The path to a stronger mental health system

VCOSS Submission to Royal Commission into Victoria's Mental Health System

5 July 2019

The Victorian Council of Social Service is the peak body of the social and community sector in Victoria.

VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups and individuals interested in social policy.

In addition to supporting the sector, VCOSS represents the interests of Victorians experiencing poverty and disadvantage, and advocates for the development of a sustainable, fair and equitable society.

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A fully accessible version is available online at vcoss.org.au/policy/

VCOSS acknowledges the traditional owners of country and pays respect to past, present and emerging Elders.

This document was prepared on the lands of the Kulin Nation.

Contents

Executive summary

The Victorian Council of Social Service (VCOSS) welcomes the opportunity to participate in the historic Royal Commission into Victoria's Mental Health System.

VCOSS is the peak body for social and community services in Victoria. VCOSS members reflect the diverse community services industry and include large charities, peak organisations, small community services, advocacy groups and individuals interested in social policy. VCOSS supports the industry, represents the interests of Victorians facing disadvantage and vulnerability in policy debates, and advocates to develop a sustainable, fair and equitable society.

Almost half of the community will experience a mental illness in their lifetime.[1] It might affect their ability to work, study, connect with family and friends and contribute to community life. Most people will have a network of people who will worry about them or care for them during their illness. In turn, this can impact their own mental health and wellbeing.

Mental health and disadvantage are closely linked. Poverty is a major driver of mental ill-health as both a cause and consequence. Around one-third of people living with a serious mental illness live in poverty. Homelessness, drug and alcohol use and histories of abuse and trauma all contribute to a person's mental health. Many of the challenges people with mental illness face are a result of the environment they live in and community attitudes and expectations towards them.

To prevent mental illness and build healthy and well communities we need to target these risk factors, of poverty, homelessness and social isolation. A whole-of-government approach is needed that recognises mental health is everybody's business; we all have a role to play.

Right now the mental health system is failing many Victorians living with mental illness, their families and carers. Emergency department presentations are increasing, and the proportion of people getting help is decreasing. Victoria's investment in mental health has dropped to the lowest per capita in the country.[2] Fragmented responsibility for planning, commissioning and monitoring system performance has led to gaps, failings and under-performance.

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[1] Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results,* Cat No. 4326.0, 2007.
[2] Mental Health Victoria, *Saving lives. Savings money: the case for better investment in Victorian mental health,* June 2018.

This Royal Commission is a once in a generation opportunity to reform a system in crisis. Sustained, large-scale investment in clinical and community managed services are needed to enable the system to meet demand. Psychosocial rehabilitation and support must be recognised as a vital component of the mental health system, alongside clinical care and disability support.

But it's not just funding. Without system oversight and monitoring, service gaps will again emerge. A Mental Health and Wellbeing Commission could provide system oversight, accountability and stewardship. It could guide investment, coordinate research and provide long-term leadership and vision for the promotion of mental health and prevention of illness.

The mental health system encompasses more than just health services and beds.

Community service organisations are an important part of the support system that help people living with mental illness every day. Community service organisations are well-connected with some of the most vulnerable members of our community. They maintain strong connections to their communities and relationships with people who access them and are well-placed to identify and act on the early warning signs of mental illness before a person reaches crisis point.

Addressing mental illness requires a strong, sustainable, well-funded community sector, with capacity to intervene early, providing wrap-around and integrated support to people and their families. Integrated housing and support options are needed. Without stable and secure housing, it is very difficult for people to get their other needs met. Access to timely and affordable legal assistance, inclusive education and supportive early childhood and family violence services help people live good lives.

Delivering high quality, timely services requires a skilled workforce. Growing demand across the community services industry and mental health system is leading to acute workforce shortages. Community service organisations face recruitment challenges including short-term contracts, insecure work, poor pay and conditions and a lack of knowledge about mental health services. Strategies are needed to make sure mental health services and the community services industry generally is an industry of choice, providing rewarding career pathways, secure employment and good pay conditions and support to staff.

The foundations are there for a strong mental health system; Victoria has a history of providing nation-leading community-managed psychosocial support services and embedding leadership of people with lived experience in its services. We look to the Royal Commission to set out an ambitious long-term plan that builds on the strengths of the current system, and

provides a blueprint for a system that delivers real and meaningful change for people living with mental illness in Victoria.

Recommendations

Build a well-funded, well-governed and accountable system

- Clarify the roles and responsibilities of the Victorian Government in system planning and market stewardship
- Establish a Mental Health and Wellbeing Commission
- Develop a Mental Health Services and Infrastructure Plan with clear targets, milestones, outcome measures
- Build the evidence base for effective mental health interventions
- Value psychosocial support as a key part of the mental health system
- Scale up psychosocial support programs for people not eligible for the NDIS
- Identify strategies to attract workers to the mental health sector
- Coordinate workforce strategies with the 10-Year Community Services Industry Plan
- Implement the recommendations of the Victorian Auditor-General's Child and youth mental health report
- Provide carers with access to emergency and planned respite
- Provide clearer timelines and a comprehensive engagement plan for the implementation of the Carer Strategy

Embed respect, choice and lived experience in the mental health system

- Develop a statewide approach to growing the peer workforce
- Provide opportunities for the growth of consumer-operated services
- Provide funding to improve workforce understanding and expertise in trauma-informed practice
- Expand Safe Haven models
- Build knowledge among mental health services about the importance of advance care planning and substitute decision-making

Approach mental health in the context of people's lives

- Address mental health over the life course
- Examine how risk and protective factors affect mental health
- Advocate to the Commonwealth to increase Newstart and related payments and remove unfair restrictions on access to the Disability Support Pension

- Provide funding for an additional 90 financial counsellors across Victoria
- Consider how predatory or irresponsible lending practices impact on people's mental health
- Ensure services have flexible funding so that they can provide holistic support for people experiencing poverty
- Empower communities to design and deliver place based-responses
- Provide communities with funding for "backbone support" to manage, coordinate and deliver place-based responses

Take a whole-of-government approach to improving population mental health

- Develop a whole-of-government approach to improving population wellbeing and reducing health inequities using evaluated models from Australian and international jurisdictions
- Develop an extensive range of health and wellbeing indicators to guide policy making and investment
- Use wellbeing indicators to inform budget allocations across all levels of government
- Establish a Mental Health and Wellbeing Commission with responsibility for providing a long-term vision for prevention of mental illness and promotion of mental health, including research, coordination of investment, implementation, monitoring and reporting
- Make a long term commitment to building the evidence base for mental health promotion and mental illness prevention
- Ensure that mental health expenditure is allocated across the mental health intervention spectrum
- Invest in evidence-based promotion and prevention initiatives, and provide pilot funding for untested initiatives

Ensure the community sector can respond to mental health needs

Upskill community and universal service workers to intervene early
- Invest in workforce development programs that help community service workers intervene early to identify and respond to mental illness

Provide community service organisations with secure and sustainable funding
- Pursue funding models for community service organisations that are sustainable, flexible and reduce burdensome reporting requirements
- Provide community service organisations with a responsive funding indexation formula, that reflects the real costs of service delivery

Provide for outreach and soft entry points

- Ensure funding includes capacity for case coordination and outreach

Help people find safe and secure homes

- Invest in social housing
- Scale up integrated housing programs
- Consider a housing and mental health agreement
- Require no exits into homelessness

Improve access to and interfaces with the National Disability Insurance Scheme (NDIS)

- Deliver a robust and clear NDIS bilateral agreement
- Continue to fund programs that improve access to the NDIS
- Fund advocacy services to help people with psychosocial disability

Support the mental health of people in prison

- Fund longer-term transition support programs for people leaving prison
- Encourage NDIA discharge planning earlier in prison terms

Provide people with access to legal assistance

- Increase funding to legal assistance services to respond to civil legal problems
- Provide ongoing funding for health-community partnerships

Equip schools, early childhood and family services to intervene early

- Expand the Mental Health in Schools program to government primary schools
- Review whether the Mental Health in Schools program has sufficient capacity to meet demand and evaluate its impact
- Continue to invest in Early Parenting Centres to ensure vulnerable children and families get the right support
- Equip schools, early childhood services and family services to intervene early

Address co-morbid alcohol and drug use

- Fund dual diagnosis capacity building programs in mental health and alcohol and other drug treatment services

Partner in developing integrated community hubs

- Work with the Commonwealth to embed community mental health service hubs in local communities

Build a well-funded, well-governed and accountable system

Chronic under-resourcing and limited political interest over a long period has led to gaps in the system and fragmentation of responsibility. To effect change we need strong leadership and accountability across government.

Building a system that promotes wellbeing and meets the needs of community requires a long-term plan. Delivering such a plan will take time and a robust governance structure will need to be in place to oversee the implementation and monitor its effectiveness.

Improve governance by making government a market steward

RECOMMENDATIONS

- Clarify the roles and responsibilities of the Victorian Government in system planning and market stewardship
- Establish a Mental Health and Wellbeing Commission

In the past, services for people with mental illness have been based on historical funding formulas and a rationed service system. Through this approach, service gaps have emerged and the needs of people have not been met.

VCOSS members support the Victorian Government taking an active role to improve the delivery of services and provide clearer structure and greater transparency around "roles, responsibilities and activities of those responsible for market stewardship."

Market stewardship must go beyond ensuring minimum protection and efficient use of resources and extend to ensuring that

public good is fairly distributed[3]

Victoria needs a new plan, with clearer targets and outcomes that is fully funded and will drive reforms and highlight poor performance across the system. It also needs a new body with clear authority to monitor and hold government to account for the system's performance.

The Victorian Government developed the 10-year Mental Health Plan with a goal to drive better outcomes for Victorians and improve service delivery. However, the 10-year Mental Health Plan has been repeatedly criticised for is its lack of accountability. For example, the Victorian Auditor General recently said:

> … the 10-year plan outlines few actions that demonstrate how DHHS will address the demand challenge that the 10-year plan articulates:
>
> - there are no clear targets or measures to monitor progress in improving access
> - there are no forward plans for the capital infrastructure needed
> - the workforce strategy does not address the particular issues in regional and rural areas and fails to articulate specific targets
> - there is no work to address barriers to access created by geographic catchment areas.[4]

A Mental Health Commission could provide system oversight, accountability and stewardship. Most states and territories have some sort of Mental Health Commission. Responsibilities of these commissions vary, but can include commissioning services from community organisations, setting targets, monitoring and accountability. New Zealand is establishing a Mental Health and Wellbeing Commission to strengthen leadership and oversight of mental health and addiction treatment.[5]

The Royal Commission is an opportunity to review the operation and effectiveness of commissions in other jurisdictions and identify what role a commission could play in Victoria. Any commission (or similar body) should not only be able to monitor progress, but make changes in response to identified needs, and have a wider remit than just the health portfolio.

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[3] G Carey, E Malbon, A Marjolin and D Reeders, *National disability markets, Market stewardship actions for the NDIS,* Centre for Social Impact, October 2018, p.6.
[4] VAGO, Access to Mental Health Services, 2019, p 8.
[5] New Zealand Ministry of Health, *Budget 2019: Mental health, wellbeing and addiction initiatives,* **htt**ps://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives

Make large-scale, sustained investment in mental health care

> **RECOMMENDATIONS**
>
> - Develop a Mental Health Services and Infrastructure Plan with clear targets, milestones, outcome measures
> - Build the evidence base for effective mental health interventions

It is no secret that the mental health system faces significant funding shortfalls. The March 2019 report by the Victorian Auditor General found that:

> "The lack of sufficient and appropriate system-level planning, investment, and monitoring over many years means the mental health system in Victoria lags significantly behind other jurisdictions in the available funding and infrastructure, and the percentage of the population supported."[6]

Under resourcing of the clinical and community based system means access is limited and services are rationed. As a result, people often cannot get help when they need it, becoming more unwell. Too often people only get treatment when they are in deep crisis, and even then it is often not long or specialised enough.

The Victorian public mental health system funding fails to take into account unmet demand, complexity of a person's needs, population and cohort data and demographic changes.[7] VCOSS members report that access is particularly limited in regional and rural areas. Several members reported people being repeatedly turned away from regional hospitals and acute care facilities, despite demonstrating suicidal ideation.

There is a similar funding gap at a federal level. In 2014-15 mental health received around five per cent of the overall health budget, despite representing 12 per cent of the burden of disease.[8] Funding allocations in recent budgets have done little to close the overall gap.[9]

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[6] Victorian Auditor-General's Office, *Access to mental health services,* March 2019.
[7] Victorian Auditor-General's Office, *Access to mental health services,* March 2019.

Large scale investment, over a long period is desperately needed. To guide this investment, a fully costed Mental Health Services and Infrastructure Plan, covering clinical and community based care, should be developed that includes targets, milestones and outcome measures.

Investment should informed by evidence about what works to achieve better outcomes for service users. However, there are significant gaps in available evidence about effective mental health interventions. Services need to be supported to undertake evaluation and improve data collection practices, to build a more robust evidence base.

VCOSS refers the Royal Commission to the submission made by Mental Health Victoria for more detail about the challenges facing the clinical mental health sector.

Invest in community based psychosocial support

RECOMMENDATIONS

- Value psychosocial support as a key part of the mental health system
- Scale up psychosocial support programs for people not eligible for the NDIS

Victoria's community service organisations have long provided a range of support to people with mental illness, including treatment, psychosocial support and rehabilitation to help people manage their illness and build life skills.

Psychosocial rehabilitation and support services are a vital component of the mental health system, sitting alongside clinical care and National Disability Insurance Scheme disability supports.

Psychosocial support can keep people out of hospital, help them recover at home and stay well. Victoria should be directing more funding to community based support, to reduce the need for hospital admissions and clinical inpatient care.

Instead Victoria has redirected community mental health funding to the NDIS. However, many people with mental illness will not be eligible for the NDIS when it is fully rolled out.

About 40,000 Victorians who would previously have been able to access community managed mental health services will miss out.[10]

Federal funding for community mental health services like Personal Helpers and Mentors (PHAMs) program and the Partners in Recovery (PiR) program is also being phased out as we transition to the NDIS. Funding is expected to cease completely in July 2019. While the Commonwealth has allocated some funding to continue support for people transitioning to the NDIS, this is only available to existing consumers of PHAMs and PiR programs, not new consumers or people ineligible for the NDIS.

The Victorian Government has provided short-term relief by funding the *Early Intervention Psychosocial Support Response* over two years, for people who do not meet the 'permanent functional impairment' criteria of the NDIS or who are waiting for NDIS assessment or commencement of their plan.

This program should be expanded and scaled up over the short to medium term, while longer term planning and system design is undertaken following the findings of this Royal Commission.

Build a highly-skilled workforce

RECOMMENDATIONS

- Identify strategies to attract workers to the mental health sector
- Coordinate workforce strategies with the 10-Year Community Services Industry Plan

With a growing demand for mental health services across the system, many organisations are reporting they face acute workforce shortages. Community service organisations face recruitment challenges including short-term contracts, insecure work, poor pay and

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[10] Mental Health Victoria, *Saving lives. Savings money: the case for better investment in Victorian mental health,* June 2018

conditions and a lack of knowledge about mental health services.[11] Stigma around mental health and the social services industry more broadly also contributes. Community organisations also report a high degree of burnout among staff; working with vulnerable people is demanding and can be stressful and emotionally draining.

The NDIS pricing model is contributing to the challenge of securing a highly skilled workforce. Survey data from the sector indicates half of disability service providers considered reducing service quality because of NDIS pricing.[12] Around 1,000 qualified and experienced mental health positions are estimated to have been lost by June 2019 due to the defunding of Victoria's community mental health support services to fund the NDIS.[13]

Strategies are needed to make sure mental health services and the community services industry generally is an industry of choice, providing rewarding career pathways, secure employment and good pay conditions and support to staff. The 10-year Community Services Industry Plan provides a blueprint for coordinating responses across the industry.

Significant growth in sectors such as family violence, disability and aged care mean competition for workers is fierce. Strategies must be long-term and aim to grow the pool of community service workers, instead of encouraging the existing workforce to cycle between sectors, creating shortages elsewhere.

Invest more in children's mental health services

RECOMMENDATION

- Implement the recommendations of the VAGO Child and youth mental health report

One in 50 Australian children has a severe mental health disorder, but about three-quarters of children with mental health disorders are not getting professional help. The number of children presenting to emergency departments in mental health crisis increased 46 per cent between 2008 and 2015.[14]

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[11] VCOSS, *Community Services Industry Plan; Consultation Report,* February 2018.
[12] National Disability Services, *State of the Disability Sector Report 2017*, 2017.
[13] Ibid.
[14] Harriet Hiscock et al, *Paediatric mental and physical presentations to emergency departments Victoria 2008-15,* The Medical Journal of Australia, 2018, 208 (8), p. 343.

Some severe mental health disorders in children are triggered by trauma such as abuse or neglect, or by developmental disorders or physical trauma that leads to disability. Failure to address mental health disorders in children can increase the risk they will disengage from education and employment, or be involved with the justice system.

The government child and youth mental health service is failing to meet the needs of Victoria's children. The Auditor-General found that the government is not prioritising access for vulnerable children (for example, children in out-of-home care), has confusing and inconsistent eligibility and access arrangements and is failing to set key performance indicators and monitor some significant issues within services (including long inpatient stays, service coordination and family engagement). There is also inequity across catchments, especially in regional areas.[15]

There is a significant gap in services for very young children. Headspace provides support for children over the age of 12 but does not provide support to children aged 11 years and under.[16] They are also targeted at early stage and mild to moderate mental health concerns, not more severe mental health disorders.

VCOSS members report trauma counselling and support for young children who have experienced abuse and neglect also remain difficult to access, especially in some regional areas.

Support families and carers

> **RECOMMENDATIONS**
>
> - Provide carers with access to emergency and planned respite
> - Provide clearer timelines and a comprehensive engagement plan for the implementation of the Carer Strategy

Unpaid carers and informal family support play a crucial role in the community, caring for friends, their children, partners, siblings or parents living with disability or mental illness. But

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[15] Victorian Auditor-General, *Child and youth mental health,* June 2019.
[16] Headspace *Who we are, accessed at* https://headspace.org.au/about-us/who-we-are/

the caring role can be demanding and stressful. Carers are vulnerable to developing chronic physical problems, their own mental illnesses, and falling into poverty.[17] It can be even more difficult for people living in regional and rural areas who are often isolated from support and respite services.

There is often not enough information available to carers to help them navigate the system for themselves and their loved ones. VCOSS members reported that the constant barriers carers face are 'demoralising' and 'take a toll' on physical and mental health.

The Victorian Government launched the whole-of-government Victorian Carer Strategy 2018-2022, to strategically address the needs of people in caring relationships across areas such as employment, health, education and financial disadvantage. To effectively implement the strategy, we need clearer timelines for developing new programs, a comprehensive engagement plan and a process of independent review.

VCOSS welcomes the recent announcement of 100,000 extra hours of respite each year for Victorian carers, and additional grants for grassroots and statewide carer support groups. Recently some carers have been reporting changes and reductions in supports available to them through the transition to the NDIS. In the past carers were able to access planned respite, as well as other services like self-help and mutual support groups, through a number of national and state programs. These are often no longer available or are transitioning to the NDIS.[18]

> ### Case study: Early intervention for carers
>
> Carers of a person with a disability are at an increased risk of mental health problems and poor health compared with the general population. [19] In 2018, Carers Victoria designed, delivered and evaluated an evidence-based model of mental health early intervention for carers, called Mind the Step.

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[17] Ibid.

[18] Carers Australia, *Accessing respite through the NDIS,* 21 December 2017.

[19] Edwards, B. and Higgins, J. *Is caring a health hazard? The mental health and vitality of carers of a person with a disability in Australia* Med J Aust 2009; 190 (7): S61.

There is a wealth of evidence that carers experience social isolation and poorer health outcomes than non-carers. Mind the Step participants reported that both their mental and physical health had deteriorated since taking on a caring role, and that family and friends did not well understand the impact of caring on their lives.

Participants attended regular sessions and watched a series of three short videos that reinforced the key messages of each workshop.

An evaluation of Mind the Step found it to be an effective intervention that carers rated as highly valuable in gaining a sense of connection, understanding the importance of self-care, and making use of available supports and services.

Mind the Step was found to be broadly effective in achieving the intended outcomes of improving carers mental health and wellbeing, capacity to access treatment, supports and resources; and sense of social connectedness.

Embed respect, choice and lived experience in the mental health system

The Royal Commission is an opportunity to make sure our system, and all the services within it are built on the right foundations; of respect, choice and valuing lived experience. The drivers of reform should not be clinician, organisation or government need, but improved outcomes for people with mental illness.

Victoria and the mental health sector have long been leaders in promoting leadership by people with lived experience and building recovery-oriented services. We can build on these strong foundations in the design of a new mental health system.

Build mental health consumer leadership

RECOMMENDATIONS

- Develop a statewide approach to growing the peer workforce
- Provide opportunities for the growth of consumer-operated services

People with lived experience of mental illness must be involved in the mental health system at all levels – research, planning, policy making, service delivery and evaluation, as collaborators and leaders.

There are many benefits of employing people with lived experience in peer worker roles in mental health services. People with lived experience of mental illness perceive peer workers demonstrate greater empathy and respect, and give them hope about their recovery. Peer support has been shown to decrease hospital admissions.[20] Peer workers have also reported greater levels of self-esteem, confidence and resilience.

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[20] Mental Health Foundation (UK), *Peer Support,* accessed online https://www.mentalhealth.org.uk/a-to-z/p/peer-support

> ***Case study: Peer mentoring to address eating disorders***
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> The Eating Disorders Victoria (EDV) Peer Mentor program uses a peer support model, harnessing the experiences of those who have recovered.
>
> Mentors are paid as employees of EDV and provided with regular debriefing and supervision. Fortnightly mentoring sessions are conducted over a six-month period, where participants work towards achieving outcomes specified in plan developed together.
>
> 66 per cent of peer mentoring participants did not return to hospital. All participants reported less anxiety and stress after the program, and all mentors reported it reconfirmed their own recovery. One participant reported:
>
> "(the program) … Gave me a sense of hope that I could recover as I hadn't met anyone recovered before."
>
> The program is only funded until 2020, and has been reliant on one-year contracts to continue operating.

A statewide, strategic approach to growing the peer workforce would be welcome. For example, NSW has committed to growing its peer workforce through providing educational opportunities to organisations, undertaking research and evaluation, delivering a scholarship program and working across the government to develop consistent policies and practices related to the peer workforce.

VCOSS members report that consumer leadership is sometimes "tacked on" instead of being embedded at all levels of an organisation. Services may employ a single peer worker, or establish a consumer advisory service, but they are unable to impact and influence the broader organisations practice or policy.

There is a small but steadily growing number of research studies showing that services controlled and run by people with lived experience of mental illness are effective in

supporting recovery.[21] These services are characterised by mental health consumer control, choice, voluntary participation and opportunities for decision-making by people with lived experience.

People who access these services experience improved levels of empowerment, social inclusion, wellbeing, housing, employment, hope and program satisfaction, compared to people who access only traditional services.[22]

Embed trauma-informed care

RECOMMENDATIONS

- Provide funding to improve workforce understanding and expertise in trauma-informed practice

Many people with severe mental illness have histories of physical or sexual abuse, family violence or other complex trauma, including fleeing war or torture. However the system does not always recognise and respond appropriately to trauma. People can be inadvertently re-traumatised by a system of care that lacks the appropriate knowledge and training around vulnerabilities and sensitivies of trauma survivors.[23]

> "Trauma-informed care involves not only changing assumptions about how we organise and provide services, but creates organisational cultures that are personal, holistic, creative, open, and therapeutic."[24]

Programs that utilise a trauma-informed practice model report a decrease in symptoms, an improvement in people's daily functioning, and decreases in the use of hospitalisation and crisis intervention.[25]

While some Victorian services are trauma-informed, we can do more to make the cultural shift in all services, creating an environment that is more supportive and therapeutic for trauma survivors. VCOSS members report that while language around trauma-informed care

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[21] Sax Institute, *Evidence check; The effectiveness of services led or run by consumers in mental health,* 2015.
[22] Sax Institute, *Evidence check; The effectiveness of services led or run by consumers in mental health,* 2015.
[23] Adults surviving child abuse, *Trauma informed practice,* 2014. https://mhaustralia.org/general/trauma-informed-practice
[24] Mental Health Coordinating Council, Adults Surviving Child Abuse, Private Mental Health Consumer Carer Network and Education Centre against Violence, *Trauma informed care in mental health services,* May 2010.
[25] Ibid.

is becoming increasingly common, understanding about what it means is inconsistent across the sector.

Some organisations also have a better understanding of trauma-informed care, but could do more to integrate it at a practice level and across whole organisations. Government could support integration of trauma-informed practice across organisations by improving access to workforce education and training, further development of the evidence base and better data collection. A clear statement from government that trauma is a priority mental health issue would support the transition to more trauma-informed system.

Review recovery-oriented practices and improve processes for consumer-directed care

RECOMMENDATIONS

- Expand Safe Haven models
- Build knowledge among mental health services and consumers about the importance of advance care planning and substitute decision-making

People can and do recover from mental illness, and live fulfilling lives, with or without symptoms of illness. The modern concept of recovery was created by people with lived experience.[26] Recovery is fundamentally positive. It focuses on a person's strengths, values and preferences, rather than their mental health issue.

It is encouraging to note that, according to VCOSS members, many mental health services are now making a real effort to translate recovery principles into their practices to make a real difference to their service delivery.

Unfortunately, some consumers report feeling that 'recovery' has largely become a rhetoric word rather than a word with real substance that influences cultural change and quality improvement for mental health services.

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[26] Lei Ning, *From Recovery to Wellbeing: A call for consumer leadership – an academic perspective*, published by Mental Health Australia, October 2014, https://mhaustralia.org/general/recovery-wellbeing-call-consumer-leadership

> ### *Case study: Hospital peer support through the Safe Haven Café[27]*
>
> The first Safe Haven Café opened in Victoria in 2018, through a partnership between Better Care Victoria and St Vincent's Hospital. Safe Haven Cafes provide safe and therapeutic environments that offer respite, peer support and other resources out of hours. Each weekend, the Art Gallery at St Vincent's Hospital transforms into a cafe where people can drop by, have a warm drink and a chat with a lived experience worker. One participant reported:
>
> "The Safe Haven Cafe changed my life tonight. I didn't feel judged or feel like my issues were pathologised. I just felt welcome and comfortable."

VCOSS members report that often community-managed services adopt a more recovery-oriented model of practice than clinical services. This is partly a result of the time pressures and high demand on hospital services in particular, making it difficult for clinicians to allocate enough time to work with consumers to identify their goals, preferences and wider experiences.

Some members noted the difficulty of implementing recovery-oriented services and consumer-directed care within a system that allows involuntary treatment. One of the strategies identified to promote more recovery-oriented practice and consumer-directed care across the system is advance care planning that allows a person to express their preferences and consent for care and decision making when they are incapacitated. However, VCOSS members note that uptake of advance care planning is low. For example, in the four years since the introduction of the Mental Health Act 2014, about 2 per cent of all admitted mental health consumers have used advance statements and nominated persons documentation. [28] An increase in advance care planning could ensure that a person's wishes for care are respected.

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[27] Adapted from St Vincent's Hospital Melbourne, *SVHM Safe Haven Café,* September 2018, https://www.vmhiln.org.au/s/Safe-Haven-pres.pdf
[28] Victorian Mental Illness Awareness Council *Consumer survey results: Advance statements and nominated persons* Brunswick, 2018

Approach mental health in the context of people's lives

Health is shaped by a person's social, economic, and physical environment. The social determinants of mental health model reframes mental health, and allows for an examination of the broader factors that contribute to their mental health status. These risk and protective factors are clearly linked to health outcomes, yet they are beyond the control of the individual and the health sector.[29]

There is strong evidence that people experiencing poverty and disadvantage suffer disproportionately from common mental disorders and their adverse consequences. [30] The factors that influence a person's individual and psychological makeup are depicted below.
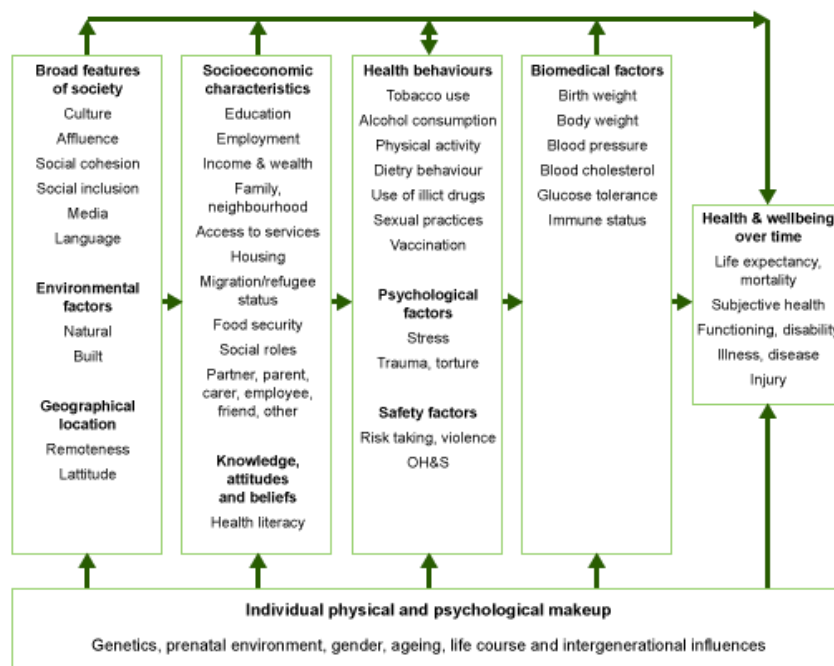
Broad features of society	Socioeconomic characteristics	Health behaviours	Biomedical factors	Health & wellbeing over time
Culture	Education	Tobacco use	Birth weight	Life expectancy, mortality
Affluence	Employment	Alcohol consumption	Body weight	Subjective health
Social cohesion	Income & wealth	Physical activity	Blood pressure	Functioning, disability
Social inclusion	Family, neighbourhood	Dietry behaviour	Blood cholesterol	Illness, disease
Media	Access to services	Use of illicit drugs	Glucose tolerance	Injury
Language	Housing	Sexual practices	Immune status	
	Migration/refugee status	Vaccination		
Environmental factors	Food security	Psychological factors		
Natural	Social roles	Stress		
Built	Partner, parent, carer, employee, friend, other	Trauma, torture		
Geographical location		Safety factors		
Remoteness	Knowledge, attitudes and beliefs	Risk taking, violence		
Lattitude	Health literacy	OH&S		

Individual physical and psychological makeup

Genetics, prenatal environment, gender, ageing, life course and intergenerational influences

Figure: A conceptual framework for determinants of health [31]

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[29] Australian Institute of Health and Welfare *Australia's health series no.15 Cat no AUS 199* Canberra 2016.
[30] World Health Organization *The World Health Report: Mental health: new understanding, new hope* Geneva, 2001
[31] Australian Institute for Health and Welfare *Risk factors contributing to chronic disease* Canberra, 2012

Good mental health is driven by these risk and protective factors. [32] The key risk factors for mental illness include poverty, unemployment, homelessness and substance abuse, insecure housing, gambling, alcohol and other drugs, poor physical health, complex needs, social isolation, experience of disaster, trauma, bullying, violence and stigma. Aboriginal people continue to be at higher risk of mental illness, as they live with the enduring impacts of colonisation and dispossession.

Conversely, the key protective factors include more positive features of a person's environment, such as healthy lifestyles, supportive relationships, geographic location and education.

Geographical location, for example, can have an impact on a person's mental health and the services they are able to access. People living in rural and regional areas can be a significant distance from support and services. It can be difficult to access specialist appointments, travel to services and fill workforce gaps. People living in outer suburban and growth corridors can face a lack of appropriate services and long commutes to work or education and training.

The Royal Commission can take an intersectional approach to identity, examining wellbeing in light of these factors. This includes consideration of gender, sexuality, cultural background and disability. There must be consideration of the risk and protective factors that contribute to a persons wellbeing over their life.

Address mental health over people's life course

RECOMMENDATIONS

- Address mental health over the lifecourse
- Examine how risk and protective factors affect mental health

Australia's medical, crisis driven approach to mental illness has not been effective. A whole-of-government approach that views mental illness from a life course perspective could be game changing.

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[32] Social Ventures Australia *SVA Perspectives: Mental health* Melbourne, 2019

The World Health Organisation (WHO) states that 'disadvantage starts before birth and accumulates through life'.[33] The WHO cites a significant body of work that emphasises the need for a life course approach to addressing mental health.[34]

People may have different experiences of mental wellbeing over the course of their lives and changing family environments. For children and young people, this includes experiences of trauma, family violence, or contact with the child protection system. Approximately one in seven children experience mental health issues, and about half of all serious mental health issues in adulthood begin before the age of 14.[35]

Life stage transitions can be a time of heightened risk, including starting school or employment, adjusting to an illness, becoming a parent and moving into the aged care system. Older people can experience mental ill-health associated with ageing, and more broadly, the experience of social isolation and loss some may experience.

Tackle poverty

> **RECOMMENDATIONS**
>
> - Advocate to the Commonwealth to increase Newstart and related payments and remove unfair restrictions on access to the Disability Support Pension.
> - Provide funding for an additional 90 financial counsellors across Victoria.
> - Consider how predatory or irresponsible lending practices impact on people's mental health
> - Ensure services have flexible funding so that they can provide holistic support for people experiencing poverty.

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[33] Ibid
[34] Ibid
[35] Beyond Blue, *Mental health conditions in children*, Accessed 17 June 2019, https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children

Poverty and mental illness are linked. Financial difficulties can lead to poor mental health, which can in turn contribute to greater poverty and poorer mental health. Mental illness can make it more difficult to work or stay in school, placing people at greater risk of poverty.

Among the poorest quintile of Australian people, one in four people reported 'high' or 'very high' psychological distress, compared to about one in 20 people in the wealthiest quintile.[36] It is estimated that around one-fifth of people living with a moderate health condition and one-third with a severe condition are living in poverty.[37]

The Disability Support Pension (DSP), Newstart and Carers payments are inadequate. There has been no real increase in 25 years. $40 per day is too low to give people the support they need to get through tough times and into suitable, paid work.

More than half of people receiving Newstart live in poverty, as do more than a third of people receiving the DSP.[38] VCOSS members report that an increasing number of people with long-term mental illnesses are also being diverted from the higher paying DSP, as a result of a stricter disability threshold.

The Victorian Government can advocate to the Commonwealth to increase Newstart by at least $75 per day, index related allowances to wages, and urgently remove unfair restrictions on access to the DSP, including where a person's condition is not 'fully assessed or stabilised'.

An inability to pay bills and repay debts is associated with poor mental health. Debt can be the result of predatory short-term loans and irresponsible lending practices where lenders fail to properly assess the suitability or affordability of a loan. The impact of these business practices on people's mental health should be investigated by the Royal Commission.

People are better able to manage and prevent mental health conditions if they can afford shelter, proper nutrition, adequate energy use, and transport to reach health services and

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[36] *When its easier to get meds than therapy: how poverty makes it hard to escape mental illness* accessed online https://theconversation.com/when-its-easier-to-get-meds-than-therapy-how-poverty-makes-it-hard-to-escape-mental-illness-114505; Isaacs, A, Enticotty, J, Meadows, G and Inder, B *Lower Income Levels in Australia Are Strongly Associated With Elevated Psychological Distress: Implications for Healthcare and Other Policy Areas* Psychiatry, 26 October 2018..
[37] Prevention United *Investing Upstream: The Social and Economic Benefits of promoting Mental Wellbeing and Preventing Mental Health Conditions* Melbourne 2019.
[38] P Davidson, P Saunders, B Bradbury and M Wong, *Poverty in Australia, 2018*, ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney, Australian Council of Social Service, 2018, 15.

social supports.[39] VCOSS members report there is a correlation between people with energy debts and mental ill-health.[40]

The majority of people receiving the DSP or Newstart also report being concerned about health and medical expenses.[41] Financial hardship can be exacerbated by additional health care and pharmaceutical costs, which are under-funded through the public health care system and can result in high out-of-pocket costs.[42]

Financial counselling is one way to support people with mental illness experiencing financial difficulties. Financial counsellors negotiate with creditors, assist people to understand their rights and access legal help, develop budgets and understand which debts are priorities. Victoria needs funding for an additional 90 financial counsellors, including in regional communities and embedded in other community services, such as drug and alcohol, community legal and mental health services.

If we could solve poverty, we'd go a long way to solving mental illness.

Services need flexible funding to provide holistic support for people experiencing poverty. Poverty and disadvantage make it harder to access services, because people don't have the resources to attend appointments, take phone calls, and afford the out-of-pocket costs. Strong, holistic case management is needed to ensure that people facing financial disadvantage can be helped out of poverty.

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[39] A N Isaacs, J Enticott, G Meadows and B Inder, 'Lower Income Levels in Australia Are Strongly Associated With Elevated Psychological Distress: Implications for Healthcare and Other Policy Areas' *Front. Psychiatry* (2018) 9:536. doi: 10.3389/fpsyt.2018.00536.

[40] Information provide by Consumer Action Law Centre, from their National Debt Helpline.

[41] Councils of Social Service, *Payment adequacy: A view from those relying on social security payments*, 2015, 23.

[42] For example, see recent report released by Australian Institute of Health and Welfare shows that Australians are paying more for healthcare than most other developed nations, forking out $34 billion a year on out-of-pocket health costs – see https://www.theage.com.au/federal-election-2019/missing-out-on-basic-healthcare-australians-spend-34-billion-a-year-on-out-of-pocket-health-costs-20190415-p51ebe.html

Case study: Holistic support helped ▇▇ recover

▇▇ left an abusive relationship, with no money or supports of any kind and had only the clothes on her back when she arrived in Melbourne. She began experiencing symptoms of mental illness and came to ▇▇ Health in crisis.

▇▇ was vulnerable, homeless and without any financial or family support. At the time of referral, she was experiencing suicidal ideation every day and it was clear that this was perpetuated by her lack of income, and instability in crisis accommodation, which she felt helpless to change.

▇▇ Health linked her in with psychiatric, housing and case management and legal assistance. She was supported to apply for charitable community donations, which enabled her to travel to and from work, as well as feed herself, and set up her new home. Her final goal was to return to university and study to become a lawyer, and she was successful in being accepted into a well-known Melbourne university to commence study opportunities.

▇▇ was at severe risk of harm and deterioration of her mental health, and one of the key contributors exacerbating her mental ill-health was her financial stress and lack of economic security. This prevented her from being able to engage in any meaningful activities or appropriately manage her health.

Holistic support for her mental health, including assistance and guidance, relieved some of the pressures surrounding her finances and enabled her to get back on track with her recovery and life's goals. During this time, her mental health started to improve as she was feeling a sense of purpose and meaning in her life and had the means to maintain this.

Invest in place-based solutions

RECOMMENDATIONS

- Empower communities to design and deliver place based-responses
- Provide communities with funding for "backbone support" to manage, coordinate and deliver place-based responses

Poverty and disadvantage can become entrenched in communities. People living in Victoria's most disadvantaged communities have poorer wellbeing outcomes, including higher rates of mental illness than average. Solving complex issues, like entrenched disadvantage, needs to start with empowering these communities and their members to thrive, and work towards a common aim of wellbeing and resilience

Victoria is too diverse for a one-size-fits-all model when tackling complex social issues like mental health and wellbeing.

As well as supporting system-wide changes, the Royal Commission can support place-based approaches that aim to empower people to develop local solutions and build stronger, more cohesive, connected and resilient communities. Communities know what they need and how to define themselves. More and more communities are using place-based, collaborative approaches to share responsibility for making change happen and accountability of outcomes.

Communities have their own unique profiles, strengths and weaknesses. What works in one place will not necessarily work in others. To be successful, place-based responses need to be flexible and adaptable enough to suit local circumstances. This includes security and flexibility in funding that allows organisations to respond to local needs, and change and adapt. Strict contractual requirements and government bureaucracy stifle progress.

Governments can support place-based responses to building community wellbeing by providing local communities with "backbone funding" for management, coordination and governance and to develop and deliver initiatives.

Case study: Go Goldfields

Go Goldfields is an alliance of agencies and individuals working together to deliver community-driven approaches to improving health, education and social outcomes in Central Goldfields Shire. In 2010 Central Goldfields Shire had the highest child protection, re-reporting and out of home care rates in the DHS region; it had the lowest levels of post-secondary qualifications in Victoria, coupled with high levels of youth unemployment.

Having a fully funded plan and flexible funding has been pivotal to maintaining the commitment and enthusiasm of Go Goldfields partners over an extended period, building the capacity of local services to do things differently and leveraging co-investments. Central Goldfields Shire provides the backbone (coordination) support including mobilising resources, establishing the evidence base, consolidating and sharing data.

Some of the achievements demonstrated by Go Goldfields[43] include:

- Strong community engagement in the prevention of family violence
- Positive connections between schools and vulnerable families
- Improved community understanding of the importance of developing literacy from birth
- Improved collaboration between service providers for literacy
- Embedded language and literacy in early years programming and education
- Reported increases in parental confidence and skills.

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[43] Central Victorian Primary Care Partnership for Go Goldfields Evaluation Working Group, *Go Goldfields Alliance Evaluation Report*, 2015.

Take a whole-of-government approach to improving population mental health

Mental illness disproportionately people living with poverty and disadvantage. Preventing mental illness requires us to take action to address disadvantage, and promote community wellbeing.[44] The Royal Commission presents Victoria with the opportunity to look at whole-of-government models for promoting good mental health and preventing illness.

Mental health and wellbeing is the responsibility of all parts of government. Victoria can follow other Australian and international jurisdictions in implementing a whole-of-government approach to health.

Use a Health-in-all-Policies framework

> **RECOMMENDATION**
>
> - Develop a whole-of-government approach to improving population wellbeing and reducing health inequities using evaluated models from Australian and international jurisdictions

The WHO Health in All Policies (HiAP) framework is about promoting healthy public policy. It is a way of working across government to encourage departments to consider the health impacts of their policies and practices. At the same time it examines the contribution that a healthier population can make towards achieving the goals of other sectors. Such a framework could apply to all public policy and service delivery within public/private sector partnerships.

The HiAP framework has been adopted by 16 jurisdictions including South Australia, Finland, Norway and Sweden. South Australia describes HiAP as being about "…the understanding that health is not merely the product of health care activities, but is influenced

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[44] Stahl, T *Health in All Policies: From rhetoric to implementation and evaluation – the Finnish experience* 2018 Scandinavian Journal of Public Health vol 46, issue 20.

by a wide range of social, economic, political, cultural and environmental determinants of health".[45]

Evidence from Finland, where HiAP originated, demonstrates that governments need to commit long term if they are to succeed in improving health and wellbeing outcomes. They also need the appropriate expertise, and data that links health outcomes, health determinants and policies across sectors. *[46]*

Use wellbeing indicators to guide spending

RECOMMENDATIONS

- Develop an extensive range of health and wellbeing indicators to guide policy making and investment
- Use wellbeing indicators to inform budget allocations across all levels of government

Following an inquiry into Mental Health and Addiction, *He Ara Oranga*, New Zealand has adopted a whole-of-government approach to wellbeing, to tackle social determinants, support prevention activities.[47] Wellbeing is a broad concept. The WHO describes is as a positive state that is related to, but not distinct from being free of mental illness. [48]He Ara Oranga notes that wellbeing encompasses many domains of a person's life, and that people are unlikely to experience wellbeing if their basic needs are not met.[49] It recommends that stress and trauma that people experience from factors such as lack of appropriate housing, poverty, family violence and racism, should not be addressed by mental health and addiction interventions alone.[50]

The New Zealand Government subsequently committed to a budget that would be measured by the impact of government spending on wellbeing. This was a significant change to policy formulation, with two of the five priorities relating to improving mental health and reducing child poverty, and subsequent funding commitments for increased housing and lifting

[45] Government of South Australia *South Australia's HiAP approach* accessed online 03 July 2019
https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/south+australias+hiap+approach
[46] Ibid 48.
[47] New Zealand Government Inquiry into Mental Health and Addiction *He Ara Oranga* 2018.
[48] World Health Organization *The World health report. Mental Health: new understanding, new hope.* Geneva 2001.
[49] Ibid 51
[50] Ibid 51.

incomes.[51] Improving mental health is the first priority and it links to 60+ indicators in NZ Treasury's Living Standards Framework.

Similarly, the Australian Capital Territory has recently committed to a wellbeing budget that focuses on societal rather than economic outcomes (specifically- housing access, family cohesion, social connectedness, inclusion of older people, indigenous health, arts and culture and zero carbon future). In acknowledgment of the importance of social indicators, the United Kingdom has been collecting data on economic and personal wellbeing indicators, such as average happiness and life satisfaction.[52]

It is important to have data that links personal wellbeing to economic indicators, as it can be used to guide investment. Victoria's public health and wellbeing outcomes framework does require collection of data on some wellbeing indicators, but could be expanded in line with New Zealand, the United Kingdom and the ACT. These indicators should be used to inform budget allocations.

While the Department of Health and Human Services (DHHS) tables a Mental Health Services annual report in Parliament each year, this report focuses heavily on the work of DHHS and the clinical mental health sector. No data is available or reported against many of the outcomes related to broader wellbeing measures, including participation in education, work or community life.

The Public Health and Wellbeing Plan also provides an important platform for measuring population level health outcomes. However, its scope is limited to the health and human services areas of government.

> ### *Case study: Wales used legislation to promote whole-of-government action*
>
> Wales adopted the *Well-being of Future Generations Act* in 2015 to develop long-term solutions to issues like poverty, ill health, poor air quality, low-quality jobs - in a long-term, non-party political way.

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[51] Government of New Zealand *The Wellbeing Budget 2019* 2019.
[52] Office for National Statistics Accessed online 3 July 2019 https://www.ons.gov.uk/peoplepopulationandcommunity/wel being.

> A Future Generations Commissioner requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.[53]

Take a strategic approach to mental health promotion and prevention in Victoria

RECOMMENDATIONS

- Establish a Mental Health and Wellbeing Commission with responsibility for providing a long-term vision for prevention of mental illness and promotion of mental health, including research, coordination of investment, implementation, monitoring and reporting
- Make a long term commitment to building the evidence base for mental health promotion and mental illness prevention

In 27 years, the prevalence of mental illnesses in Australia has not fallen. There has been no sustained reduction in suicide rates.[54]

In this time, Australia has been directing most of its mental health money into clinical treatment and service delivery. Australia falls well behind other Organisation for Economic Cooperation and Development (OECD) countries in investing in prevention and promotion, currently sitting at 1.8%.[55] A 2014 review by the National Mental Health Commission found the Commonwealth Government spent $3.6 billion on clinical and psychosocial supports and services. In comparison, $62.8 million was spent on mental health promotion initiatives and $22.4 million on prevention programs.[56]

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[53] Future Generations Commissioner for Wales *Well-being of Future Generations (Wales) Act 2015* Accessed online 3 July 2019 https://futuregenerations.wales/about-us/future-generations-act/.
[54] Prevention United *Investing Upstream: The Social and Economic Benefits of Promoting Mental Wellbeing and Preventing Mental Health Conditions* Melbourne 2019.
[55]Organisation for Economic Co-operation and Development *How much do OECD countries spend on prevention?* 2017
[56]National Mental Health Commission, *The National Review of Mental Health Programmes and Services,* 2015

The lack of sustained investment in prevention remains a significant problem. In 2006, a Commonwealth Senate Select Committee on Mental Health criticised federal and state governments for the short-term funding of prevention, promotion and early intervention programs delivered by community organisations.[57]

VCOSS advocates for a whole-of-government approach to Victoria's mental health crisis. Prevention and promotion should be the business of all departments in government, meaning that it should be embedded into the work of education, justice, local government and workplaces. An overarching plan would guide investment into initiatives that address risk factors for mental illness in areas outside of the health sector.

The Mental Health and Wellbeing Commission recommended by VCOSS as a way to provide system oversight and guidance could also have responsibility for mental health prevention and promotion. It would be responsible for development of an overarching Victorian strategy that guides planning and investment across all departments. It would also coordinate investment, research and monitoring.

This is particularly important, because there is evidence that successful prevention interventions are not being used in mental health practice, and these could contribute to the rates (prevalence, incidence and impact) of mental illness in Australia.[58] A coordinated, centralised approach to funding this research, could really make a difference.

A Mental Health and Wellbeing Commission could synthesise the existing evidence on mental health practice, and distribute funding accordingly. It can consider best practice models and research in the national and international spheres, and consider the results from smaller place-based initiatives and grey literature. A cross section of organisations committed to mental illness prevention and mental health promotion, such as academia, non-profit organisations and government entities, have knowledge about tested and untested initiatives that could be scaled up.

The government has many opportunities for funding of pilot programs and for further research, monitoring and evaluation. But there needs to be a long term commitment to building the evidence base and using the results to inform investment.

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[57] Commonwealth of Australia *A national approach to mental health – from crisis to community Final Report* Canberra, 2006.
[58] Prevention United *A Submission to Create the Australian Centre for the Promotion of Mental Wellbeing and Prevention of Mental Health Conditions*, Me bourne, 2018.

Invest in evidence-based mental health promotion and mental illness prevention

> **RECOMMENDATIONS**
>
> - Ensure that mental health expenditure is allocated across the mental health intervention spectrum
> - Invest in evidence-based promotion and prevention initiatives, and provide pilot funding for untested initiatives

There is increasing evidence that prevention and promotion is effective in promoting mental wellbeing and preventing mental illness, particularly when targeted in childhood.[59] In its submission to the Productivity Commission, VicHealth noted several studies demonstrating the efficacy of prevention programs.[60] VCOSS refers the Royal Commission to the submission made by VicHealth for more detail about opportunities for investment in mental health promotion and mental illness prevention.

Mental health interventions exist on a spectrum as depicted below; prevention and promotion occur before a person shows signs of mental illness. Mental health promotion, prevention and early intervention are sometimes used interchangeably, however they are very distinct parts of the mental health intervention spectrum. It is important for policy and planning to reflect these differences, so that money is allocated according to priorities across the mental health intervention spectrum.

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[59] Arango, C, Diaz-Caneja, P, McGorry, P, et al Preventive strategies for mental health. Lancet Pscyhiatry 5: 591-604, 2018
[60] Vichealth and partners *Focusing on prevention A joint submission to the Commission inquiry into mental health* 2019; Arango, C, Diaz-Caneja, P, McGorry, P, et al *Preventive strategies for mental health.* Lancet Pscyhiatry 5: 591-604, 2018; McDaid, D., & Park, A*. Investing in mental health and well-being: findings from the DataPrev project.* Health Promotion International, 26(suppl_1), i108-39, 2011; Knapp, M., McDaid, D., & Parsonage, M. Department of Health/Personal Social Services Research Unit, Centre for Mental Health, Institute of Psychiatry*: Mental health promotion and mental illness prevention: The economic case.* Journal of Poverty & Social Justice, 19(3), 297-299, 2011; Mihalopoulos, C., Vos, T., Pirkis, J., & Carter, R. *The economic analysis of prevention in mental health programs*. Annual Review of Clinical Psychology, 7, 169-201, 2011

Figure 1: Mental health intervention spectrum[61]
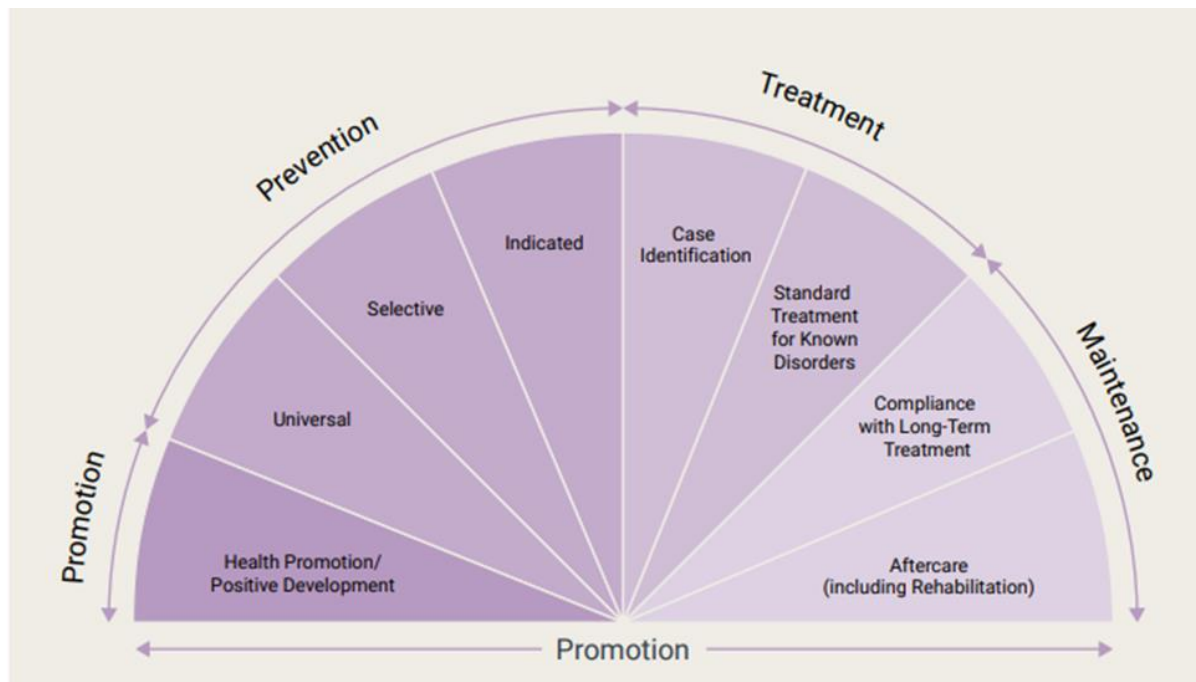
The Commonwealth Government defines mental health promotion as 'any action taken to maximise mental health and wellbeing among populations and individuals, such as programs that support family strengthening.[62]

In contrast, mental illness prevention is defined as 'interventions that occur before the initial onset of a disorder' to prevent the development of disorder. Prevention relies on reducing the risk factors for mental disorder, as well as enhancing the protective factors that promote mental health. [63] All other interventions on the spectrum occur after the person has developed symptoms of mental illness.

There are numerous promotion and prevention strategies that have significantly impacted on health outcomes. A stand out example of this is in the reduction of tobacco-related deaths in Australia. Daily tobacco smoking rates for people aged 14 and over have halved since

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[61] Adapted from Institute of Medicine, 1994, in Social Ventures Australia *SVA Perspectives: Mental Health* Melbourne, 2019.

[62] Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health – a Monograph*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra
[63] Ibid.

1991.[64] The long-term commitment of local, state, and commonwealth governments to addressing tobacco-related deaths has paid significant dividends.

Prevention and promotion strategies have the potential to significantly improve the mental health of Victorians. The successful approach to tobacco-related deaths illustrates the importance of all levels of government making a long term commitment to prevention and promotion strategies.

> ### Case study: Using mental health promotion to strengthen social connectedness and build community resilience
>
> Prevention and promotion initiatives are not limited to campaigns. They address the risk and protective factors for mental illness. The Buloke Living Project, for example, promotes good mental health by building social connectedness.
>
> Buloke Shire is experiencing ongoing drought conditions, impacting the health and wellbeing of people who live there and the community as a whole. Southern Mallee Primary Care Partnership formed the Buloke Community Resilience Working Group to work collaboratively on initiatives to address resilience, connectedness, and capacity of community. As a result, community members and organisations have developed stronger connections with each other as well as developing long lasting skills in photography and storytelling.

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[64] Australian Institute of Health and Welfare *Australia's health 2018* Canberra, 2018.

> Through this project they created a photo book about the resilience of the Buloke people and community, bringing together stories that reflect the connectedness and diversity of Buloke and as "an observation and reminder of how Buloke people, family and communities rise through adversity and support each other and their community." Community members engaged with one another, supported each other, built relationships and communication platforms.

A number of other mental health promotion and prevention initiatives are happening in Victoria on a small scale. Greater investment in evidence-based initiatives has the potential to make a significant impact on mental health outcomes at a population level.

> **Case study: Fight For Your Life - using all aspects of the mental health intervention spectrum to respond to suicide**
>
> The Fight For Your Life (FFYL) network was established in 2013 in Warrnambool and the Great South Coast region and set a vision of halving the rates of suicide by 2023. The case for change was clear: south-west Victoria had the highest percentage of registered mental health clients in the state and between 2009 and 2014 the suicide rate had doubled.
>
> The FFYL Network comprised acute health, community services, primary health network, South West Primary Care Partnership, Victoria Police, Ambulance Victoria, and academia. It focused on increasing crisis support, suicide prevention and services. It coordinated responses to support families, schools, work places, and sporting clubs after suicide. Since 2013, suicide rates in south-west Victoria have reduced from 16 to 12 cases per 100,000. All three local governments now have social and emotional wellbeing as a priority health issue in Municipal Public Health and Wellbeing Plans. The Victorian Government has gone on to fund a Suicide Prevention Trial.

Ensure the community sector can respond to mental health need

The community services industry works with people with mental illness every day. Disadvantage and poor mental health often go hand in hand, and can reinforce each other. For example, mental illness is a risk factor for homelessness, and homelessness can contribute to poor mental health. Homelessness services, youth services, employment support, early childhood, child protection and family violence services all help people with mental illness to live good lives.

Community services are well-connected with some of the most vulnerable members of our community. They maintain strong relationships with people who access them, and are well-placed to identify and act on the early warning signs for mental illness before a person reaches crisis point. They can also act as soft entry points to mental health services.

With the right supports at the right time and in the right place, services can often intervene early and help people from becoming unwell.

Addressing mental illness requires a strong community sector, with capacity to intervene early, providing wrap-around and integrated support to people and their families.

However many parts of the community services industry are under-resourced. They can be difficult to find and access. Interfaces between systems are flawed, and people fall through the cracks. They might be able to get treatment for their mental health or addiction, but there is no house available to address their homelessness. Sometimes people don't know how to find or get in the door of the alcohol and drug or legal service they need. Sometimes the services they need just are not there.

Upskill community and universal service workers to intervene early

RECOMMENDATION

- Invest in workforce development programs that help community service workers intervene early to identify and respond to mental illness

Many people with mental illness will come into contact with several parts of the community services and health system, not just mental health services. They may access other specialist services, like community legal, homelessness or employment services. Most people also come into contact with universal services, like hospitals, GPs, schools or maternal child health services at various points in their life. These are all opportunities for helping people with mental illness or preventing them becoming more unwell.

Some workers are not trained to identify emerging mental ill-health, are unsure how to respond appropriately and do not know the referral options available. They may be worried about causing offense or making someone's condition worse. They may be already overburdened, trying to help the person and their family manage the most immediate issue they have presented with.

Workers in the education, disability, housing and justice system need the tools and skills to identify people who are struggling with or at risk of mental illness, and know how to respond appropriately.

Provide community service organisations with secure and sustainable funding

RECOMMENDATIONS

- Pursue funding models for community service organisations that are sustainable, flexible and reduce burdensome reporting requirements
- Provide community service organisations with a responsive funding indexation formula, that reflects the real costs of service delivery

Well-designed funding models for the community services industry help contribute to better outcomes for people by enabling innovative, integrated and effective services.

Community service organisations face a range of challenges related to the way funding is currently designed and delivered:

- Community service organisations are struggling to match wages provided in other industries. Indexation levels are too low to reflect the real increasing costs of service delivery. This means organisations have to consider shedding staff and restraining wages. The community services industry needs a responsive funding indexation formula, to match funding increases with minimum wage decisions and inflation, so service quality is not eroded.
- Short-term contracts and insecure funding are leading to lost productivity, unstable employment, staff turnover and disrupted relationships with service users.
- The move towards person-centred, individualised funding packages across the community services industry (including through the NDIS) is welcome, but too often is accompanied by overly restrictive, inflexible funding guidelines that reduce innovation, fail to recognise the differences between cohorts and geographic locations and can lead to perverse outcomes, including organisations 'cherry-picking' people with less complex needs.
- Multiple funding streams, short-term contracts and poor coordination across levels of government can lead to overly burdensome reporting and regulation, costing organisations valuable time that could be used for frontline service delivery.[65]

The Victorian 10-year Community Services Industry Plan contains a range of recommendations to address the challenges faced by community service organisations.

Provide for outreach and soft entry points

> **Recommendation**
> - Ensure funding includes capacity for case coordination and outreach

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[65] VCOSS, *10 year Community Services Industry Plan,* 2018.

Vulnerable Victorians, including people experiencing homelessness and Aboriginal and Torres Strait Islander people, can disengage from services when they are expected to participate in formal intake processes or attend appointment-based services.

Community service organisations can offer drop-in programs and outreach services that help build relationships and provide 'soft entry' points for people that would otherwise be hard to reach. Restrictive funding guidelines that do not allow for outreach, or take into account the additional costs of travel and engagement with hard-to-reach groups can act as a barrier to people getting the help they need.

VCOSS members report increasing difficulties finding funding for case management and coordination. People with severe mental illness can often be involved with multiple systems and services. Case coordination can help make sure their needs and preferences are met, and help them navigate the system to get integrated and timely responses.

> ### *Case study: Artful Dodgers and Connexions*
>
> Jesuit Social Services runs Artful Dodgers Studios and the Connexions program. Artful Dodgers offers a studio space where marginalised young people gather to create art and music. Many of them won't engage with particular service models, and lack the supportive peer relationships which are often crucial to seeking further help.
>
> These initiatives provide 'soft entry points' into the system. These programs excel in engaging vulnerable young people, using art and music to build relationships of trust, and to support them in addressing the various issues they face. Creative projects are both a 'hook' for engagement and a mental health intervention in their own right.
>
> This approach of 'mental health care without the white coats' provides seamless access to the specialist 'dual diagnosis' counsellors and social workers at Connexions understanding that building trust takes time and is achieved through a consistent response, respect and the provision of a safe environment.

Help people find safe and secure homes

RECOMMENDATIONS

- Invest in social housing
- Scale up integrated housing programs
- Consider a housing and mental health agreement
- Require no exits into homelessness

People with mental illness often live in unstable housing situations, characterised by frequent moves, insecure housing and inadequate accommodation. Private and public rental housing is very difficult for people with mental illness to access, because of cost, availability, discrimination and stigma.

Homelessness causes mental ill-health. About one-third of people who seek help from homelessness services report a diagnosed mental illness. It is crucial for the Royal Commission to examine housing and homelessness. Housing is a precondition for successful mental health care. Without stable and secure housing, it is very difficult for people to have their other needs met. Chronic public and social housing shortages need to be addressed, and a concrete plan put in place to assist more of the 82,000 people stuck on the public housing waiting list.

Being homeless limits people's ability to access mental health services. People may be unable to make and keep appointments or answer phone calls. Clinical 'catchment areas' are assigned based on a person's home address. If someone is homeless, they may not be assigned to any area.

Programs that integrate housing and mental health support save money and reduce hospital admissions and length of stay. They also contribute to tenancy stability, improve people's wellbeing, social connectedness and lead to modest improvements in involvement in education and work.[66]

A recent Australia Housing and Urban Research Institute (AHURI) report highlighted the Victorian Doorways program (see below) and the NSW Housing and Support Initiative as

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[66] AHURI Professional Services, *Housing, homelessness and mental health: towards system change,* November 2018, p1.

examples of successful, innovative and integrated programs.[67] As the report noted, the time for new trials and pilots is past, and we must invest in scaling up existing evidence based, successful programs.

Far too many people are released from institutions into homelessness. Over 500 people each year are discharged from acute mental health care into rooming houses, motels, rough sleeping or other forms of homelessness.[68] A third of people leave prison with no home to go to, making them more likely to reoffend.[69] Victoria needs a statewide discharge policy from hospitals, prisons and youth detention centres that requires "no exits into homelessness." This will also require investment in discharge planning, post-release support and follow-up and appropriate housing and support models.

Some states and territories have developed coordinated approaches to addressing mental health and homelessness. For example, NSW has a Housing and Mental Health Agreement and related action plan, providing an overarching framework for planning, coordinating and delivering mental health, accommodation support and social housing for people with mental illness who are living in social housing, homeless or at risk of homelessness.

> ### *Case study: Integrated housing and support at Doorway*
>
> The Doorway program, run by Wellways, is an integrated housing and recovery support programs aimed at people with a severe and persistent mental illness who are 'at risk' or actually homeless. It helps people find, choose, set up and sustain a home in the private rental market.
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> Key components of the program include sourcing properties on the open rental market, providing appropriate rental subsidy and brokerage support and collaboration between hospital, housing and mental health services and landlords.

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[67] AHURI Professional Services, *Housing, homelessness and mental health: towards system change,* November 2018
[68] AIHW, *Specialist homelessness services annual report 2017-18,* 2019, accessed online at https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents
[69] AIHW, *The health of Australia's prisoners 2018,* May 2019.

> Evaluation of the Doorway program showed that people in the program used fewer clinical services and had fewer hospital admissions. There were modest improvements in the number of people in paid or unpaid work, accessing education and training and receiving qualifications.[70]

Improve access to and interfaces with the NDIS

RECOMMENDATIONS

- Deliver a robust and clear NDIS bilateral agreement
- Continue to fund programs that improve access to the NDIS
- Fund advocacy services to help people with psychosocial disability

The NDIS has the potential to be a game-changer for people with disability; giving them more control, choice and funding. However, VCOSS members report that there are ongoing challenges for people with mental illness in accessing and engaging with the NDIS. The language and structure of the NDIS is about diagnosis, and according to some members is 'deficit-based' and does not align with the language of recovery.

There remains a significant gap in the provision of NDIS support to people with lived experience of mental illness. Only 8 per cent of NDIS participants have a primary psychosocial disability, about half the expected numbers (although this has increased from 6 per cent in 2018).[71] People with mental illness are also more likely to have their applications rejected than people with other disabilities.

VCOSS members report the transition to the NDIS is particularly challenging for people with mental illness, leading to stress, anxiety and traumatisation. They reported difficulties obtaining the reports necessary to prove eligibility, especially in regional areas where there are fewer specialists. Planners then have little experience in the mental health sector, and so plans are incomplete or inappropriate. Some people are not utilising their packages,

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[70] David R Dunt et al, *Evaluation of an integrated housing and recovery model for people with severe and persistent mental illness: the Doorways program,* October 2017.
[71] National Disability Insurance Agency, *Quarterly Report: Quarter 3 March 2019.*

because they do not understand them, know how to connect with services or feel the services don't match what they need.

The new 'psychosocial disability stream' may help improve access and support for people with mental illness. However, significant numbers of people will continue to miss out.

The Victorian Government has continued to fund some services to help people navigate the new system, like MetroAccess and RuralAccess, through to late 2019. These organisations should continue providing this support over the medium-term, until more of the transition issues are resolved. The Victorian Govenrment could also consider additional pre-planning and transition support for people with disability, to prevent them disengaging from support.

More funding is also needed for advocacy services to help people move to the NDIS and protect their rights. Disability advocacy empowers people with disability, their families and carers to understand their human and legal rights, and helps people get their need met. Advocacy organisations are facing increasing workloads with the introduction of the NDIS, and staff are under considerable stress. General disability advocacy services often face significant demand, and can struggle to meet the needs of people with mental illness. Mental health specific advocacy services are limited.

VCOSS members also describe cracks in the interface between the NDIS and health services, with neither part of the system having clear responsibility for providing a particular service or support, leaving people stuck in the middle without the help they need. For example, the division of responsibility for providing allied health services, rehabilitation support, medication and discharge planning is unclear.

The bilateral agreement between the Commonwealth and Victoria on the rollout of the NDIS expired in June 2019. We understand a new agreement has just been reached. The new agreement must be robust, and clearly articulate funding and planning responsibility.

Support prisoner mental health

RECOMMENDATIONS

- Fund longer-term transition support programs for people leaving prison
- Encourage NDIS discharge planning earlier in prison terms

People with mental illness are over-represented in the justice system. Sixty per cent of Victorian people who enter prison report being diagnosed with a mental health disorder prior to imprisonment.[72] Aboriginal and Torres Strait Islander people in prison are also more likely to experience mental illness.[73]

Most people in the justice system will return to the community. However, leaving prison without appropriate supports in place means people are more likely to reoffend. The immediate period after release is a critical time for people's wellbeing, when they are at high risk of health crisis, including suicide risk and alcohol and drug use.

Prisoners are excluded from the NDIS, meaning incarceration can seriously interrupt the support they get. At a minimum, it is crucial that people can transition seamlessly to the NDIS when they are released, and supports are already in place in the community. However, we understand the NDIA will generally only engage in planning for community-based supports once a person has a known release date. Given many people serve only short sentences, cycle in and out of prison rapidly, or are detained on remand for an uncertain length of time, this leaves many people without appropriate transition support in place.

State government transition support programs are over-subscribed and generally target only the highest risk prisoners, and usually only provide assistance for a month or two after a person is released. Long-term transition supports that build relationships with people while they are in prison would help improve people's mental health and prevent reoffending.

Provide people with access to legal assistance

> **RECOMMENDATION**
>
> - Increase funding to legal assistance services to respond to civil legal problems
> - Provide ongoing funding for health-community partnerships

People with mental illness are at higher risk of experiencing non-criminal legal problems, including those related to discrimination, housing, social security, fines, family violence and

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[72] Australian Institute of Health and Welfare, The *health of Australia's prisoners 2015,* 2015*.*
[73] Ibid.

victim of crime, guardianship and involuntary treatment.[74] Unresolved civil law problems can escalate, causing more serious issues like unemployment, family breakdown, spiralling debt or homelessness.[75]

Legal assistance services help people with mental illness address and resolve legal issues. However, community legal centres are stretched and unable to meet demand. Many receive no specific funding to work with people with mental illness, and their general funding model provides no additional resources for working with complex clients.

Health-justice partnerships are emerging as a new model of providing integrated health, community support and legal assistance. VCOSS members report that many health-justice partnerships receive only seed funding or short one-year contracts, making it difficult to recruit and retain quality staff and plan for the future.

> ### *Case study: Integrated health care and legal assistance at the Royal Melbourne Hospital Health Justice Partnership*
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> Established in late 2015, the health justice partnership of Inner Melbourne Community Legal and the Royal Melbourne Hospital provides free, accessible legal assistance at clinics situated within the two hospital campuses. By addressing family violence issues, providing tenancy security or reducing legal issues which might exacerbate a patient's mental ill health, the partnership reduces the length of stay and the likelihood of re-admission.
>
> Lawyers also deliver training to health professionals to increase their understanding and identification of legal matters, and to promote referrals. Additional secondary consultations by telephone allow health professionals to call the lawyer directly for advice or clarification about a legal question.

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[74] Law and Justice Foundation of NSW, *On the edge of justice: the legal needs of people with a mental illness in NSW,* 2006.
[75] Ibid.

An evaluation of the partnership in 2017-2018 found that amongst clients surveyed, 74% had some form of disability, 43% were homeless or at risk of homelessness, and 35% were experiencing family violence or at risk of family violence. After the legal consult, 76% of patients surveyed felt they were able to cope better with their legal issues.[76]

Equip schools, early childhood services and family services to intervene early

RECOMMENDATIONS

- Expand the Mental Health in Schools program to government primary schools
- Review whether the Mental Health in Schools program has sufficient capacity to meet demand and evaluate its impact
- Continue to invest in Early Parenting Centres to ensure vulnerable children and families get the right support
- Equip schools, early childhood services and family services to intervene early

Schools play a vital role in promoting and encouraging good mental health, and in identifying children and young people at risk of illness, and acting early to prevent them becoming more unwell. Early intervention can not only prevent or reduce the progress of mental illness, but will also help improve a person's health, community participation and socioeconomic outcomes over the long term.[77]

This is particularly important, given that fifty percent of mental illness begins by age 14, and three-quarters begins by age 24.[78] Schools have the opportunity to build trusting

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[76] University of Melbourne, *Acting on the warning signs evaluation: Final report,* August 2014.
[77] Victorian Government, Health.vVc, Early intervention in mental illness, accessed online 3 July 2019 https://www2.health.vic.gov.au/mental-health/prevention-and-promotion/early-intervention-in-mental-health
[78] American Psychiatric Association, *Warning Signs of Mental Illness*, https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness

relationships with children and young people, making them more likely to disclose if they are experiencing difficulties, and provide a safe space in which to promote access to help.

The Mental Health in Schools program provides for qualified mental health professionals, including counsellors, youth workers and psychologists in every Victorian state secondary school campus by 2022.[79] Under the current proposed rollout, allocation will be based on enrolments with each campus receiving 0.5 FTE on average.

VCOSS members report seeing an increasing number of children with mental health issues, including anxiety, behavioural issues and exhibiting self-harm.[80] Given the increasing number of young people experiencing mental health difficulties, VCOSS recommends that the Royal Commission consider whether the program has sufficient capacity to meet demand.

VCOSS also recommends that the Mental Health in Schools program be expanded to government primary schools. This would help more children get support when they need it, reduce the likelihood of school disengagement and provide children with tools and interventions to help manage and maintain good mental health.

Research shows a link between difficulties in infant parent-child bonding and psychiatric disorders developing later life.[81] There has been significant recent investment in Early Parenting Centres, which will help meet demand and ensure vulnerable children and families receive the support they need.

> "Good mental health begins in early childhood. When a baby has the opportunity to form a secure bond with their parent or caregiver, this can support their potential and ability to form healthy relationships throughout life."[82]

Family violence is a strong risk factor for mental illness and trauma in children. Family and community services play an important role in working with disengaged younger people.

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[79] Victorian Government, Department of Education and Training, *Mental Health practitioners initiative*, accessed at https://www.education.vic.gov.au/school/teachers/health/mentalhealth/Pages/mental-health-practitioners.aspx
[80] Also see for example, The Age, *Principals sound the alarm on mental illness in primary school kids*, April 2 2019.
[81] Ibid.
[82] Australian Association for Infant Mental Health, Infant Mental Health Awareness Week
Australia 10-16th June 2019, accessed at https://www.aaimhi.org/events-and-training/imh-awareness-week-2019/

Case study: Innovative early interventions for young people

A young person had moved from interstate where he had left a father and five siblings to live with his mother, stepfather and their two children. This transition was very complex and difficult with much tension among family members around roles, finance and inadequate living space.

Services have been working to strengthen the family unit though parenting care and support for the mother, a mix of therapeutic peer support group work and individually selected activities for each child.

The fragile nature of the family relationships with this boy meant that a teamwork approach across local organisations could provide a network of expertise (youth housing, support, mental health support, mentoring and intensive family relationship support, individual case work) to assist at a moment's notice.

Brokerage funds from Catholic Care also provided a unique opportunity for this young person to be involved in caring for traumatised horses. The Horses for Hope Program provides a specialised therapeutic intervention that builds trust, empathy and emotion regulation through care and communication with the horses and staff. This program was a life-changing activity for this young man who discovered how much the horses trusted him and how much joy his humour, unfolding openness and confidence brought to the staff.

Case managers were crucial in maintaining strong and trusting relationships with their clients, and with other services. Services were able to identify and respond to the effects that changing family dynamics had on the young person and work with the family. Peer support was an important protective factor. Discrete funding allowed the case manager to pay for an innovative activity which improved the young person's wellbeing and resilience.

Address co-morbid alcohol and drug use

RECOMMENDATIONS

- Fund dual diagnosis capacity building programs in mental health and AOD treatment services

Rates of co-occurring substance use and mental illness are high. Up to 80 per cent of all alcohol and other drug service users also have a mental illness and about half of people with a mental illness have a co-occurring alcohol and drug use issue.[83] For some people, addictions develop as a result of attempts to self-medicate the symptoms of mental illness or trauma. Use of alcohol and other drugs can also lead to or exacerbate some mental illnesses.

Dual diagnosis is the 'expectation not the exception' for people receiving treatment for either a mental illness or a substance abuse disorder.[84]

People can recover from co-occurring mental health and substance use disorders, if they are able to access integrated treatment options. The alcohol and drug treatment sector and the mental health system must be skilled in recognising and responding to both disorders.

However, VCOSS members report that overwhelming demand for services and strict eligibility guidelines mean that often people are turned away from both mental health and AOD services.

Instead of the 'no wrong door' approach that is recommended to increase engagement with services, too often people find themselves facing a 'no right door' scenario.

Programs that build the capacity of services to identify and treat people with co-occurring conditions, including the Victorian Dual Diagnosis Initiative (VDDI), can improve cross-sector

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[83] DHHS, *Dual Diagnosis,* accessed at https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/specialist-responses/dual-diagnosis
[84] Senate Select Committee on Mental Health, *A national approach to mental health; from crisis to community,* accessed at https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/c14

knowledge and understanding of comorbidity. VCOSS members spoke highly of the VDDI, but noted that funding for dual diagnosis capacity building is now limited and scattered across the sector.

Partner in developing integrated community hubs

RECOMMENDATIONS

- Work with the Commonwealth to embed community mental health service hubs in local communities

The recent Federal Budget funded a trial of adult community mental health hubs. Victoria can work with the Commonwealth to develop these new hubs, making sure they fit the needs of local communities, build on existing pathways, networks and community infrastructure, and reflect the Victorian context. The development of the hubs should also reflect any lessons from the development and roll-out of the Orange Door Family Safety Hubs.

The interdisciplinary hubs could help provide people and their families with integrated and wrap-around support, comprising a range of services like peer support, psychosocial disability support, AOD treatment, primary care, family support, education and employment assistance and legal assistance.

Key characteristics of any hubs established should include capacity for outreach and soft entry points, responsiveness to cultural, gender and sexuality diversity and accessibility (including for people with physical, intellectual and cognitive disability).

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