

Quantum Support Services Inc

Formal Submission to the Royal Commission into Victoria's Mental Health System

Quantum Support Services (Quantum) is an independent not-for-profit organisation whose proud history demonstrates over 30 years of providing accessible, high quality advocacy and support services to meet the needs of the Gippsland community.

Quantum is grateful for the opportunity to make a submission to the Victorian Royal Commission into Mental Health. This feedback draws on consultation with our staff, as well as our expertise and practical knowledge in leading family violence and youth specialist services, out of home care and homelessness programs.

The submission is structured according to the list of questions outlined in the formal submission template.

1. Improve the Victorian community's understanding of mental illness and reduce stigma and discrimination

According to the Australian Bureau of Statistics, 65% of people with a diagnosable mental illness do not access treatment.¹ This is majorly linked to significant stigma and discrimination experienced by people with mental health conditions.²

It is essential for Victorian Government to develop and deliver educational programs to challenge inaccurate stereotypes and instead replace them with factual information. Education is seen as vital in overcoming stigma and discrimination through improved awareness and understanding of mental health problems, correcting misinformation and contradicting negative attitudes and beliefs.³ Educational approaches are also generally low cost and have broad reach.

¹ Australian Bureau of Statistics, *Mental Health Statistics*, 2015.

² Margaret E Hampson, Bruce D Watt, Richard E Hicks, Andrew Bode, Elizabeth J Hampson, 'Changing hearts and minds: The importance of formal education in reducing stigma associated with mental health conditions' (2017) *Health Education Journal*.

³ BeyondBlue, *Information Paper: Stigma and discrimination associated with depression and anxiety* (2015) <<https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>> at 1 July 2019.

It is further necessary for education and open discussions around mental health to take place from a young age and be built in early school education, as well as having educational sessions for family members. If parents are comfortable to have conversations about mental health – it opens up door for children to talk and makes it easier to express their emotions. In addition, Quantum suggests for the Royal Commission to consider incorporating mental health educational component into successful *Healthy Harold* initiative - a giraffe mascot used by Life Education Australia to teach children healthy living. Alternatively, a similar child friendly figure may be developed that solely focuses on mental health and engages children and young people around schools in an interactive way about this important topic.

Educational approach must be further supplemented with interpersonal contact with people experiencing mental illness. Lived experience leadership of people living with mental health conditions allows for meaningful, effective interaction. Open discussions around lived experience act as a mechanism for social change.

Continued work with media to promote accurate and positive portrayals of people experiencing mental health issues is also critical. This approach also includes utilising social media to increase knowledge of mental health and promote personal stories of hope and recovery. Media is capable of achieving widespread coverage of mental health which leads to a greater awareness and may contribute to decreasing levels of stigma and discrimination.⁴

Lastly, stigma and discrimination exacerbates for those living in regional and rural areas having poorer access to services which constitute major deterrents to help-seeking. It is important to invest in additional outreach programs to provide mental health treatment and therapeutic support to enable individuals living in those areas to recover, develop coping strategies and stay well.

2. Prevent mental illness and support people to get early treatment

The best chance of preventing mental health disorders or providing early treatment and support to minimise the impact of mental illness across the lifetime is during childhood.⁵

⁴ VCOSS, *Towards a successful Mental Health Royal Commission* (2018) <vcoss.org.au> at 14 June 2019.

⁵ Department of Health, *Early intervention and prevention, and mental health services for children and young people* (2011)
<<https://www.health.gov.au/internet/publications/publishing.nsf/Content/nmhr11-12~nmhr11-12-challenges~earlyintervention>> at 25 June 2019.

Early intervention in children and young people can have significant positive impact on a person's life trajectory.

Currently, general practitioners (GPs) represent the most common entry point for early treatment and support. However, there are specific barriers to accessing GPs, including declining rates of bulk billing, difficulties identifying a GP with an interest and training in mental health, difficulties getting a consultation (particularly on short-notice during a mental health crisis), and after organising a consultation, limitations on the length of the consultation.⁶ In addition, there is a shortage of GPs in regional and rural areas, and they do not tend to stay for a long period of time in the area so it is harder to get consistent treatment and meet patients' needs.

Quantum supports expanding of programs and increased government funding to services such as *Better Access* scheme (also known as the 'Better Access to Psychiatrists, Psychologists and General Practitioners initiative') and *headspace* (designed to reach out to young people), but young Victorians still need better access to more services to minimise the toll of mental illness on their lives and their families.

In addition, Quantum urges the need to create and fund specialist portfolio roles to support people with mental illness and to support positive practice for the workforce across community service organisations, government departments, as well as educational institutions. The role could be mirrored of the family violence specialist advisor roles which were created as a result of the Royal Commission into Family Violence. The role will also contribute to upskilling workers in areas such as youth, homelessness and out-of-home care to be able to appropriately respond to mental illness.

3. Prevent suicide

Suicide results from a convergence of genetic, biological, psychological, social and cultural factors often combined with an experience of trauma and loss.⁷ Prevention strategies therefore need to be multifactorial. Suicide prevention is most likely to be effective if a combination of evidence-based strategies are used both at the individual and population level.⁸

⁶ Above n 4.

⁷ Zalsman G, Hawton K et al, 'Suicide prevention strategies revised: 10-year systematic review' (2016) 3 *Lancet Psychiatry* 646.

⁸ Josephine Anderson, Philip B Mitchell, Henry Brodaty, 'Suicidality: prevention, detection and intervention' (2017) 40 *Aust Prescr* 162.

At the organisational level, Quantum found the Applied Suicide Intervention Skills Training (ASIST) particularly effective. ASIST is a two-day interactive workshop in suicide first-aid and teaches participants to recognise when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety. The training was recognised as especially beneficial by Quantum's staff. Quantum recommends to embed the training into qualifications and undergraduate degrees for all helping, aged care, clinically and community related professions, as well as consider introducing the training in schools for students and their families.

Further, mental health triage requires urgent reconsideration. Presently is the most common entry point into the mental health system and is available around the clock all over the State. Triage provides an initial assessment and identifies whether a person needs further treatment or referral. Quantum stresses that the triage response is not working and threshold to pass the assessment is too high. Quantum previously had clients with mental health concerns and serious incidents of self-harming who were not able to access the treatment at the initial assessment.

Quantum would also like to draw the Royal Commission's attention to the need to provide better support at the inpatient facilities for people with smoking addiction while receiving treatment for their mental illness. Smoking continues to be contentious and neglected area within mental health settings.⁹ This is despite the high rates of tobacco dependence in people with a mental illness and the poorer physical health outcomes and premature mortality.¹⁰ Flynn Unit at the Latrobe Regional Hospital is the only inpatient facility in Gippsland providing intensive treatment to improve patients' mental health. Abiding by smoke-free laws on the territory of the hospital, admitted persons usually receive 'smoking day passes' to go smoke outside of the hospital's territory. These unsupervised smoking breaks potentially put patients in unsafe situation taking into account the unpredictable mental state of someone recovering from a mental illness. It is essential to meet this challenge to overcome struggles within mental health services to routinely address tobacco dependence and provide better support to patients.

Further, Quantum encourages the Royal Commission to consider developing user friendly mobile application for online counselling. While SuicideLine Victoria already provides online real-time chat with a professional counsellor, the registration process for commencing the chat requires provision of personal information and may appear

⁹ Jane Chambers, 'Attitudes of mental health care professionals toward the provision of tobacco dependence treatment in the transition to a smoke-free mental health unit: An exploratory mixed method study' (2016) *University of Notre Dame Australia*.

¹⁰ Ibid.

complex particularly to young people. The app should also provide opportunity for an anonymous chat.

Lastly, it is necessary for education and open discussions around suicide to take place from a young age and to be built in early school education, as well as increase availability of on-site psychologists and social workers in schools to assist young people through mental health and appropriately support them into adolescence and adulthood.

4. Barriers to experiencing good mental health

Separate consideration of mental health promotion is essential. This includes examining the causes and contributors to mental health and *wellbeing*, distinct from mental *illness*. While Australia's mental health system does have some focus on promoting mental wellbeing, there is no systemic or coordinated approach to promotion across key population settings and sectors.

Mental health is an essential part of a person's general health. It is organically connected with the structure and function of our psychosocial and physical environment. Many of these aspects can be seen as important determinants of mental health.¹¹ Thus, the Royal Commission should focus on improving mental health by tackling several psychosocial and environmental factors, such as:

- Expanding programs focused on enhancing social participation and preventing loneliness and isolation, such as sporting facilities, activity centres for children and families, etc;
- Ensure easy access to mental health services;
- Develop healthy physical environments by building parks and providing playgrounds for children;
- Fostering the development of mentally healthy schools by integrating mental health promotion and mental health issues into schools' curriculum; providing psychological support for students, teachers and parents;
- Enhancing a mentally healthy work life;
- Focus on healthy lifestyles and making fresh fruits and vegetables and unprocessed foods more affordable.

¹¹ Ville Lehtinen, National Research and Development Centre for Welfare and Health, *Building Up Good Mental Health: Guidelines based on existing knowledge* (2008)
<<https://thl.fi/documents/10531/115966/Building%20up%20good%20mental%20health.pdf>> at 2 July.

5. Drivers behind some communities in Victoria experiencing poorer mental health

Some groups and communities face greater challenges to their mental health. Social, historical and economic disadvantage contribute to high rates of mental health problems.¹² Aboriginal people, people from culturally and linguistically diverse backgrounds, refugees, people experiencing family violence and homelessness, older and younger Victorians, people living in regional and rural communities and lesbian, gay, bisexual transgender and intersex people are all at greater risk and are particularly susceptible to experiencing poor mental health.¹³

As a regional organisation we see particular disconnect between services in the region and substantially limited access to mental health services than in major cities.¹⁴ Lack of social housing is a particularly pressing issue. Mental illness is a direct cause of poverty and lack of secure housing for many. We see urgent need to increase social housing for Latrobe and Inner Gippsland, as well as the need for affordable rental housing that is well maintained. Currently, metro growth has put pressure on nearby communities with people moving to the region in search of cheaper housing. The increasing housing demand squeezes local supply, and drives up house prices and rents. This chronic social housing shortage prevents people from being securely housed with low income earners unable to afford housing, and face food insecurity – which are basic physiological needs. People are pushed into even more rural remote settings where job opportunities are non-existence, there is a lack of support services and transport is minimal if any.

Quantum stresses to the Royal Commission that social housing policy needs strong leadership and investment. The emphasis should be on the importance of collaboration between the health and other sectors and joint efforts across all government levels to promote healthy housing, and identifying better responses to mental illness occurring with homelessness. The enhanced security of tenure in social housing will provide greater ontological security, which has a positive impact on mental health.

In addition, it is essential for the Royal Commission to strengthen partnerships and sharing information about what works across local communities, including working with

¹² Victoria State Government, *Productivity Commission mental health inquiry* <https://www.pc.gov.au/__data/assets/pdf_file/0015/241341/sub483-mental-health.pdf> at 24 June 2019.

¹³ State of Victoria, Department of Health and Human Services November, *Victoria's 10-year mental health plan (2015)* <<https://www2.health.vic.gov.au/Api/downloadmedia/%7B0F346B65-9EF2-41E1-BB08-287CDC254A15%7D>> at 15 June 2019.

¹⁴ National Rural Health Alliance, *Mental Health in Rural and Remote Australia (2017)* <<https://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf>> at 13 June 2019.

leaders from Aboriginal community and LGBTI leaders. The need to expand strategies to build resilience, address discrimination and minimise factors that threaten good mental health is evident.

6. Better support for family members and carers

The experience of mental illness not only affects individuals but also those who care for them. While family, friends and carers play a vital role in supporting a person with mental illness,¹⁵ they are themselves susceptible to a range of health, financial and other problems associated with caring. It is vital to improve opportunities for carers through the provision of information, financial assistance and general support to reimburse for costs associated with their caring role.

It is important to increase availability and access to social groups and programs that provide carers and families with practical advice and strategies on managing stress associated with caring for someone with a mental illness. Such programs can enable carers to build relationships with other carers experiencing similar situations while expanding their knowledge of mental illness. In addition, carers and families often report that the amount of information available is overwhelming and knowing where to go and what information is helpful can be very challenging.¹⁶ These platforms can also assist with providing carers and families with relevant, up-to-date information, as well as training in person.

Addressing financial assistance to better support carers and families of people with mental illness is also a priority. Carers often struggle financially and are less likely to fully participate in employment.¹⁷ There is a clear need for employment opportunities that cater to the specific needs of carers that provide flexible employment opportunities to fit around their care responsibilities.

7. Better support mental health workforce

Attracting and retaining individuals into a career in mental health is increasingly important. The issue is challenging due to low wages, part time roles, difficulty accessing support and lack of career pathways. Recruiting and retaining mental health workforce is of a particularly concern in rural and remote communities.

¹⁵ Sane Australia, *What support is available for carers?* <<https://www.sane.org/spotlight-on/families-carers/35-what-support-is-available-for-carers>> at 3 July 2019.

¹⁶ Ibid.

¹⁷ Above n 12.

The mental health workforce is working with increasing complexity and require access to learning and development opportunities to support them. It is necessary to review the quality of mental health education and training in tertiary institutions. This includes the capacity of services to meet the needs of people experiencing mental illness, and the skills, remuneration, and training to provide high-quality services. Investment is required in the skills and development of existing staff, as well as expand the number of staff in mental health services. The fundamentally stressful nature of mental health work must also be addressed through factoring time for staff supervision and reflection, after-hours support and funded self-care activities.

Employee Assistance Program is offered to most mental health practitioners, however it needs to include more choices as often 'typical counselling options' are not the best fit to support people. There is a need to consider and fund alternative therapeutic initiatives for the workforce outside the already offered EAP.

8. Increase economic and social participation by people with mental illness

One of the most harmful features of mental illness is the impact it has on a person's ability to participate economically and socially through education and employment, and in society more generally.¹⁸

People with mental health problems remain a highly socially excluded group. Enhancing their social participation and building trusting relationships and engaging in community activities needs to be one of the main priorities.¹⁹ The association between social networks and improved mental health and emotional wellbeing is well documented in the literature.²⁰ Community involvement and feeling valued provides a sense of belonging and social connectedness. It can also offer extra meaning and purpose to everyday life.

Focus on increasing employment and volunteering opportunities for people with mental illness is crucial. While new initiatives to improve assistance for job seekers, including

¹⁸ Department of Health, *Increased economic and social participation by people with mental illness* (2011) <<https://www.health.gov.au/internet/publications/publishing.nsf/Content/nmhr11-12~nmhr11-12-priorities~mentalillness>> at 3 July 2019.

¹⁹ Meredith Newlin, Martin Webber, David Morris, Sharon Howarth, 'Social Participation Interventions for Adults with Mental Health Problems: A Review and Narrative Synthesis' (2015) 39 *Social Work Research* 167.

²⁰ Martin Webber, Meredith Fendt-Newlin, 'A review of social participation interventions for people with mental health problems' (2017) 52(4) *Soc Psychiatry Psychiatr Epidemiol* 369.

those with mental illness have shown some success,²¹ measures to improve assistance to those who have been very long term unemployed will greatly advantage job seekers with mental illness who are disproportionately represented in that population.²²

Further, there is a need to invest in upskilling and training people with mental illness to assist them into meaningful work is, as well as ensure they have a designated support person advocating on their behalf to secure employment. Quantum recommends that the Royal Commission investigate opportunities to subsidise small and large businesses to take in workers experiencing mental illness. Such investment benefits not only the individual but the community in which they have an opportunity to become a more productive member.

In addition, Quantum recommends re-establishment of a *Creative House* - a mental health day program operated by Latrobe Community Health Service which was closed down following a redirection of State Government funding. *Creative House* operated four days a week and focused on combating social isolation among mental health clients through activities, fellowship and life-skills building.²³

9. Prioritise integrated mental health system

Focus on streamlining services and dissolving siloes needs to be a priority. Currently, mental health system in Victoria has fundamental structural shortcomings. Services and programs are not well linked or integrated. From our practice it is evident that people experiencing mental illness often come into contact with family violence services, housing, justice, disability support and child protection. However, these services mostly operate in siloes and fail at providing a wrap-around support much needed for clients to receive the best care in a timely manner. This lack of communication worsens with remoteness.

Quantum manages the Mental Health Pathways program which is aimed to provide housing information and advice to people who are exiting a mental health residential facility and who may experience homelessness or be at risk of homelessness. We are often faced with situations when our clients experiencing mental ill-health are simply released into homelessness following couple days of treatment due to unavailability of services or lack of communication. It is essential for the Royal Commission to consider how to improve links between mental health support and housing assistance systems and the homelessness and other services to achieve better outcomes for people with

²¹ These include the expansion of funding for training and flexible supports for job seekers as well as new, expanded wage subsidy programs for job seekers with disability.

²² Above n 18.

²³ Latrobe Valley Express, Rebecca Symons, 'Second Home in Jeopardy' at June 26, 2014.

mental illness. It is necessary to bring down the barriers between services for a more holistic approach because currently even workforce finds it difficult to navigate the system and to provide integrated, appropriate care.

A greater focus is also required on integrated programs and centres – which include professionals from a range of disciplines as part of a service delivery team. For those with higher levels of support needs, wrap-around team-based services might include practitioners across a range of disciplines supporting mental health recovery, including peer support, clinical mental health and health treatment and disability support, primary care, housing, community legal services, and addiction support.²⁴ Many people experiencing mental ill-health will require intermittent multidisciplinary support, with very flexible case period lengths.²⁵ Current funding models do not allow for flexibility to provide longer term case management after discharge. People experiencing mental illness need post care assistance not just support at a point of crisis.

In addition, National Disability Insurance Scheme (NDIS) created substantial gaps for people seeking help. Only a very small proportion of the estimated 150,000 people experiencing mental illness each year are actually eligible for the NDIS.²⁶ NDIS implementation issues are impacting on current and prospective participants' access to adequate psychosocial supports. There is unclear delineation between the NDIS and mental health system at the operational level resulting in gaps in service provision and duplication of services.²⁷

10. Support improvements to Victoria's mental health system to last

The Royal Commission into Mental Health set out an ambitious plan for a new approach to mental wellbeing and a mentally healthy Victoria. It is important to recognise that change of this scale does not and cannot happen overnight. To make lasting improvements to the mental health of Victorians and change the way that people experiencing mental illness are supported, continued engagement across all sectors with the focus on an evidence-based approach is required. This will help to ensure real and lasting improvements. Further, any reforms require monitoring progress to ensure

²⁴ Council to Homeless Persons, 'Messaging guide to the Royal Commission into Mental Health; Housing, homelessness and mental health' (2019).

²⁵ Ibid.

²⁶ Mental Health Victoria, *Saving Lives Saving Money* (2018) <
https://www.mhvic.org.au/images/PDF/Policy/FINAL__Saving_Lives_Money_Brochure_HR.pdf> at 1 July 2019.

²⁷ Above n 12.

there is a room for an opportunity to learn, adapt and improve, and to allow for necessary adjustments - only then the change will be successful and sustainable.

Lastly, collective support and commitment from government nation-wide is critical to achieving and sustaining any change and build a culture that focuses on integrating outcomes and recommendations of the Royal Commission into the systems and processes. It is important to remember that any good work can be easily underdone through the change of government.