for neighbourhood houses and community training and education providers.

24. Establish flexible working conditions in the public sector to ensure the protection of rights for people living with a psycho-social disability.

25. Prioritise securing government funding for mental health reform.

26. Prioritise investment of funding and resources into developing a model of care for mental health patients presenting to emergency departments with consideration of findings from a 2017 Monash Health review.

27. Prioritise development of a centralised intake and referral service for people experiencing mental ill health and crisis.

28. Prioritise Recommendation 10 by providing priority funding for mental health first aid training for workers, volunteers and community members and organisations who have contact with high risk cohorts.

29. Prioritise Recommendation 16 by re-funding Mental Health Community Support Services for people with mental health issues who are ineligible or unable to access the NDIS.

30. Establish a state-wide Mental Health Lived Experience Advisory Committee to guide and advise the Victorian Government on mental health policy, strategy and initiatives.

31. Introduce screening tool that would be effective in supporting earlier identification of problem gambling within mental health cohorts, and could easily be added to existing intake processes.

32. Conduct research that investigates the practice of self-regulation for harmful use of electronic gaming machines, including related mental health impacts.

33. Improve provision of resources allocated to the Victorian Commission for Gambling and Liquor Regulation to adequately mandate Codes of Conduct at electronic gaming machine venues.

34. Recognise the community harm associated with electronic gaming machines is unacceptable in Knox, and lobby for a reduction of municipal caps in Knox to 6 pokies machines per 1000 adults.

35. Develop a Housing First model for people with a mental illness, recognising that housing is a pre-condition for mental health care.

36. Provide resources and clinical support for the successful transition of patients from a psychiatric hospital to transitional housing support and access to periods of short and medium term case management.

SUBMISSION RESPONSES

Q1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Community intervention is crucial to addressing societal risk factors for mental ill health.

Stigma associated with mental illness has a significant impact on help seeking behaviours and health outcomes for people with mental ill health. Although research suggests recent improvements in attitudes towards people with mental illness, discrimination and prejudice abounds and adds to the burden of health (beyondblue, 2015). The level and type of stigma associated with mental illness is influenced by variables such as age, gender and culture, and these must be taken into account when developing stigma-reduction interventions.

Community groups and organisations are uniquely placed to develop and implement education and awareness initiatives that respond to diverse local needs. Knox is a culturally diverse community, with one in four residents born overseas. Effective interventions to reduce stigma and discrimination must be culturally sensitive and tailored to regional context. Awareness, understanding and access to information is mediated by a range of social and cultural factors which need to be accounted for when developing interventions to reduce stigma and increase community understanding.

Develop community awareness and understanding of mental ill health

The cause and impact of mental ill health is complex and multifaceted. Research consistently demonstrates the relevance and importance of the biopsychosocial model in developing effective prevention and treatment interventions (Herman, Saxena, & Moodie, 2005). Such interventions use a multidimensional, holistic approach to address the biological, psychological and social factors underlying mental illness and mental health challenges. To improve the Victorian community's understanding of mental illness and address negative attitudes underlying stigma and discrimination, it is recommended that a funding stream be made available for each municipality in Victoria to develop and implement locally targeted community awareness and stigma reduction campaigns. Such campaigns will have a strong prevention focus and involve established social and community networks with strong connections to targeted communities.

Normalise help-seeking behaviours and improve mental health literacy

Poor mental health literacy and social stigma are key barriers to help-seeking for mental health difficulties across the life-span. Help-seeking behaviours are imperative for early intervention and improving access to mental health care, with formal and informal support engagement associated with improved mental health outcomes (Jung, von Sternberg, & Davis, 2017). Initiatives that build mental health literacy and encourage help-seeking behaviours are fundamental to ensuring that people with mental illness access timely support and can recognise the early warning signs of mental ill health

Increase access to information and education materials

Community awareness and stigma reduction campaigns can be complimented by availability of resources and mental health first aid training, with a focus on engagement in community, educational and sporting settings. Improving access and availability of information and educational materials for parents, carers, adolescents and adults affected by mental illness is integral to

promoting wellbeing, encouraging help-seeking behaviours and building the capacity of social support networks.

RECOMMENDATIONS

R1. Establish a funding stream for each municipality to develop and implement locally targeted community awareness and stigma reduction campaigns.

R2. Increase research into the social determinants of health, with a particular focus on marginalised communities and their lived experience.

R3. Increased funding for multi-sectorial and inter-agency approaches to mental health promotion.

Q2. 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 early intervention can significantly reduce the severity, duration and recurrence of mental illness and associated social and economic disadvantage. Accessing timely support and recognising early warning signs of deteriorating mental health ensures that people are better equipped to manage symptoms, engage in treatment and develop capacity to maintain wellness and healthy functioning.

In March this year, the Victorian Auditors General's Office tabled a report 'Access to Mental Health Services' (Greaves, 2019). The audit objective was to determine if people with a mental illness have timely access to appropriate treatment and support services. The resulting report was critical of the Department of Health and Human Services management and implementation of Victoria's 10-year mental health plan. It found that little had been achieved to address the imbalance between demand for and supply of mental health services in Victoria and that DHHS were not able to improve the capacity of the mental health clinical care sector in Victoria and that the system is operating in crisis.

"Between 2011-12 and 2015-2016 national recurrent expenditure per capita on specialized mental health services grew an average of 0.7 per cent annually. Over that time in Victoria it declined by 0.3 per cent annually. In 2016 Victoria's capita recurrent expenditure was the lowest in Australia." (Greaves, 2019, p. 10)

In addition the audit revealed that Victoria has the lowest mental health bed bases nationally. The Victorian Auditors General's Office made six recommendations to DHHS which were accepted, with two accepted in–principle pending the outcomes of the Royal Commission into Victoria's Mental Health System.

Create healthy and resilient workplaces

There is increasing evidence that workplaces play an important role in creating and maintaining the mental health and wellbeing of their workers (TNS, 2014). Depending on workplace conditions and job functions, work can be either a risk factor or protective factor for mental ill health. Educational approaches and interventions in the workplace setting are important when considering prevention and early intervention, especially for government and large organisations with sizable workforces. There is both logic and evidence for the benefit of developing a national framework for work settings

to provide best practice approaches to minimise mental health issues, prevent suicide and create healthy and resilient workplaces (Superfriend, 2017).

SuperFriend (2017) a national mental health foundation has developed a comprehensive approach for mentally healthy and safe work places. Unlike other organisational polices emanating from human resource departments this approach is exclusively focussed on mentally healthy work places and cultural change, it includes the following dimensions:

- **Leadership:** The existence of supportive and committed leadership in the organisation that endorses and prioritises initiatives that support a mentally healthy workplace.
- **Policies and practice:** The existence and use of robust polices, strategies and processes that address mental health within the organisational framework. There are clear processes driving policy development and implementation in the workplace.
- **Connectedness:** A work environment that is characterised by strong interpersonal and social support, trust, fairness and inclusiveness.
- **Capabilities and culture:** The application of knowledge and skills within an organisation to support positive mental health and wellbeing and influence the culture through changing practices and improving the environment.

Mental health training and education for workers and volunteers in first point of contact roles

Mental health conditions often co-exist with medical issues, poor physical health and socio-economic disadvantage. It is therefore imperative that generalist medical practitioners and first-line responders in the social, community and legal sectors (e.g. GPs, volunteers, Victoria Police, Centrelink staff) are knowledgeable, skilled and possess a thorough understanding of the mental health sector. This includes up-to-date mental health first aid, knowledge of referral pathways and interpersonal skills conducive to healthy and meaningful social interaction with people experiencing mental ill health.

Increase funding for Specialist Clinical Mental Health Services

Child and Youth Mental Health services are multidisciplinary teams with a suite of clinical specialists. Early intervention is crucial for any age group and especially early and middle years (0-12 years). Families, parents and carers often have to endure lengthy waitlists to access this service and eligibility criteria are limited resulting in many children and adolescents assessed as not severe enough. Additional funding to enable the service to expand, intervene and respond earlier will enable timely support and early treatment likely to prevent more serious behaviour and mental health deterioration.

Health promotion targeting the physical and social determinants of mental health and wellbeing

The social drivers of mental ill health are under-recognised in mental health prevention policy and practice. The research literature demonstrates the interrelationship between physical health, societal and community life and mental health, with the evidence depicting a clear relationship between social, economic and physical conditions and mental health and wellbeing (Keleher & Armstrong, 2005). Although the drivers of mental ill health extend beyond the health sector, mental health promotion is often subsumed by the health sector. Effective mental health promotion requires the support of other sectors, alongside significant investment in resources and funding to

ensure that community members and leaders are better informed about the risk and protective factors for mental ill health.

RECOMMENDATIONS

R4. Develop a national best-practice framework to aid organisations in creating mentally healthy and resilient workplaces.

R5. Increase funding for specialist mental health services.

R6. Recommend State Government commit to public info sessions on how to navigate the mental health service system.

R7. Recognise that physical, medical, social and psychological health are interrelated and that mental health prevention initiatives should focus on the broad range of factors associated with mental health and wellness.

Q3. What is already working well and what can be done better to prevent suicide?

People affected by mental health problems often have high levels of co-morbidity, experiencing poorer general health and higher rates of death from a range of causes, including suicide. These conditions are significant in terms of prevalence and disease burden, and have far-reaching impacts for families, carers and others in the community (Department of Health, 2017). Suicide remains the leading cause of death for Australians aged 15 to 44. In Victoria alone, 621 people died by suicide and intentional self-harm in 2017. Nationally, suicide rates have been increasing, with the suicide rate in 2017 ranking alongside 2015 as the highest recorded preliminary rate in the past 10 years (Australian Bureau of Statistics, 2017).

Place-based suicide prevention initiatives in a variety of community settings, including sporting clubs

Based on social profiling suburb data it is evident that certain localities have specific cohorts and needs. Bayswater, Boronia, The Basin and Ferntree Gully have a higher rate of recorded deaths by suicide and self-inflicted injury than other parts of the municipality, including Knox, Knoxfield-Scoresby, Lysterfield-Rowville and Wantirna/Wantirna South, with Ferntree Gully exceeding the national average (Swan & Styles, 2019). The unique identities of some parts of a municipality lends itself well to place-based approaches and planning, particularly for suicide prevention and interventions. In the Knox municipality, social profiling indicates that north-east Knox - Bayswater/Boronia/Basin area has a considerable number of the attributes that are linked to higher rates of mental health issues among children (e.g. single parent families, jobless and low income families, and those with poor family functioning – e.g. communication, relating and maintaining relationships, decision-making and problem solving) as well as very high levels of psychological distress among young people (Swan & Styles, 2019). Place-based approaches enable a tailored intervention based on the strengths and needs of a given community.

A suicide prevention brokerage fund for local government organisations has proven to work well as demonstrated in the School Focussed Youth Service initiative. Partner organisations can apply for funds on identifying an ‘at risk’ issue or cohort. This approach is particularly suited to suicide prevention, intervention and community capacity building.

Following the placed based suicide prevention trials in Maroondah and Whittlesea, funding is required for a Knox based suicide prevention initiative implementing any new recommendations following the program evaluation. This initiative will have a specific focus on vulnerable cohorts across life stages adopting an intersectionality approach. Implementation will include developing multi-sectoral suicide prevention groups to develop prevention strategies that will:

- Consult with councils, people with lived experience and service providers.
- Strengthen capacity for tailored prevention and early intervention.
- Commission activities that will support existing local structures and community agencies.
- Implement a funding stream for the provision of free mental health first aid training to not for profit and sporting group.

Mental health first aid training for workers, volunteers and community groups

As addressed in Q2, people with mental illness are likely to have contact with workers in social, medical, legal and community settings. Provision of effective mental health training and awareness, including suicide prevention and first aid, will improve the capacity of first-contact workers, volunteers and community groups (e.g. social and sporting clubs) to reduce the risk of immediate harm and ensure community safety. This training should be accompanied by a commitment to psychological support in the aftermath of situations requiring a crisis response.

RECOMMENDATIONS

R8. Establish funding streams for place-based interventions for community capacity building and suicide prevention.

R9. Establish a funding stream for local governments in partnership with community organisations to initiate a community based brokerage fund to respond to suicide prevention and other new and emerging mental health and wellbeing community needs.

R10. Establish funding for mental health first aid training for workers, volunteers and community members and organisations who have contact with high risk cohorts.

Q4. 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.

A multitude and complex interaction of social, biological and psychological factors make it difficult for people who experience good mental health. Access and engagement with mental health treatment and support is a major barrier that requires urgent attention and action. As referenced in Q2, the Victorian Auditors General's Office (2019) recently released report concludes that the mental health system in Victoria lags significantly behind other states and jurisdictions with regards to available funding, infrastructure and population percentage supported. It is well documented that the mental health service system and intersecting sectors (e.g. homelessness services, alcohol and drug services, family violence services, Centrelink) are fragmented and inaccessible. This has been exacerbated in recent years with the roll-out of the National Disability Insurance Scheme (NDIS). The expectation that people experiencing acute mental health problems can negotiate a complex and fragmented service system is unrealistic. The experience of dealing with a highly bureaucratic and inaccessible system can often exacerbate mental health problems and discourage future help-

seeking behaviours. A recent study conducted by Anglicare Australia, found that Centrelink customers commonly experience fear and powerlessness when interacting and dealing with Centrelink. This experience was found to have an emotional toll, impacting on their emotional health and daily functioning (Hinton & Anglicare Tasmania, 2018).

Coordinated, integrated and accessible service system

In October 05, 2018 Knox City Council hosted a multi-sectorial Mental Health workshop. The workshop was well attended by a range of community stakeholders including Mental Health service providers, state government, school teachers, local government and Victoria Police and presentations from a range of experts. The aims of the workshop included:

- Enhance collective understanding of the Victorian Mental Health reforms
- Identify prevalence in key cohorts in Knox with, mental and behavioural conditions and high levels of psychological distress *and*
- Identify service gaps, strategies and quick wins.

Outcomes and potential actions identified through consultation included:

- High level of psychological distress in young women
- A need to strengthen collaboration
- A focus on prevention and community capacity building
- Accessing the Mental Health service system
- Advocacy regarding NDIS ability to service clients with a mental illness.

Overwhelmingly, workshop participants reflected on the value of bringing together local organisations, services providers and other stakeholders to share challenges, successes, potential future opportunities/funding streams and to identify mental health service gaps and vulnerable cohorts. Workshop participants advocated on the need for continued conversations and collaborative action. Establishing a local support and prevention mental health network for the Eastern Metro Region would facilitate this aim. This network could identify opportunities for local action in capacity building and prevention initiatives as well as advocacy regarding a range of underlying issues associated with a lack of system capacity and place of residence determining which service people can access. The Eastern Metropolitan Region Mental Health Support and Prevention network will develop a strong link to the Eastern Mental Health Service Alliance to enable relevant and timely information to be transferred back to the Eastern Metropolitan network regarding mental health and alcohol and other drug service integration and reform.

Funding would enable the establishment and ongoing coordination of the Knox Mental Health Network including the capacity, based on evidenced based planning and consumer's feedback to develop, fund and deliver programs as required to target key cohorts and placed-based initiatives, with a prevention and capacity building focus.

NDIS reform and re-funding of community mental health

Issues have emerged for people with mental health issues and psychosocial disability through the roll out of the NDIS including:

- Complex and bureaucratic application and planning procedures which have caused people with mental health issues to disengage from NDIA.

- Health and mainstream service provider knowledge of NDIA processes and procedures and how best to support an application to the NDIA.
- Community understanding of the interface between the Department of Health and the NDIA, with confusion and misunderstanding about the respective responsibilities of each body
- The defunding of community services for people who are not eligible for the NDIS. The lack of continuity has created a significant gap that leaves people without the appropriate supports they require to live independently in the community.

With additional resources, community organisations can better advocate on behalf of and support people with a disability, families, carers and providers in Knox. Actions to support people to experience good mental health include: providing information for people with a psychosocial disability and their families on topics such as NDIS, navigating the system and self-management of NDIS plan; building capacity of community services to be more inclusive of people with a mental health issue or psychosocial disability by providing professional development education sessions; and improving understanding of community and health service systems and how they can support the individual to experience good mental health.

To address the current mental health crisis, it is imperative that psychosocial rehabilitation and recovery support services are re-funded. Access to Mental Health Community Support Services are critical for people with severe and persistent mental illness who are unable to access or ineligible for the NDIS.

RECOMMENDATIONS

R11. Provide funding for establishment of an Eastern Metropolitan Region Mental Health Support and Prevention Network.

R12. Conduct a comprehensive review and commitment to action on barriers affecting service access, integration and coordination.

R13. Provide ongoing funding for the provision of NDIS education and information to people with a psychosocial disability and their families and carers.

R14. Further develop a specialised pathway to NDIS for people with psychosocial disabilities.

R15. Provide ongoing funding for local community programs and initiatives focused on building the capacity of community services to be more inclusive of people with a mental health issue or psychosocial disability.

R16. Commit to re-funding Mental Health Community Support Services for people with mental health issues who are ineligible or unable to access the NDIS.

Q5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Socioeconomic factors are important determinants of health and wellbeing in the Australian context, with research documenting poorer mental health outcomes for marginalised communities and those experiencing social and economic disadvantage (Harris, Fetherston, & Calder, 2017). The conditions in which people live, age, work and socialise in can produce mental ill health and further entrench disadvantage, with the impacts traversing generations. The drivers of such conditions are the socio-

political, socioeconomic and sociocultural environments that produce injustice, social harm, inequity, stigma and discrimination (World Health Organization & Calouste Gulbenkian Foundation, 2014). These environments effect groups such as cultural and linguistically diverse communities, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning communities, women and children, Aboriginal and Torres Strait Islander communities and people with a disability. Effective mental health interventions of these communities, must address systemic inequities, historical traumas and intersecting oppressions and experiences that cause and maintain mental health problems.

Knox's social profile is diverse, with variation across suburbs. The rate of mental and behavioural problems and high psychological distress slightly higher than that for metropolitan Melbourne in the Bayswater/Boronia-The Basin and Ferntree Gully/Upper Ferntree Gully areas. Rates of mental health issues are lower in the north-west and south of the municipality (though when considering numbers rather than rate, this indicates that there are significant numbers of people with mental health issues in all parts of the municipality). The highest *numbers* of people with mental and behavioural are found in the north-east of Knox (Bayswater/Boronia/Basin) with an estimated 5,000 people with a long-term mental health issue. There are almost as many in the Lysterfield/Rowville area (4,700). These regions together, account for half the population estimated population in Knox to have a long-term mental health issue (Swan & Styles, 2019).

Culturally competent and responsive services for Aboriginal and Torres Strait Islander communities

Mental health, is a significant health issue for the Aboriginal and Torres Strait Islander community, and is not influenced by biology alone. Social contexts present the major component that affects the health and wellbeing of Aboriginal and Torres Strait Islander people. The long term effects of colonialism including trauma, disruption of culture and intergenerational relations, have had numerous ongoing consequences. These ongoing social ramifications have manifested in poverty, social exclusion and ill health. These drivers are thought to be 'deep-rooted contributors' of Indigenous suicide and child suicide, both of which are significant issues within the Aboriginal and Torres Strait Island (Victorian Government, 2017).

These drivers can be addressed by acknowledging past events and empowering the Aboriginal and Torres Strait Islander community to move towards healing and recovering from trauma. Initiatives that promote self-determination and empowerment, address social determinants of health, address and prevent racism and celebrate Aboriginal and Torres Strait Islander culture would be the starting point for addressing adverse mental health issues within this community.

Increased funding for research and interventions addressing the mental health needs of marginalised communities

Diversity, inclusion and equity are important themes that should be considered by the Royal Commission. Socially and economically marginalised groups tends to have higher rates of mental illness due to experiences of discrimination and stigma on the basis of ethnicity, race, culture, disability, gender and sexual identity (Hudson, 2005). Providing effective mental health care and preventing the drivers of mental ill health requires significant investment of funds into research, advocacy, policy and practice. Groups and communities of relevance include:

- Aboriginal and Torres Strait Islander
- Culturally and linguistically diverse communities
- Refugees and asylum seekers

- People of different ages (children, young people and older people),
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning (LGBTIQ+)
- People experiencing socioeconomic hardship and stress
- People living in rural and remote communities
- Women
- People involved in the criminal justice system
- People with disabilities

Research consistently demonstrates that the LGBTIQ+ community experience poorer mental health outcomes and have a higher risk of psychological distress and suicidal behaviours than the general population (Leonard, Lyons, & Bariola, 2015). These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of their sexuality and gender identity. Trans Pathway research (Strauss, Cook, Winter, Watson, Wright Toussaint, & Lin, 2017) identified that transgender young people are experiencing clinically significant depressive symptoms at almost ten times the rate of the general young Australian population. The Trans Pathway report was released in 2017 and is the largest ever study of Transgender young people in Australia. The findings are alarming:

- Almost three quarters (74.6%) of transgender youth have at some point been diagnosed with depression.
- Self-harm and suicidality are very high, with 79.7% having self- harmed
- 48.1% transgender young people, almost 1 in 2 have attempted suicide.

To address the risk factors associated with poor mental health in the LGBTIQ+ community, funding is required for specialist prevention, intervention and clinical response services. These services should be accessible throughout Victoria and provide capacity building and training for community services, general practitioners and allied health providers. Additionally, progress towards legislative equality needs to occur to prevent discrimination and other minority stress risk factors associated with mental ill health. Examples of current inequalities include religious exemptions in anti-discrimination law and the legal status of Conversion Therapy.

Australia is experiencing significant population growth of people in older age groups, with this growth mirrored in the Eastern Melbourne Region. It is estimated that the number of people aged over 65 years in the region in 2015 was 180,407, or 16.5% of the total population, compared with an estimated 15.1% of the Victorian population. Based on population forecasts, it is expected that this will increase to 22.5% for the Eastern Melbourne Region by 2025, compared to an estimated 17.5% in Victoria (Arnott & Porteous, 2017). The mental health needs of older people are unique, with risk factors including ageism, social isolation and physical and cognitive decline. Mental health outcomes for this cohort are significantly worse for aged care residents, people in hospital, people with comorbid conditions, carers, Aboriginal and Torres Strait Islanders and migrants (NARI, 2018). An issue requiring urgent attention for older cohorts is suicidality in men aged 85 years and older. The suicide rate for this group is 37.6 per 100,000 people, compared to 20.6 for men aged 20-24 and 29.9 for those aged 40-44. ABS figures show the number of suicides for the 85+ has jumped 15% between 2010 and 2014 to 2864 a year (Arnott & Porteous, 2017).

RECOMMENDATIONS

R17. Invest and support the development of long-term State Government policy and action plans that focus on improving mental health outcomes for marginalised communities.

R18. Provide funding for partnership opportunities to conduct research into factors associated with high rates of psychological distress for young women in Knox.

Q6. What are the needs of family members and carers and what can be done better to support them?

Carers experience the physical and emotional toll of looking after another person, reduced ability to work, health issues such as back pain, anxiety, depression, feeling isolated and missing social opportunities with others. When the service system fails to support their family member adequately they have the added anxiety and concern regarding seeking and securing appropriate supports.

Funding for programs and supports that promote social connection and build capacity

Knox Council, in partnership with relevant community organisations, deliver programs and supports that promote social connection, health and build capacity - Pathways for Carers walks, a carer exercise group, information sessions on topics such as the NDIA and support a carers group for carers of people with Borderline Personality Disorder. These programs create opportunity for carers to share challenges, learnings and support one another. Council understands that the break from the caring role, connections with other carers and opportunity to share challenges and learnings can be as important as the activity itself.

With additional resources Council would have the capacity to provide more peer support groups, additional information and training to carers. Actions to improve and connect the service system for people with mental health issues will have flow on effects for carers and families.

RECOMMENDATIONS

R19. Fund each municipality to develop programs and interventions targeting social connection, capacity building and wellbeing for family members and carers of people with a mental illness.

Q7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

As addressed in Question 4, the mental health service system is ill equipped to effectively treat, manage and co-ordinate care for people experiencing mental illness. Conversations from a multi-sectorial mental health workshop conducted by Council in 2018 highlighted a need to strengthen cross-sector collaboration and better identify partnership opportunities. Participants reflected on the value of bringing together local organisations, services providers and other stakeholders to share challenges, successes, potential future opportunities/funding streams and to identify mental health service gaps and vulnerable cohorts. They also advocated on the need for continued conversations and collaborative action.

The mental health workforce is impacted by unique barriers and stressors, including risks to safety and wellbeing (e.g. vicarious trauma, compassion fatigue, burnout), lack of graduate training and development opportunities and staff turnover. To ensure a sustainable, healthy and skilled mental health workforce in Victoria, resource and funding needs to be invested in actioning relevant findings from the Victorian Auditors General's Office audit into access to mental health services.

RECOMMENDATIONS

R20. Prioritise responses submitted by mental health organisations, community groups, and individuals living with mental illness, their families and carers in considering the needs of the mental health workforce.

Q8. 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?

Economically disadvantaged groups appear to be particularly vulnerable to mental and behavioural conditions. The World Health Organisation (2005) suggests that this is because those with lower economic capacity are more likely to experience insecurity, hopelessness, rapid social change and risks to their physical health. Prevalence also seems to be relatively high among those with reduced social engagement, interaction and support opportunities, whether due to unemployment, living alone or single parenthood. The Victorian Population Health Survey (2014) cross-tabulated the prevalence of mental health issues (as measured by 'high' or 'very high' psychological distress), with various socio-economic indicators. While the state rate of prevalence of high/very high psychological distress is slightly higher than is estimated for Knox (12.6% for Victoria compared with 11.6%), the association of particular socio-economic characteristics and extent of reduced mental health, is likely to be similar. Better understanding of the linkages between socio-economic status and heightened prevalence of mental health issues has implications for cohorts with high levels of disadvantage including unemployment and low educational attainment.

Many opportunities exist for government, community services, private enterprises and community groups to improve the social and economic participation of people living with mental illness. These opportunities not only benefit those directly affected by mental illness, but the wider community. The Royal Commission should take socio-economic status into account when exploring the conditions required for mental health and wellbeing and direct attention towards issues such as poverty, unemployment, education and literacy and intersecting experiences such as health status, the justice system and race, culture, gender, sexuality and disability.

RECOMMENDATIONS

R21. State Government to advocate to Federal Government to increase Newstart, Youth Allowance and other government benefits to adequately support people with mental illness maintain a quality of living conducive to wellbeing.

R22. Provide funding for local organisations in each municipality to establish training, internship and/or mentoring programs for marginalised groups.

R23. Increase funding for neighbourhood houses and community training and education providers.

R24. Establish flexible working conditions in the public sector to ensure the protection of rights for people living with a psychosocial disability.

Q9. 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?

Victoria's mental health system is in a state of crisis and urgent intervention is required to ensure the immediate safety and future wellbeing of Victorians experiencing mental ill health. To progress with recommendations and system reform, it is imperative that government investment, commitment and funding is secured as a priority. Other areas of urgency relate to access and navigation of existing services and the capacity of emergency departments to respond to crisis mental health presentations. Work needs to be commenced on system reform, however we also need to respond to the current crisis with urgency and significant resource investment.

RECOMMENDATIONS

R25. The Royal Commission prioritise securing government funding for mental health reform.

R26. Prioritise investment of funding and resources into developing a model of care for mental health patients presenting to emergency departments with consideration of findings from a review conducted by Monash Health (2017).

R27. Prioritise development of a centralised intake and referral service for people experiencing mental ill health and crisis.

R28. Prioritise Recommendation 10 by providing priority funding for mental health first aid training for workers, volunteers and community members and organisations who have contact with high risk cohorts.

R29. Prioritise Recommendation 16 by re-funding Mental Health Community Support Services for people with mental health issues who are ineligible or unable to access the NDIS.

Q10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Communication and ongoing consultation are imperative to system reform and chance. Recommendations need to be communicated with all stakeholders, ensuring that access and equity barriers are considered in this process. People with a lived experience of mental ill health should be prioritised in consultations regarding the development and implementation of endorsed actions. The establishment of a Lived Experience Advisory Group by State Government will be beneficial in improving consumer and community participation in shaping Victoria's mental health system.

RECOMMENDATIONS

R30. Establish a state-wide Mental Health Lived Experience Advisory Committee to guide and advise the Victorian Government on mental health policy, strategy and initiatives.

Q11. Is there anything else you would like to share with the Royal Commission?

Knox Council would like the Royal Commission to consider the interaction between problem gambling and mental illness and homelessness and mental illness in their review of Victoria's mental health system.

Gambling problems and mental health

Gambling problems and mental illness frequently occur together. Approximately three-quarters of people seeking treatment for a gambling problem also have a mental illness, most commonly a mood disorder such as depression. At the same time, only about 22 per cent of people with gambling problems seek help for their gambling. However, people with gambling problems may seek help for a mental illness, without their gambling problems being recognised.

Knox City Council is a member of the Alliance for Gambling Reform, who are collaborating with the Alcohol Policy Coalition to produce a submission also. The links between gambling harm and mental ill-health are clear. Systemic reform is needed to address the reality that gambling harm can both cause mental ill-health and exacerbate pre-existing mental ill-health conditions. We also understand the Alliance are working with lived experience experts to submit their own stories to the Commission.

Problem gaming can have a detrimental impact on individuals, families and the broader community. Council supports a harm minimisation approach to gaming which seeks to mitigate possible adverse individual and community impacts. Local government does not have the power to regulate the number, location and operation of Electronic Gaming Machines; nor is it responsible for the regulation of other forms of electronic gambling, being either State or Federal government jurisdictions. However, we do have legislated responsibility to protect, promote and improve community health and wellbeing.

Alarmingly, Knox residents currently spend $207,836 per day on pokies. There are only 11 venues in the municipality, and a total of 766 machines (this is only 63% of allowable machines - as there is a 1222 machine cap for Knox). Despite being well off the municipal cap, Knox is rated 15th in the highest pokies expenditure for Victoria.

The Victorian Commission for Gambling and Liquor Regulation note that codes of conduct are a condition of licensing under the *Gambling Regulation Act 2003* (Vic.). The codes describe processes by which gamblers may obtain cash and collect winnings and provide information about gamblers help services and self-exclusion programs. A venue's code of conduct is often considered by the Commission when granting new or additional licenses to electronic gaming machine operators and these documents are given considerable weight in regulatory settings (Francis, Livingston, and Ritoul, 2017). In these hearings, venues frequently cite their code of conduct to demonstrate their competence and capacity to ensure the provision of responsible gambling on their premises. However, there is limited evidence of efficacy for many of the components of the code of conduct, including self-exclusion. For instance, self-exclusion often relies on self-enforcement by gamblers and manual recognition by venue staff. They have been found to be prone to breaches. These shortcomings highlight the importance of conducting research that investigates the practice of self-regulation for these potentially harmful products.

Undoubtedly, gambling harm is a public health issue, and the government should employ meaningful, harm minimisation and reduction measures to protect the public from gambling harm. Given the high rate of problem gambling in patients attending mental health services, and that one in two patients who gamble are experiencing gambling harm, there are significant opportunities for prevention, early identification and intervention for this group.

A brief screening tool would be effective in supporting earlier identification of problem gambling for mental health clients, and could easily be added to existing intake processes. Comprehensive

training in assessing and managing gambling harm, as well as improved cross-sector partnerships and referral pathways would also help ensure patients with mental health and gambling issues receive timely and appropriate treatment (Lubman et al., 2017).

RECOMMENDATIONS

R31. Introduce a brief screening tool that would be effective in supporting earlier identification of problem gambling within mental health patients, and could easily be added to existing intake processes.

R32. Conduct research that investigates the practice of self-regulation for harmful use of electronic gaming machines, including related mental health impacts.

R33. Improve provision of resources allocated to the Victorian Commission for Gambling and Liquor Regulation to adequately mandate Codes of Conduct at electronic gaming machine venues.

R34. Recognise the community harm associated with electronic gaming machines is unacceptable in Knox, and lobby for a reduction of municipal caps in Knox to 6 pokies machines per 1000 adults.

Homelessness and mental health

Mental health, housing and homelessness are inextricably linked. Without access to safe, affordable and secure housing, people are more vulnerable to mental ill health - an experience of homelessness may either trigger a mental health issue or exacerbate an existing mental illness. In 2015, 31 per cent of Specialist Homelessness Services consumers aged over 10 had a current mental health issue, contrasting with 16.2 per cent of the general population (Brackertz, Wilkinson & Davison, 2018).

There are many successful, evidence-based models of housing support for people with mental ill health that are currently operating in Australia, however most are small-scale and lack the funding and resources required to service communities in need. 'Housing First' is an internationally endorsed philosophy of support that rests on the notion that accessible and safe housing is fundamental to recovery and should be provided without condition. This model has documented success in reducing homelessness in the United States and Canada and could be implemented in the Australian context with a strong partnership between state and federal governments and housing and homelessness services providers.

Effective interventions to address mental health and homelessness need to consider both structural and individual factors and how these intersect. Private, public and community housing reform is required to address the chronic shortage of affordable housing in Victoria and to meet the needs of people with a lived experience of mental ill health. The Australian Housing and Urban Research Institute has conducted a recent review of the evidence on mental health and housing in Australia, with findings providing direction to areas requiring investment of further resources and funding. Housing First approaches recognise housing as a precondition for mental healthcare, and indeed, as a necessary component of that healthcare. This understanding is missing from Victoria's mental healthcare system. The Housing First model of housing plus support for people with severe mental illness who are at risk of long-term homelessness successfully sustains housing for 80 per cent of this cohort. It also recognises that there are those for whom residential clinical care is required on a short or long term basis. Housing First programs have shown that residents with psychosis, and

dischargees from psychiatric hospitals required fewer days each year admitted to mental health units compared to the period before they were housed.

Currently, if a person experiencing housing insecurity and mental ill-health is arrested, it is common for them to be placed in prison or police custody as a method of safe management and containment. This makes tenancy sustainment and treatment adherence extremely difficult. A law enforcement response to an episode of mental ill-health is a misplaced intervention for a person requiring healthcare. Appropriate health-focused emergency responses complemented by safe, stable and affordable housing, must be made available at a sufficient scale.

RECOMMENDATIONS

R35. Develop a Housing First model for people with a mental illness, recognising that housing is a pre-condition for mental health care

Acute mental healthcare and housing

Lack of suitable housing options exacerbates pressure on acute mental health services. The NSW Ombudsman found that a lack of appropriate accommodation options was a key factor preventing the discharge of mental health patients. This led to both reduced availability of acute beds for those who needed them, and to mental health staff referring inpatients to inappropriate housing options to promote earlier exits. Acute mental health services report that approximately 25 per cent of patients are homeless prior to admission, and most are discharged back into homelessness because of a lack of suitable accommodation options.

With the cost of providing an acute bed in Victoria at $917 per patient per day, supporting people to transition successfully out of psychiatric hospitals is both cost-effective, and achieves better outcomes for consumers.

RECOMMENDATIONS

R36. Provide resources and clinical support for the successful transition of patients from a psychiatric hospital to transitional housing support and access to periods of short and medium term case management.

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

Organisation Name
Knox City Council

Name
Ms Rosie Tuck

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Community intervention is crucial to addressing societal risk factors for mental ill health. Stigma associated with mental illness has a significant impact on help seeking behaviours and health outcomes for people with mental ill health. Although research suggests recent improvements in attitudes towards people with mental illness, discrimination and prejudice abounds and adds to the burden of health (beyondblue, 2015). The level and type of stigma associated with mental illness is influenced by variables such as age, gender and culture, and these must be taken into account when developing stigma-reduction interventions. Community groups and organisations are uniquely placed to develop and implement education and awareness initiatives that respond to diverse local needs. Knox is a culturally diverse community, with one in four residents born overseas. Effective interventions to reduce stigma and discrimination must be culturally sensitive and tailored to regional context. Awareness, understanding and access to information is mediated by a range of social and cultural factors which need to be accounted for when developing interventions to reduce stigma and increase community understanding. Develop community awareness and understanding of mental ill health: The cause and impact of mental ill health is complex and multifaceted. Research consistently demonstrates the relevance and importance of the biopsychosocial model in developing effective prevention and treatment interventions (Herman, Saxena, & Moodie, 2005). Such interventions use a multidimensional, holistic approach to address the biological, psychological and social factors underlying mental illness and mental health challenges. To improve the Victorian community's understanding of mental illness and address negative attitudes underlying stigma and discrimination, it is recommended that a funding stream be made available for each municipality in Victoria to develop and implement locally targeted community awareness and stigma reduction campaigns. Such campaigns will have a strong prevention focus and involve established social and community networks with strong connections to targeted communities. Normalise help-seeking behaviours and improve mental health literacy: Poor mental health literacy and social stigma are key barriers to help-seeking for mental health difficulties across the life-span. Help-seeking behaviours are imperative for early intervention and improving access to mental health care, with formal and informal support engagement associated with improved mental health outcomes (Jung, von Sternberg, & Davis, 2017). Initiatives that build mental health literacy and encourage help-seeking behaviours are fundamental to ensuring that people with mental illness access timely support and can recognise the early warning signs of mental ill health Increase access to information and education materials: Community awareness and stigma reduction campaigns can be complimented by availability of resources and mental health first aid training, with a focus on engagement in community, educational and sporting settings. Improving access and availability of information and educational materials for parents, carers, adolescents and adults affected by mental illness is integral to promoting wellbeing, encouraging help-seeking behaviours and building the capacity of social support networks. RECOMMENDATIONS R1. Establish a funding stream for each

municipality to develop and implement locally targeted community awareness and stigma reduction campaigns. R2.Increase research into the social determinants of health, with a particular focus on marginalised communities and their lived experience. R3. Increased funding for multi-sectorial and inter-agency approaches to mental health promotion. "

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 early intervention can significantly reduce the severity, duration and recurrence of mental illness and associated social and economic disadvantage. Accessing timely support and recognising early warning signs of deteriorating mental health ensures that people are better equipped to manage symptoms, engage in treatment and develop capacity to maintain wellness and healthy functioning. In March this year, the Victorian Auditors General's Office tabled a report Access to Mental Health Services' (Greaves, 2019). The audit objective was to determine if people with a mental illness have timely access to appropriate treatment and support services. The resulting report was critical of the Department of Health and Human Services management and implementation of Victoria's 10-year mental health plan. It found that little had been achieved to address the imbalance between demand for and supply of mental health services in Victoria and that DHHS were not able to improve the capacity of the mental health clinical care sector in Victoria and that the system is operating in crisis. Between 2011-12 and 2015-2016 national recurrent expenditure per capita on specialized mental health services grew an average of 0.7 per cent annually. Over that time in Victoria it declined by 0.3 per cent annually. In 2016 Victoria's capita recurrent expenditure was the lowest in Australia. (Greaves, 2019, p. 10) In addition the audit revealed that Victoria has the lowest mental health bed bases nationally. The Victorian Auditors General's Office made six recommendations to DHHS which were accepted, with two accepted in?principle pending the outcomes of the Royal Commission into Victoria's Mental Health System. Create healthy and resilient workplaces: There is increasing evidence that workplaces play an important role in creating and maintaining the mental health and wellbeing of their workers (TNS, 2014). Depending on workplace conditions and job functions, work can be either a risk factor or protective factor for mental ill health. Educational approaches and interventions in the workplace setting are important when considering prevention and early intervention, especially for government and large organisations with sizable workforces. There is both logic and evidence for the benefit of developing a national framework for work settings to provide best practice approaches to minimise mental health issues, prevent suicide and create healthy and resilient workplaces (Superfriend, 2017). SuperFriend (2017) a national mental health foundation has developed a comprehensive approach for mentally healthy and safe work places. Unlike other organisational polices emanating from human resource departments this approach is exclusively focussed on mentally healthy work places and cultural change, it includes the following dimensions: Leadership: The existence of supportive and committed leadership in the organisation that endorses and prioritises initiatives that support a mentally healthy workplace. Policies and practice: The existence and use of robust polices, strategies and processes that address mental health within the organisational framework. There are clear processes driving policy development and implementation in the workplace. Connectedness: A work environment that is characterised by strong interpersonal and social support, trust, fairness and inclusiveness. Capabilities and culture: The application of knowledge and skills within an organisation to support positive mental health and wellbeing and influence the culture through changing practices and improving the environment. Mental health training and education for workers and volunteers in first point of contact roles: Mental health conditions often co-exist with medical issues, poor physical health and socio-economic disadvantage. It is therefore imperative that generalist medical practitioners and

first-line responders in the social, community and legal sectors (e.g. GPs, volunteers, Victoria Police, Centrelink staff) are knowledgeable, skilled and possess a thorough understanding of the mental health sector. This includes up-to-date mental health first aid, knowledge of referral pathways and interpersonal skills conducive to healthy and meaningful social interaction with people experiencing mental ill health. Increase funding for Specialist Clinical Mental Health Services: Child and Youth Mental Health services are multidisciplinary teams with a suite of clinical specialists. Early intervention is crucial for any age group and especially early and middle years (0-12 years). Families, parents and carers often have to endure lengthy waitlists to access this service and eligibility criteria are limited resulting in many children and adolescents assessed as not severe enough. Additional funding to enable the service to expand, intervene and respond earlier will enable timely support and early treatment likely to prevent more serious behaviour and mental health deterioration. Health promotion targeting the physical and social determinants of mental health and wellbeing: The social drivers of mental ill health are under-recognised in mental health prevention policy and practice. The research literature demonstrates the interrelationship between physical health, societal and community life and mental health, with the evidence depicting a clear relationship between social, economic and physical conditions and mental health and wellbeing (Keleher & Armstrong, 2005). Although the drivers of mental ill health extend beyond the health sector, mental health promotion is often subsumed by the health sector. Effective mental health promotion requires the support of other sectors, alongside significant investment in resources and funding to ensure that community members and leaders are better informed about the risk and protective factors for mental ill health. RECOMMENDATIONS R4. Develop a national best-practice framework to aid organisations in creating mentally healthy and resilient workplaces. R5. Increase funding for specialist mental health services. R6. Recommend State Government commit to public info sessions on how to navigate the mental health service system. R7. Recognise that physical, medical, social and psychological health are interrelated and that mental health prevention initiatives should focus on the broad range of factors associated with mental health and wellness. "

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

"People affected by mental health problems often have high levels of co-morbidity, experiencing poorer general health and higher rates of death from a range of causes, including suicide. These conditions are significant in terms of prevalence and disease burden, and have far-reaching impacts for families, carers and others in the community (Department of Health, 2017). Suicide remains the leading cause of death for Australians aged 15 to 44. In Victoria alone, 621 people died by suicide and intentional self-harm in 2017. Nationally, suicide rates have been increasing, with the suicide rate in 2017 ranking alongside 2015 as the highest recorded preliminary rate in the past 10 years (Australian Bureau of Statistics, 2017). Place-based suicide prevention initiatives in a variety of community settings, including sporting clubs: Based on social profiling suburb data it is evident that certain localities have specific cohorts and needs. Bayswater, Boronia, The Basin and Ferntree Gully have a higher rate of recorded deaths by suicide and self-inflicted injury than other parts of the municipality, including Knox, Knoxfield-Scoresby, Lysterfield-Rowville and Wantirna/Wantirna South, with Ferntree Gully exceeding the national average (Swan & Styles, 2019). The unique identities of some parts of a municipality lends itself well to place-based approaches and planning, particularly for suicide prevention and interventions. In the Knox municipality, social profiling indicates that north-east Knox - Bayswater/Boronia/Basin area has a considerable number of the attributes that are linked to higher rates of mental health issues among children (e.g. single parent families, jobless and low income families, and those with poor family functioning ? e.g. communication, relating and maintaining relationships, decision-making and

problem solving) as well as very high levels of psychological distress among young people (Swan & Styles, 2019). Place-based approaches enable a tailored intervention based on the strengths and needs of a given community. A suicide prevention brokerage fund for local government organisations has proven to work well as demonstrated in the School Focussed Youth Service initiative. Partner organisations can apply for funds on identifying an at risk' issue or cohort. This approach is particularly suited to suicide prevention, intervention and community capacity building. Following the placed based suicide prevention trials in Maroondah and Whittlesea, funding is required for a Knox based suicide prevention initiative implementing any new recommendations following the program evaluation. This initiative will have a specific focus on vulnerable cohorts across life stages adopting an intersectionality approach. Implementation will include developing multi-sectoral suicide prevention groups to develop prevention strategies that will: Consult with councils, people with lived experience and service providers. Strengthen capacity for tailored prevention and early intervention. Commission activities that will support existing local structures and community agencies. Implement a funding stream for the provision of free mental health first aid training to not for profit and sporting group. Mental health first aid training for workers, volunteers and community groups: As addressed in Q2, people with mental illness are likely to have contact with workers in social, medical, legal and community settings. Provision of effective mental health training and awareness, including suicide prevention and first aid, will improve the capacity of first-contact workers, volunteers and community groups (e.g. social and sporting clubs) to reduce the risk of immediate harm and ensure community safety. This training should be accompanied by a commitment to psychological support in the aftermath of situations requiring a crisis response. RECOMMENDATIONS R8. Establish funding streams for place-based interventions for community capacity building and suicide prevention. R9.Establish a funding stream for local governments in partnership with community organisations to initiate a community based brokerage fund to respond to suicide prevention and other new and emerging mental health and wellbeing community needs. R10. Establish funding for mental health first aid training for workers, volunteers and community members and organisations who have contact with high risk cohorts."

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.

"A multitude and complex interaction of social, biological and psychological factors make it difficult for people who experience good mental health. Access and engagement with mental health treatment and support is a major barrier that requires urgent attention and action. As referenced in Q2, the Victorian Auditors General's Office (2019) recently released report concludes that the mental health system in Victoria lags significantly behind other states and jurisdictions with regards to available funding, infrastructure and population percentage supported. It is well documented that the mental health service system and intersecting sectors (e.g. homelessness services, alcohol and drug services, family violence services, Centrelink) are fragmented and inaccessible. This has been exacerbated in recent years with the roll-out of the National Disability Insurance Scheme (NDIS). The expectation that people experiencing acute mental health problems can negotiate a complex and fragmented service system is unrealistic. The experience of dealing with a highly bureaucratic and inaccessible system can often exacerbate mental health problems and discourage future help-seeking behaviours. A recent study conducted by Anglicare Australia, found that Centrelink customers commonly experience fear and powerlessness when interacting and dealing with Centrelink. This experience was found to have an emotional toll, impacting on their emotional health and daily functioning (Hinton & Anglicare Tasmania, 2018).

Coordinated, integrated and accessible service system: In October 05, 2018 Knox City Council hosted a multi-sectorial Mental Health workshop. The workshop was well attended by a range of community stakeholders including Mental Health service providers, state government, school teachers, local government and Victoria Police and presentations from a range of experts. The aims of the workshop included: Enhance collective understanding of the Victorian Mental Health reforms Identify prevalence in key cohorts in Knox with, mental and behavioural conditions and high levels of psychological distress and Identify service gaps, strategies and quick wins. Outcomes and potential actions identified through consultation included: High level of psychological distress in young women A need to strengthen collaboration A focus on prevention and community capacity building Accessing the Mental Health service system Advocacy regarding NDIS ability to service clients with a mental illness. Overwhelmingly, workshop participants reflected on the value of bringing together local organisations, services providers and other stakeholders to share challenges, successes, potential future opportunities/funding streams and to identify mental health service gaps and vulnerable cohorts. Workshop participants advocated on the need for continued conversations and collaborative action. Establishing a local support and prevention mental health network for the Eastern Metro Region would facilitate this aim. This network could identify opportunities for local action in capacity building and prevention initiatives as well as advocacy regarding a range of underlying issues associated with a lack of system capacity and place of residence determining which service people can access. The Eastern Metropolitan Region Mental Health Support and Prevention network will develop a strong link to the Eastern Mental Health Service Alliance to enable relevant and timely information to be transferred back to the Eastern Metropolitan network regarding mental health and alcohol and other drug service integration and reform. Funding would enable the establishment and ongoing coordination of the Knox Mental Health Network including the capacity, based on evidenced based planning and consumer's feedback to develop, fund and deliver programs as required to target key cohorts and placed-based initiatives, with a prevention and capacity building focus. NDIS reform and re-funding of community mental health: Issues have emerged for people with mental health issues and psychosocial disability through the roll out of the NDIS including: Complex and bureaucratic application and planning procedures which have caused people with mental health issues to disengage from NDIA. Health and mainstream service provider knowledge of NDIA processes and procedures and how best to support an application to the NDIA. Community understanding of the interface between the Department of Health and the NDIA, with confusion and misunderstanding about the respective responsibilities of each body The defunding of community services for people who are not eligible for the NDIS. The lack of continuity has created a significant gap that leaves people without the appropriate supports they require to live independently in the community. With additional resources, community organisations can better advocate on behalf of and support people with a disability, families, carers and providers in Knox. Actions to support people to experience good mental health include: providing information for people with a psychosocial disability and their families on topics such as NDIS, navigating the system and self-management of NDIS plan; building capacity of community services to be more inclusive of people with a mental health issue or psychosocial disability by providing professional development education sessions; and improving understanding of community and health service systems and how they can support the individual to experience good mental health. To address the current mental health crisis, it is imperative that psychosocial rehabilitation and recovery support services are re-funded. Access to Mental Health Community Support Services are critical for people with severe and persistent mental illness who are unable to access or ineligible for the NDIS. RECOMMENDATIONS R11. Provide funding for establishment of an Eastern Metropolitan Region Mental Health Support and Prevention Network.

R12. Conduct a comprehensive review and commitment to action on barriers affecting service access, integration and coordination. R13. Provide ongoing funding for the provision of NDIS education and information to people with a psychosocial disability and their families and carers. R14. Further develop a specialised pathway to NDIS for people with psychosocial disabilities. R15.Provide ongoing funding for local community programs and initiatives focused on building the capacity of community services to be more inclusive of people with a mental health issue or psychosocial disability. R16.Commit to re-funding Mental Health Community Support Services for people with mental health issues who are ineligible or unable to access the NDIS."

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

"Socioeconomic factors are important determinants of health and wellbeing in the Australian context, with research documenting poorer mental health outcomes for marginalised communities and those experiencing social and economic disadvantage (Harris, Fetherston, & Calder, 2017). The conditions in which people live, age, work and socialise in can produce mental ill health and further entrench disadvantage, with the impacts traversing generations. The drivers of such conditions are the socio-political, socioeconomic and sociocultural environments that produce injustice, social harm, inequity, stigma and discrimination (World Health Organization & Calouste Gulbenkian Foundation, 2014). These environments effect groups such as cultural and linguistically diverse communities, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning communities, women and children, Aboriginal and Torres Strait Islander communities and people with a disability. Effective mental health interventions of these communities, must address systemic inequities, historical traumas and intersecting oppressions and experiences that cause and maintain mental health problems. Knox's social profile is diverse, with variation across suburbs. The rate of mental and behavioural problems and high psychological distress slightly higher than that for metropolitan Melbourne in the Bayswater/Boronia-The Basin and Ferntree Gully/Upper Ferntree Gully areas. Rates of mental health issues are lower in the north-west and south of the municipality (though when considering numbers rather than rate, this indicates that there are significant numbers of people with mental health issues in all parts of the municipality). The highest numbers of people with mental and behavioural are found in the north-east of Knox (Bayswater/Boronia/Basin) with an estimated 5,000 people with a long-term mental health issue. There are almost as many in the Lysterfield/Rowville area (4,700). These regions together, account for half the population estimated population in Knox to have a long-term mental health issue (Swan & Styles, 2019). Culturally competent and responsive services for Aboriginal and Torres Strait Islander communities: Mental health, is a significant health issue for the Aboriginal and Torres Strait Islander community, and is not influenced by biology alone. Social contexts present the major component that affects the health and wellbeing of Aboriginal and Torres Strait Islander people. The long term effects of colonialism including trauma, disruption of culture and intergenerational relations, have had numerous ongoing consequences. These ongoing social ramifications have manifested in poverty, social exclusion and ill health. These drivers are thought to be deep-rooted contributors' of Indigenous suicide and child suicide, both of which are significant issues within the Aboriginal and Torres Strait Island (Victorian Government, 2017). These drivers can be addressed by acknowledging past events and empowering the Aboriginal and Torres Strait Islander community to move towards healing and recovering from trauma. Initiatives that promote self-determination and empowerment, address social determinants of health, address and prevent racism and celebrate Aboriginal and Torres Strait Islander culture would be the starting point for addressing adverse mental health issues within this community. Increased funding for research and interventions addressing the mental health needs of

marginalised communities: Diversity, inclusion and equity are important themes that should be considered by the Royal Commission. Socially and economically marginalised groups tends to have higher rates of mental illness due to experiences of discrimination and stigma on the basis of ethnicity, race, culture, disability, gender and sexual identity (Hudson, 2005). Providing effective mental health care and preventing the drivers of mental ill health requires significant investment of funds into research, advocacy, policy and practice. Groups and communities of relevance include: Aboriginal and Torres Strait Islander Culturally and linguistically diverse communities Refugees and asylum seekers People of different ages (children, young people and older people), Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning (LGBTIQ+) People experiencing socioeconomic hardship and stress People living in rural and remote communities Women People involved in the criminal justice system People with disabilities Research consistently demonstrates that the LGBTIQ+ community experience poorer mental health outcomes and have a higher risk of psychological distress and suicidal behaviours than the general population (Leonard, Lyons, & Bariola, 2015). These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of their sexuality and gender identity. Trans Pathway research (Strauss, Cook, Winter, Watson, Wright Toussaint, & Lin, 2017) identified that transgender young people are experiencing clinically significant depressive symptoms at almost ten times the rate of the general young Australian population. The Trans Pathway report was released in 2017 and is the largest ever study of Transgender young people in Australia. The findings are alarming: Almost three quarters (74.6%) of transgender youth have at some point been diagnosed with depression. Self-harm and suicidality are very high, with 79.7% having self- harmed 48.1% transgender young people, almost 1 in 2 have attempted suicide. To address the risk factors associated with poor mental health in the LGBTIQ+ community, funding is required for specialist prevention, intervention and clinical response services. These services should be accessible throughout Victoria and provide capacity building and training for community services, general practitioners and allied health providers. Additionally, progress towards legislative equality needs to occur to prevent discrimination and other minority stress risk factors associated with mental ill health. Examples of current inequalities include religious exemptions in anti-discrimination law and the legal status of Conversion Therapy. Australia is experiencing significant population growth of people in older age groups, with this growth mirrored in the Eastern Melbourne Region. It is estimated that the number of people aged over 65 years in the region in 2015 was 180,407, or 16.5% of the total population, compared with an estimated 15.1% of the Victorian population. Based on population forecasts, it is expected that this will increase to 22.5% for the Eastern Melbourne Region by 2025, compared to an estimated 17.5% in Victoria (Arnott & Porteous, 2017). The mental health needs of older people are unique, with risk factors including ageism, social isolation and physical and cognitive decline. Mental health outcomes for this cohort are significantly worse for aged care residents, people in hospital, people with comorbid conditions, carers, Aboriginal and Torres Strait Islanders and migrants (NARI, 2018). An issue requiring urgent attention for older cohorts is suicidality in men aged 85 years and older. The suicide rate for this group is 37.6 per 100,000 people, compared to 20.6 for men aged 20-24 and 29.9 for those aged 40-44. ABS figures show the number of suicides for the 85+ has jumped 15% between 2010 and 2014 to 2864 a year (Arnott & Porteous, 2017). RECOMMENDATIONS R17. Invest and support the development of long-term State Government policy and action plans that focus on improving mental health outcomes for marginalised communities. R18.Provide funding for partnership opportunities to conduct research into factors associated with high rates of psychological distress for young women in Knox."

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

them?
"Carers experience the physical and emotional toll of looking after another person, reduced ability to work, health issues such as back pain, anxiety, depression, feeling isolated and missing social opportunities with others. When the service system fails to support their family member adequately they have the added anxiety and concern regarding seeking and securing appropriate supports. Funding for programs and supports that promote social connection and build capacity: Knox Council, in partnership with relevant community organisations, deliver programs and supports that promote social connection, health and build capacity - Pathways for Carers walks, a carer exercise group, information sessions on topics such as the NDIA and support a carers group for carers of people with Borderline Personality Disorder. These programs create opportunity for carers to share challenges, learnings and support one another. Council understands that the break from the caring role, connections with other carers and opportunity to share challenges and learnings can be as important as the activity itself. With additional resources Council would have the capacity to provide more peer support groups, additional information and training to carers. Actions to improve and connect the service system for people with mental health issues will have flow on effects for carers and families. RECOMMENDATIONS R19.Fund each municipality to develop programs and interventions targeting social connection, capacity building and wellbeing for family members and carers of people with a mental illness."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"As addressed in Question 4, the mental health service system is ill equipped to effectively treat, manage and co-ordinate care for people experiencing mental illness. Conversations from a multi-sectorial mental health workshop conducted by Council in 2018 highlighted a need to strengthen cross-sector collaboration and better identify partnership opportunities. Participants reflected on the value of bringing together local organisations, services providers and other stakeholders to share challenges, successes, potential future opportunities/funding streams and to identify mental health service gaps and vulnerable cohorts. They also advocated on the need for continued conversations and collaborative action. The mental health workforce is impacted by unique barriers and stressors, including risks to safety and wellbeing (e.g. vicarious trauma, compassion fatigue, burnout), lack of graduate training and development opportunities and staff turnover. To ensure a sustainable, healthy and skilled mental health workforce in Victoria, resource and funding needs to be invested in actioning relevant findings from the Victorian Auditors General's Office audit into access to mental health services. RECOMMENDATIONS R20. Prioritise responses submitted by mental health organisations, community groups, and individuals living with mental illness, their families and carers in considering the needs of the mental health workforce. "

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?
"Economically disadvantaged groups appear to be particularly vulnerable to mental and behavioural conditions. The World Health Organisation (2005) suggests that this is because those with lower economic capacity are more likely to experience insecurity, hopelessness, rapid social change and risks to their physical health. Prevalence also seems to be relatively high among those with reduced social engagement, interaction and support opportunities, whether due to unemployment, living alone or single parenthood. The Victorian Population Health Survey (2014) cross-tabulated the prevalence of mental health issues (as measured by high' or very high'

psychological distress), with various socio-economic indicators. While the state rate of prevalence of high/very high psychological distress is slightly higher than is estimated for Knox (12.6% for Victoria compared with 11.6%), the association of particular socio-economic characteristics and extent of reduced mental health, is likely to be similar. Better understanding of the linkages between socio-economic status and heightened prevalence of mental health issues has implications for cohorts with high levels of disadvantage including unemployment and low educational attainment. Many opportunities exist for government, community services, private enterprises and community groups to improve the social and economic participation of people living with mental illness. These opportunities not only benefit those directly affected by mental illness, but the wider community. The Royal Commission should take socio-economic status into account when exploring the conditions required for mental health and wellbeing and direct attention towards issues such as poverty, unemployment, education and literacy and intersecting experiences such as health status, the justice system and race, culture, gender, sexuality and disability. RECOMMENDATIONS R21. State Government to advocate to Federal Government to increase Newstart, Youth Allowance and other government benefits to adequately support people with mental illness maintain a quality of living conducive to wellbeing. R22.Provide funding for local organisations in each municipality to establish training, internship and/or mentoring programs for marginalised groups. R23. Increase funding for neighbourhood houses and community training and education providers. R24. Establish flexible working conditions in the public sector to ensure the protection of rights for people living with a psychosocial disability. "

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?
"Victoria's mental health system is in a state of crisis and urgent intervention is required to ensure the immediate safety and future wellbeing of Victorians experiencing mental ill health. To progress with recommendations and system reform, it is imperative that government investment, commitment and funding is secured as a priority. Other areas of urgency relate to access and navigation of existing services and the capacity of emergency departments to respond to crisis mental health presentations. Work needs to be commenced on system reform, however we also need to respond to the current crisis with urgency and significant resource investment. RECOMMENDATIONS R25. The Royal Commission prioritise securing government funding for mental health reform. R26. Prioritise investment of funding and resources into developing a model of care for mental health patients presenting to emergency departments with consideration of findings from a review conducted by Monash Health (2017). R27. Prioritise development of a centralised intake and referral service for people experiencing mental ill health and crisis. R28.Prioritise Recommendation 10 by providing priority funding for mental health first aid training for workers, volunteers and community members and organisations who have contact with high risk cohorts. R29.Prioritise Recommendation 16 by re-funding Mental Health Community Support Services for people with mental health issues who are ineligible or unable to access the NDIS."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Communication and ongoing consultation are imperative to system reform and chance. Recommendations need to be communicated with all stakeholders, ensuring that access and equity barriers are considered in this process. People with a lived experience of mental ill health should be prioritised in consultations regarding the development and implementation of endorsed actions. The establishment of a Lived Experience Advisory Group by State Government will be

beneficial in improving consumer and community participation in shaping Victoria's mental health system. RECOMMENDATIONS R30. Establish a state-wide Mental Health Lived Experience Advisory Committee to guide and advise the Victorian Government on mental health policy, strategy and initiatives. "

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

"Knox Council would like the Royal Commission to consider the interaction between problem gambling and mental illness and homelessness and mental illness in their review of Victoria's mental health system. Gambling problems and mental health: Gambling problems and mental illness frequently occur together. Approximately three-quarters of people seeking treatment for a gambling problem also have a mental illness, most commonly a mood disorder such as depression. At the same time, only about 22 per cent of people with gambling problems seek help for their gambling. However, people with gambling problems may seek help for a mental illness, without their gambling problems being recognised. Knox City Council is a member of the Alliance for Gambling Reform, who are collaborating with the Alcohol Policy Coalition to produce a submission also. The links between gambling harm and mental ill-health are clear. Systemic reform is needed to address the reality that gambling harm can both cause mental ill-health and exacerbate pre-existing mental ill-health conditions. We also understand the Alliance are working with lived experience experts to submit their own stories to the Commission. Problem gaming can have a detrimental impact on individuals, families and the broader community. Council supports a harm minimisation approach to gaming which seeks to mitigate possible adverse individual and community impacts. Local government does not have the power to regulate the number, location and operation of Electronic Gaming Machines; nor is it responsible for the regulation of other forms of electronic gambling, being either State or Federal government jurisdictions. However, we do have legislated responsibility to protect, promote and improve community health and wellbeing. Alarmingly, Knox residents currently spend $207,836 per day on pokies. There are only 11 venues in the municipality, and a total of 766 machines (this is only 63% of allowable machines - as there is a 1222 machine cap for Knox). Despite being well off the municipal cap, Knox is rated 15th in the highest pokies expenditure for Victoria. The Victorian Commission for Gambling and Liquor Regulation note that codes of conduct are a condition of licensing under the Gambling Regulation Act 2003 (Vic.). The codes describe processes by which gamblers may obtain cash and collect winnings and provide information about gamblers help services and self-exclusion programs. A venue's code of conduct is often considered by the Commission when granting new or additional licenses to electronic gaming machine operators and these documents are given considerable weight in regulatory settings (Francis, Livingston, and Ritoul, 2017). In these hearings, venues frequently cite their code of conduct to demonstrate their competence and capacity to ensure the provision of responsible gambling on their premises. However, there is limited evidence of efficacy for many of the components of the code of conduct, including self-exclusion. For instance, self-exclusion often relies on self-enforcement by gamblers and manual recognition by venue staff. They have been found to be prone to breaches. These shortcomings highlight the importance of conducting research that investigates the practice of self-regulation for these potentially harmful products. Undoubtedly, gambling harm is a public health issue, and the government should employ meaningful, harm minimisation and reduction measures to protect the public from gambling harm. Given the high rate of problem gambling in patients attending mental health services, and that one in two patients who gamble are experiencing gambling harm, there are significant opportunities for prevention, early identification and intervention for this group. A brief screening tool would be effective in supporting earlier identification of problem gambling for mental health clients, and could easily be added to existing intake processes. Comprehensive

training in assessing and managing gambling harm, as well as improved cross-sector partnerships and referral pathways would also help ensure patients with mental health and gambling issues receive timely and appropriate treatment (Lubman et al., 2017). RECOMMENDATIONS R31. Introduce a brief screening tool that would be effective in supporting earlier identification of problem gambling within mental health patients, and could easily be added to existing intake processes. R32. Conduct research that investigates the practice of self-regulation for harmful use of electronic gaming machines, including related mental health impacts. R33. Improve provision of resources allocated to the Victorian Commission for Gambling and Liquor Regulation to adequately mandate Codes of Conduct at electronic gaming machine venues. R34. Recognise the community harm associated with electronic gaming machines is unacceptable in Knox, and lobby for a reduction of municipal caps in Knox to 6 pokies machines per 1000 adults.
Homelessness and mental health: Mental health, housing and homelessness are inextricably linked. Without access to safe, affordable and secure housing, people are more vulnerable to mental ill health - an experience of homelessness may either trigger a mental health issue or exacerbate an existing mental illness. In 2015, 31 per cent of Specialist Homelessness Services consumers aged over 10 had a current mental health issue, contrasting with 16.2 per cent of the general population (Brackertz, Wilkinson & Davison, 2018). There are many successful, evidence-based models of housing support for people with mental ill health that are currently operating in Australia, however most are small-scale and lack the funding and resources required to service communities in need. Housing First' is an internationally endorsed philosophy of support that rests on the notion that accessible and safe housing is fundamental to recovery and should be provided without condition. This model has documented success in reducing homelessness in the United States and Canada and could be implemented in the Australian context with a strong partnership between state and federal governments and housing and homelessness services providers. Effective interventions to address mental health and homelessness need to consider both structural and individual factors and how these intersect. Private, public and community housing reform is required to address the chronic shortage of affordable housing in Victoria and to meet the needs of people with a lived experience of mental ill health. The Australian Housing and Urban Research Institute has conducted a recent review of the evidence on mental health and housing in Australia, with findings providing direction to areas requiring investment of further resources and funding. Housing First approaches recognise housing as a precondition for mental healthcare, and indeed, as a necessary component of that healthcare. This understanding is missing from Victoria's mental healthcare system. The Housing First model of housing plus support for people with severe mental illness who are at risk of long-term homelessness successfully sustains housing for 80 per cent of this cohort. It also recognises that there are those for whom residential clinical care is required on a short or long term basis. Housing First programs have shown that residents with psychosis, and dischargees from psychiatric hospitals required fewer days each year admitted to mental health units compared to the period before they were housed. Currently, if a person experiencing housing insecurity and mental ill-health is arrested, it is common for them to be placed in prison or police custody as a method of safe management and containment. This makes tenancy sustainment and treatment adherence extremely difficult. A law enforcement response to an episode of mental ill-health is a misplaced intervention for a person requiring healthcare. Appropriate health-focused emergency responses complemented by safe, stable and affordable housing, must be made available at a sufficient scale.
RECOMMENDATIONS R35. Develop a Housing First model for people with a mental illness, recognising that housing is a pre-condition for mental health care Acute mental healthcare and housing: Lack of suitable housing options exacerbates pressure on acute mental health services. The NSW Ombudsman found that a lack of appropriate accommodation options was a key factor

preventing the discharge of mental health patients. This led to both reduced availability of acute beds for those who needed them, and to mental health staff referring inpatients to inappropriate housing options to promote earlier exits. Acute mental health services report that approximately 25 per cent of patients are homeless prior to admission, and most are discharged back into homelessness because of a lack of suitable accommodation options. With the cost of providing an acute bed in Victoria at $917 per patient per day, supporting people to transition successfully out of psychiatric hospitals is both cost-effective, and achieves better outcomes for consumers. RECOMMENDATIONS R36. Provide resources and clinical support for the successful transition of patients from a psychiatric hospital to transitional housing support and access to periods of short and medium term case management.

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