Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF EMMA KING

I, Emma King, Chief Executive Officer of Victorian Council of Social Service, of 8/128 Exhibition Street, Melbourne, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Background and experience

2 I am the Chief Executive Officer and Company Secretary of the Victorian Council of Social Service (**VCOSS**). I am also Chair of the Future Social Service Institute and an Associate in the School of Global, Urban and Social Studies at RMIT.

3 I hold:

(a) Master's Degree of Industrial and Employee Relations (Monash University);

(b) Graduate Diploma of Industrial and Employee Relations (Monash University);

(c) Graduate Diploma of Education with Majors in Social Science and Psychology (University of Melbourne); and

(d) Bachelor of Arts with Majors in Psychology and Politics (University of Melbourne).

4 Attached and marked "EK-1" is a copy of my curriculum vitae.

Please tell us about your role at the Victorian Council of Social Services (VCOSS)

5 I have been the Chief Executive Officer and Company Secretary of VCOSS since 2013.

6 In this role, I am responsible for managing a team of 30 staff to work towards achieving VCOSS' Mission and Vision to advocate for an equitable and sustainable society in which every Victorian has a fair share of the community's resources and services.

7 Part of my responsibility is to ensure that VCOSS provides a strong voice of leadership and advocacy on social justice issues for the community sector and to regularly comment on social affairs and justice issues.

8 I also represent VCOSS on various Ministerial Advisory Committees and a broad range of other forums and committees. I work closely with the Board to achieve the strategic

goals of the organisation and to ensure that the organisation meets its legislative and compliance obligations.

Are you currently associated with or employed by any other organisations?

9 I am associated with a number of other organisations. My other roles include:

(a) Member, Mental Health Victoria Board (2018 – present)

(b) Member, Portable Long Service Authority Board (2019 – present)

Briefly, in relation to VCOSS:

What are its aims?

10 As the peak body for the state's social and community sector, VCOSS works towards the elimination of poverty and disadvantage in all its forms, and the creation of a society where all people are supported to thrive.

11 We do this through policy development, public and private advocacy, increasing the capabilities and amplifying the voices of the state's social service bodies.

12 Our current organisational strategic goals are:

(a) **A fair and just Victorian community**: VCOSS is a powerful voice for the Victorian community sector to pursue social change that creates greater equality, eliminates poverty and overcomes disadvantage.

(b) **A thriving community sector**: VCOSS fosters a diverse, independent, collaborative and innovative community sector, which meets the complex needs of people facing disadvantage in Victoria.

(c) **A healthy organisation**: VCOSS operates effectively in a fiscally responsible, ethical, efficient and sustainable manner, and exemplifies best practice standards.

Who are its members?

13 VCOSS has over 360 organisational and individual members.

14 Our members include charities, peak bodies, frontline service groups, advocacy organisations and individuals passionate about the development of a sustainable, fair and equitable society.

How is it funded?

15 VCOSS is funded by government (our primary income source), membership fees and philanthropy.

How are the organisations that VCOSS represents involved with the mental health system?

16 The mental health system is more than clinical case and bed-based services, and VCOSS works with the broader raft of service providers who have interface with the mental health system.

17 VCOSS members include community managed mental health service that provide psychosocial rehabilitation support to help people manage their illness, build their capacity to live productive and meaningful lives, access and maintain housing and navigate and access the diverse range of services they need.

18 VCOSS member organisations also include other community service organisations, supporting people living with mental illness with a range of issues in their lives. Although they are not always considered direct "mental health service providers" they form part of the broader support system.

19 Community service organisations play a critical role in acting on the early warning signs of mental illness, before people reach crisis point. They are well-connected with some of the most vulnerable members of our community. They maintain strong relationships with clients, and can act as soft entry points to the mental health system.

20 Community service organisations address the risk and protective factors of mental illness. They provide support including:

(a) community health services;

(b) drop-in centres;

(c) neighbourhood houses;

(d) housing and homelessness services;

(e) justice and legal aid services;

(f) aged care;

(g) youth services;

(h) employment services;

(i) early childhood services;

(j) child-protection;

(k) out-of-home care;

(l) gambling help; and

(m) financial counselling.

Why do some people or communities in Victoria experience or are at greater risk of experiencing poor mental health outcomes?

21 Mental health is linked to other forms of disadvantage, primarily poverty (which I discuss further below) and insecure housing and homelessness. Drug and alcohol use, social isolation, abuse and trauma are also key risk factors for poor mental health.

22 Aboriginal Victorians, living with the ongoing impacts of colonisation and dispossession, have poorer mental health than other Victorians.[1]

23 Half of all mental illnesses begin by age 14 and three quarters by age 25. Children with experiences of trauma, family violence or contact with the child protection system are particularly at risk.[2]

24 Community service organisations address the risk factors and drivers of mental illness. They work with people experiencing mental illness every day. The right support at the right time from community organisations can make a profound difference in preventing people becoming more unwell. I have seen this through the work undertaken by VCOSS and a case study in relation to 'Amy' (not her real name) is provided below.

EXAMPLE: Amy's story: Community organisations provide holistic support to help people recover

25 The facts of Amy's story are below:

(a) Amy left an abusive relationship with only the clothes on her back. She was vulnerable, homeless and without any financial or family support.

(b) She began experiencing symptoms of mental illness including suicidal ideation and went to Star Health in crisis. It was clear her illness was perpetuated by her

[1] State of Victoria, Department of Health and Human Services, *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027*, October 2017.
[2] See, for example, Orygen: National Centre of Excellence in Youth Mental Health, *Trauma and young people: Moving toward trauma-informed services and systems*, 2018.

lack of income, and instability in crisis accommodation, which she felt helpless to change.

(c) One of the key contributors to her mental ill-health was her financial stress and lack of economic security. This prevented her from engaging in meaningful activities or managing her health.

(d) Star Health linked her with psychiatric, housing and legal assistance and case management. They supported her to apply for charitable donations, which meant she could travel to and from work, eat, and set up her new home.

(e) Holistic support for her mental health relieved some of her financial pressures and enabled her to get back on track with her recovery and life's goals. Her mental health started to improve as she felt a sense of purpose and meaning in her life and had the means to maintain this.

(f) 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.

How does socioeconomic status and disadvantage impact mental health?

People living in poverty and disadvantage experience higher rates of mental illness

26 Poverty is a major driver of mental ill-health as both a cause and consequence of poverty. Around one-third of people living with a serious mental illness live in poverty.

27 Disadvantage and mental health reinforce each other – for example, poor mental health is a risk factor for homelessness and homelessness and its related stressors can contribute to poor mental health.

28 Poverty and disadvantage make it harder to access services. People who live with poverty and disadvantage cannot easily get to appointments, may be difficult to reach by phone (or they may not have a phone), and may be unable to afford the out-of-pocket costs associated with certain services.

29 Barriers to work and education can lead to poor social connection and isolation, as well as poverty thereby increasing the risk of a person developing poor mental health.

30 Social security payments, like the Disability Support Pension and Newstart, are currently too low to support recovery and help people live good lives.

We need a whole-of-government approach to preventing mental illness and building resilient communities

31 Prevention and promotion initiatives should be targeted at people experiencing poverty, homelessness, drug and alcohol use, social isolation and histories of abuse and trauma.

32 Many contributors to poor mental health and wellbeing are outside the scope of the health system and therefore a broader view needs to be taken in respect of what can be done to improve the mental health system.

33 Government departments, including Health and Human Services, Education, Environment, Treasury, Justice and Planning, as well as local government and the private sector have a role in promotion and prevention Victoria needs a whole-of-government approach to wellbeing.

34 Victoria can change its approach to policy formulation by adopting a 'wellbeing budget' directing resources towards measuring what makes the biggest difference in people's lives. New Zealand's wellbeing budget moved away from economic growth, measuring policies against social, cultural and environmental indicators and referencing 60 indicators highlighted within its Living Standards Framework. The five key priorities of their first wellbeing budget included 'taking mental health seriously' and 'improving child wellbeing'. The ACT is the first Australian jurisdiction to create its own wellbeing index.

Mental health promotion and illness prevention are more effective than crisis-driven clinical services

35 Investing in promotion and prevention cuts costs of crisis and acute care. It keeps people healthier and more able to contribute to economic and community life. It results in long-term savings in health expenditure.

36 Mental illness prevention and mental health promotion are effective, particularly when targeted at children.

37 It is important for governments in Australia to recognise the benefits of investing in promoting good mental health and preventing mental illness, and not just focus on the crisis-driven clinical services of the mental health system. Adequate funding must be made available for promotion and prevention initiatives.

What can be done to ensure these efforts are accessible and responsive to the needs of local communities, particularly from the perspective and experiences of community sector organisations?

Place-based responses empower local communities, particularly those that are disadvantaged

38 Poverty and disadvantage tend to become entrenched in communities – people living in Victoria's most disadvantaged communities have poorer wellbeing outcomes, including higher rates of mental illness.

39 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

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

41 Communities can use place-based, collaborative approaches to share responsibility for making change happen and accountability of outcomes. Place-based approaches aim to empower people to develop local solutions and build stronger, more cohesive, connected and resilient communities. Communities know what they need and therefore should be listened to when tailoring programs for use in those communities.

42 Elements of success for place-based responses are:

(a) **Flexibility and adaptability to suit local circumstances:** What works in one place will not necessarily work in others. Communities have their own unique profiles, strengths and weaknesses.

(b) **The community defines and identifies itself as a community:** The size of the place can vary from a neighbourhood to a local government area or a departmental region.

(c) **Flexibility in government funding and contracting:** Flexibility in government funding and contracting that allows organisations to respond to local needs, and change and adapt. Strict contractual requirements and government bureaucracy has an impact of stifling progress.

(d) **Backbone funding, held by the community for management, coordination and governance and to develop and deliver initiatives:** Change takes time – funding needs to reflect this and be long-term.

43 Go Goldfields is an example of a successful place-based alliance of agencies, working together to deliver community-driven approaches to improving health, education and

social outcomes in Central Goldfields Shire. Some of the achievements demonstrated by Go Goldfields include improvements in the literacy of prep students, kinder enrolment rates and school attendance rates for children in grades five and six.

Why is it important that mental health services and other services, including community services, are well coordinated and what are the impacts of fragmented services?

People need integrated support that addresses all their health and wellbeing needs

44 At an individual level, many people with mental illness will also have other complex needs. They will need services from a range of organisations and sectors.

45 Integrated care means providing people with seamless support that takes into account all of their health and wellbeing needs, in partnership with the person and their families.

46 If services are not well coordinated, people experience frustrating gaps and duplications. They may have to tell their story many times to different people or not know where to look for assistance. Factors that put the person or their family at risk of further illness or disadvantage may also be missed, or assumed to be another organisation's problem.

47 Integrated systems can result in:

(a) improved communication between organisations (including better information sharing where appropriate);

(b) clear referral and care pathways, supported by service mapping;

(c) partnerships and collaborative arrangements between organisations;

(d) key worker and care coordination roles within the sector; and

(e) streamlined processes across organisations, like common intakes and assessments.

What can be done to support people to access the breadth of services required to support their mental health and wellbeing?

Ensure that the expert advice of people with lived experience is considered when making decisions on service design

48 People with lived experience are well-placed to make recommendations on what is needed, as they have seen the best and the worst of service delivery and where gaps exist. These views should be taken into consideration when determining the best manner in which to deliver the services required to support mental health and wellbeing.

Flexible funding models will help engage people experiencing disadvantage

49 Overly restrictive, competitive or inflexible funding arrangements make it hard for organisations to collaborate and work together to provide people with wrap-around support.

50 New individualised funding models (like the National Disability Insurance Scheme (NDIS) packages) and unrealistic pricing can be a barrier to integrated services. Many community mental health organisations report the NDIS basic rate for support work is lower than what they previously paid. Implications of this are organisations potentially excluding higher needs people that require more staff support, losing existing highly qualified workers, recruiting lower skilled and paid workers, and reducing the types of supports they can deliver.

51 Organisations are struggling to find time and resources to provide outreach services to marginalised communities. There are two important considerations that come to mind here:

(a) people who are homeless or with severe mental illness can disengage from services when they are expected to participate in formal intake processes or appointment-based services; and

(b) outreach and drop-in type services can be a more welcoming, 'soft-entry point' to the system.

Psychosocial support services are a vital part of the mental health system that the Victorian Government has an ongoing responsibility to fund

52 Psychosocial supports, provided by community managed mental health services are a vital part of the mental health system. They complement the services provided by the clinical system and the NDIS disability supports.

53 Psychosocial support services work with people beyond symptom management, to focus on recovery, rehabilitation, wellbeing and building a good life. They reduce the burden on clinical services by helping to keep people well and to recover in the community.

54 But the introduction of the NDIS and the funding decisions of the Victorian government have put the future of the psychosocial support sector at risk. In 2014, the Victorian Government committed to transferring almost all of Victoria's community-managed mental health support services funding into the NDIS. Commonwealth funding for community mental health services like Personal Helpers and Mentors (PHaMs) and Day to Day Living Program are also being phased out.

55 But many people who need help will not be eligible for the NDIS, because they do not have a "severe and permanent disability," they are unable to secure the supporting evidence, or their illness is episodic. In this sense:

(a) only 8% of NDIS participants have a primary psychosocial disability, about half the expected number (although it is up from 6% in 2018); and

(b) the rehabilitative role that psychosocial support services play may also be outside the scope of the NDIS.

56 The Victorian Government has an ongoing responsibility to provide services to the group of people who will miss out: an estimated 10% of people with severe mental illness will be supported by the NDIS. The remaining 90% (or about 135,000 Victorians) with severe mental illness will need other support from non-NDIS services. Many of these people would previously have accessed community managed mental health services that may no longer be available to them.

57 The Victorian Government has provided short-term relief by providing two-years of transition funding, 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. However it is not enough to meet the needs, and is only a short-term solution.

58 Some community managed mental health services are choosing not to deliver NDIS services, others are running at a loss and delivering additional services that are not covered by people's NDIS approved plans in order to meet people's needs. As detailed above, the NDIS basic rate for support work is lower than the actual cost of delivering psychosocial rehabilitation support to people with complex needs, at the same high quality organisations provided in the past.

59 Uncertainty around the future of the psychosocial support sector has caused a loss of skilled and qualified staff. People who work in mental health are in high demand and the lack of adequate funding has resulted in a loss of competent people from this sector.

60 Psychosocial support should be valued as a key component of the mental health system, with scaled-up transition funding and significant re-investment in its future.

Appropriate and secure housing is crucial to people's mental health

61 Having a stable, safe, affordable home is critical for good mental health, and can also help people recover from mental illness.

62 People with mental illness often live in unstable housing situations, characterised by frequent moves, insecure housing and inadequate accommodation. The rental market can be difficult to access because of cost, availability and discrimination.

63 Far too many people are released from institutions (prison, youth justice facilities and hospitals) into homelessness (including rooming houses, couch surfing, motels and rough sleeping).

64 Victoria needs a state-wide discharge policy, requiring "no exits into homelessness." This requires better discharge planning, follow-up after release and more housing.

65 We need to increase the supply of public and community housing to help more of the 82,000 people – including almost 25,000 children – stuck on the public housing waiting list.

66 We need to support and scale up integrate housing and mental health support programs. For example, the Doorway program helps people find, choose, set up and sustain a home in the private rental market. Integrated housing and mental health programs reduce hospital admissions and lengths of stay and improve people's wellbeing, social connectedness and involvement in education and work.

In your experience, are there any examples of well-coordinated and interlinked service systems that are working well, particularly to support people living with mental illness?

67 Health-justice partnerships put lawyers into community and health services (like hospitals, family violence services and community health) where people can easily access them.

68 Embedding lawyers in community settings gives people a chance to address their legal needs before they spiral out of control. It means non-legal health, financial, education and community support workers can work with lawyers to help jointly address people's needs. An example of where this has been effective is the Health-Justice Partnership between Royal Melbourne Hospital and Inner Melbourne Community Legal where free legal assistance is made available to patients of the Royal Melbourne Hospital.

What lessons or aspects could be considered in the context of the way mental health services and other social services work together?

69 Too often, integration and coordination is not systemic, but reliant on individual services deciding to work together, or even individual staff members. This leads to inconsistencies across the system and lost partnerships when staff move on (for example, school-based partnerships and wellbeing approaches are highly dependent on individual staff commitment).

70 Partnerships take time to build, and require investment to grow and flourish. They struggle when organisations have short-term contracts and inadequate indexation.

71 Competitive processes (e.g. competitive tendering) also discourage partnerships because they pit organisations against each other, undermine relationships and discourage sharing of information.

72 For example, five years ago recommissioning of the alcohol and drug treatment system forced organisations to compete for funding. This undermined existing partnerships and community connections. Devastatingly for people who needed help, many people fell out of the system when they failed to transition to new organisations with whom they had no existing relationship – organisations reported in several reviews that complex clients were less likely to transition.

What are some of the challenges in securing a high-quality workforce now and into the future?

The community services industry is growing rapidly, and facing significant recruitment challenges and skills gaps

73 The community service industry is the workforce of the future – the health and social assistance sector (of which community services are a part) is the fastest growing industry in the state.

74 Community service organisations face recruitment challenges including short-term contracts, insecure work and low pay. Many organisations already face acute workforce shortages, especially in rural and regional areas.

75 Community organisations need "wage justice". Community sector indexation has been set at 2% for the next financial year. This does not reflect the real increasing costs of service delivery, which VCOSS estimates to be at least 2.9% without taking into account changes in factors such as demand and portable long service leave conditions. This means organisations cannot afford to lift wages or provide workers more certainty.

76 Community service organisations also report high rates of burnout among staff; working with vulnerable people can be demanding and emotionally draining.

77 The growth of the family violence sector, aged care and disability workforces means that competition for talented workers who might otherwise be suitable for community services work is fierce.

Thinking about future needs, what can be done to understand workforce needs and better attract and retain a quality mental health workforce going forward?

Workforce development strategies need to be long-term and coordinated across the community services industry

78 Long-term strategies are needed to grow the pool of workers available in the mental health and broader community services industry (instead of the same small pool of workers cycling between sectors, not addressing overall demand) and make sure organisations are employers of choice.

79 Strategies need to be coordinated across the broader community services industry, and align with the 10 Year Community Services Industry Plan. These include longer, more secure contracts, career pathways and improved training opportunities.

80 Capacity-building work needs to be undertaken with the community services workforce to improve their skills in identifying existing and emerging mental ill-health and helping people get the right support.

81 We need to invest in better quality data collection about the community services industry. Current data collection is uncoordinated and piecemeal.

sign here ►

print name Emma King

date 18 July 2019

Royal Commission into
Victoria's Mental Health System

ATTACHMENT EK-1

This is the attachment marked 'EK-1' referred to in the witness statement of Emma King dated 18 July 2019.

CURRICULUM VITAE

Emma Jane King

c/o level 8, 128 Exhibition Street
MELBOURNE VIC 3000

ph: 9235 1007
e: Emma.King@vcoss.org.au

ACADEMIC QUALIFICATIONS

Masters of Industrial and Employee Relations
Monash University, 1998

Graduate Diploma of Industrial and Employee Relations
Monash University, 1995

Graduate Diploma of Education (Majors in Social Science and Psychology)
University of Melbourne, 1991

Bachelor of Arts (Majors in Psychology and Politics)
University of Melbourne, 1989

PROFESSIONAL INFORMATION

Cranlana Executive Colloquium (2018)

Associate in the School of Global, Urban and Social Studies
RMIT (2016 – present)

Executive Program for Non-profit Leaders
Stanford University Graduate School of Business, 2016

Williamson Community Leadership Program Alumni, 2012

The Practitioner's Certificate in Mediation, 2007

GOVERNANCE

Chair, Future Social Service Institute (FSSI) (2017 – present)

Board Member – Mental Health Victoria (2018 – present)

Board Member – Portable Long Service Authority (2019 – present)

Company Secretary, Victorian Council of Social Service (VCOSS) (2013 – present)

TASKFORCE/COMMITTEE REPRESENTATION

Member, Family Violence Steering Committee

Member, Industry Taskforce

Member, Roadmap Implementation Ministerial Advisory Group

Member, National Disability Insurance Scheme Ministerial Implementation Taskforce

Member, Equal Workplaces Ministerial Advisory Council

Member, Victorian Skills Commissioner Industry Advisory Group

Member, Police Commissioner of Victoria's Human Rights Advisory Group

Co-Chair, Human Services and Health Partnership Implementation Committee (HSHPIC)

Co-Chair Aboriginal Health and Human Services Workforce Group

EMPLOYMENT EXPERIENCE

Chief Executive Officer **July 2013 - present**
Victorian Council of Social Service (VCOSS)

Responsibilities:

- Manage a team of 30 staff to ensure that the organisation is focussed on achieving its Mission and Vision, advocating for a just and fair Victoria
- Work closely with the Board to achieve the strategic goals of the organisation and to ensure that the organisation meets its legislative and compliance obligations
- Lead the advocacy and policy development for VCOSS, including the election platform, the state budget and other submissions, meeting regularly with members of parliament to advocate for policies and strategies to address poverty and inequality in Victoria
- Lead the advocacy for VCOSS based on promoting the importance of the community sector, identifying common interests with member organisations, a broad range of stakeholders and working together where possible
- Represent VCOSS on key committees and reference groups as outlined above
- Oversee VCOSS work to enhance the governance and health of community sector member organisations
- Effectively work with a diverse network of stakeholders, demonstrating a collaborative approach across a broad range of policy and advocacy areas, including,

but not limited to, education, employment, health, human services, public transport, housing, cost of living and energy

- Oversee the communications of VCOSS, including representing VCOSS in the media across a broad range of issues that pertain to poverty, inequality and disadvantage in Victoria
- Work proactively with and maintain positive relationships with a range of philanthropic, corporate and not for profit organisations
- Established the Future Social Services Institute (FSSI) with RMIT and in partnership with the Victorian Government. The purpose of FSSI is to work alongside the community services sector and tertiary institutions to train and develop the future community services workforce and undertake cutting edge research focussed on the contemporary needs of the social service sector.
- Company Secretary

Chief Executive Officer **Nov 2009 - July 2013**
Early Learning Association Australia (ELAA)
(previously Kindergarten Parents Victoria)

Responsibilities:

- Manage a team of 18 staff and work closely with the Board to achieve the strategic goals of the organisation
- Optimise the financial performance of the organisation, with an emphasis on income generation
- Continually improve the quality of member based engagement, working with a diverse range of members including independent kindergartens, cluster managers, local government, long day care and integrated services, schools and subscriber members
- Leading the advocacy and development of policy for ELAA
- Represent ELAA in the media, including contacting media outlets proactively to maximise opportunities for the organisation
- Represent ELAA on key committees and state and federal reference groups
- Effectively work with a diverse network of stakeholders, demonstrating a collaborative approach to promote ELAA to maximum advantage and to develop trust in the capacity and integrity of ELAA leadership
- Overseeing the communications and marketing of ELAA, including for example. the publication of resources, the quarterly magazine *Preschool Matters*, regular e-news bulletins and the annual Early Childhood Education Conference that attracts approximately 900 participants

- Oversee the provision of industrial, governance and regulatory advice to ELAA members (the advisory line receives approximately 500 calls per fortnight)

- Work proactively with and maintain positive relationships with corporate organisations that work as preferred partners with ELAA, providing income and resources to the organisation.

Organiser/Training Co-ordinator **Victorian Independent Education Union**	**Dec 2003 – Nov 2009**
Senior Ministerial Adviser/Policy Adviser (Education) **Victorian Government**	**Feb 2001 – Dec 2003**
National Industrial Officer **Finance Sector Union**	**Aug 1999 – Feb 2001**
Organiser/Industrial Officer **Victorian Independent Education Union**	**Jan 1995 – Aug 1999**
Teacher **Various Secondary State Schools**	**1992 - 1995**