

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

Organisation Name

Lifeline Central Victoria & Mallee

Name

Ms Rebecca Cornish

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

"Training is a significant mechanism for increasing understanding. Lifeline Central Victoria and Mallee (LLCV&M) currently run mental health training and want to do more in this space. We are experts in understanding, mental health, personal crisis and suicide prevention. LLCV&M take approximately 14,000 calls from distressed community members every year and see the range of issues that affect every day people. Local Lifeline centers in Victoria receive highly limited funding and rely on fundraising and other activities to meet operational costs. This reduces the amount of work we can practically do such as training and other strategic initiatives."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"LLCV&M's work is far reaching. We believe that the model of service delivery that we use, involving recruitment, training and practice of community members to deliver the 13 11 14 crisis line strengthens the community far beyond 13 11 14. Our volunteer telephone crisis supporters take the listening, non-judgemental skills and suicide intervention and distress relieving practice back to their communities, their families, workplaces, schools, sporting clubs ? wherever they interact with others ? to the benefit of the entire community. As mentioned Victorian centers receive very limited State Government funding, much less than some other states. Operating a Lifeline center is very expensive. It costs approximately \$3,500 to train just one volunteer. LLCV&M run 2 semesters of training each year with up to 30 volunteers in each round. We also have all the usual operating costs of salaries, wages, rent, utilities, insurances and so on. LLCV&M receive approximately \$140,000 per year from the State Government to provide our service. We operate with an annual deficit of over \$200,000 per year. By increasing funding to small rural Lifeline centers we are not just helping more help-seekers we are strengthening communities, making them more resilient and suicide aware. If one small rural Lifeline Center trains over 60 community members every year that makes a considerable difference. "

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

"Funding rural Lifeline centers to establish satellite centers into other regional areas that lack the mental health and support services their larger regional towns benefit from. In my work in smaller communities in our regions they have limited access to any services. Often the issues they are facing such as; drought, isolation and violence are significant. There is also often more stigma in some of these areas and less comfortability in asking for help. As previously mentioned local Lifeline centers provide an opportunity for people to connect and upskill in recognising and responding to distress. These skills benefit the entire community they live in. The Lifeline brand is well trusted and well received as it carries less stigma than other services. I have had significant numbers of requests from towns in our region wanting a local Lifeline center. Community wants to be involved and build their own capacity to support each other. Lifeline centers are an essential

part of the fabric of communities and they need to be properly supported and funded so they can continue. Lifeline is advertised regularly throughout all media, however, local centers lack the funds and support to meet the increasing need. Given the significant advertising it would be likely the community would believe that the Victorian Lifeline centers are well funded and would be incredibly surprised to see the limitations of this. Volunteers are being taken off phones and from doing their lifesaving work to help raise funds. If LLCV&M does not receive more financial support from State Government there is a significant likelihood it will need to close it's doors - this would be a significant loss for our community and none of us want to see that. "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"As we know the suicide rate is rising. We need to assess the changes that have been occurring in our environment - the way we live, our lifestyle, ever increasing stress levels and pressures and make practical changes to this in schools, workplaces and in the community. Again, small rural communities often don't have access to any mental health services without a significant commute which may not be possible. We also know that the risk of suicide in older people is significant. Older people in rural communities also face isolation and loneliness. Rural Lifeline centers not only offer older people the training in supporting help-seekers, but also gives them an avenue for meaningful involvement and connection with their community and a strong feeling of purpose and value through their contribution. Data reflects that there is a significant need in Mildura, and isolated town 4 hours our of Bendigo. This is a community that is considered high risk by Department of Health and Human services and where there are limited supports. The community have been agitating for some time now to have a local center and we would certainly value having an increased presence in several high needs town across our region but again face infrastructure and funding issues that impede our ability to do this. For instance LLCV&M do not have adequate funding for a vehicle to enable transport between sites, we do not have the funds to purchase IT equipment to help us to support satellite centers and so on. If LICV&M had increased funding we could expand our centers and training across our entire region, giving community members increased skills and the opportunity to take on a meaningful role and work to make our entire region suicide safe."

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

"Again, small rural communities simply lack the resourcing and education the larger centers have. Often rural area's experience high levels of risk factors that are going unaddressed. There is often increased stigma in smaller communities and Lifeline centers seem to be the one organisation that people off the land will relate more too as the core premise of a Lifeline center is it's mates helping mates who are doing it tough - it is everyday people who want to be there for each other. Greater investment in small rural centers have the potential to work with the community in a preventative way that many others will not due to the unique nature of what we do and the respect people have for our service. "

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

"Again Lifeline Centers are a well utilised support for family and carers. By increasing funding to independent Lifeline centers it increases our capacity to respond. Further, many of our volunteers

have lived experience of mental health with family members and the training and support provided by Lifeline as well as the understanding to the help-seeker is highly positive."

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

"We have much greater difficulty attracting qualified workers in rural towns, however, we have great interest for volunteering with us. We currently have over 40 potential volunteers on our waiting list and this is prior to us advertising. There needs to be increased incentives to attract people to rural area's. "

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"As previously mentioned local Lifeline centers offer a variety of ways for the community to get involved and support each other whether through volunteering on the phones, fundraising, op shops and so on. LLCV&M would love to broaden their service offering to run social and community activities for people with a mental illness, however, we would require funding to do this. From my experience at our local center a significant number of calls that come in relate to loneliness. If small Lifeline centers could offer some community activities and ways for people with mental health issues to engage we would highly value this. "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"As a CEO of a rural Lifeline center I would hope to see better funding for our service so we can achieve more. We benefit significantly from thousands of unpaid volunteer hours but \$140,000 does not come close to covering costs of staff who provide the required support and infrastructure to allow this to happen. The funding would be under a third of what would be reasonable. Increasing funding for rural centers to establish satellite centers and associated service offerings in smaller high risk towns would really help to strengthen small communities in many ways - reduce stigma, isolation, provide meaningful engagement and help communities become more suicide safe with increased training and awareness. Changes in lifestyle - use of technology, daily pressures, costs of living, high expectations and a lack of ability to switch off have an impact. People need meaningful time, time to relax and be connected to community."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"To look broadly at the underlying contributors to ill mental health in addition to responding and treating current mental health issues. To ensure that integral community services like local Lifeline centers are supported to continue their work. We know this is a model that does work and it's stood the test of time. We need to invest in smaller rural towns which face considerable pressures, stigma, lack of services and supports and do this in a non-stigmatising way. As pre-mentioned Lifeline is one service given it's unique nature that makes it more accessible."

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

"Predominantly to make the Royal Commission aware of the significant funding deficit of rural Lifeline centers who provide a considerable benefit to their local communities in several different ways. We have skeleton staffing at present with three staff, only one full time. Our operational

budget which includes salaries, rent, insurances, payroll and all other business related costs is conservatively \$340,000. With annual state government funding of only \$140,000 it leaves us with an annual deficit of \$200,000 which is not feasible. We are at risk of closing our doors and have the potential to continue our great work and increase our reach into smaller rural towns who are desperately wanting our service. We need funding to do what we do. Our service is unique as we reduce stigma - we are all regular people being there for each other. This enables community members who are less likely to access more traditional mental health services such as farmers to work with us as a community to help make their towns suicide safe."