



SUBMISSION TO THE ROYAL COMMISSION INTO MENTAL HEALTH – FOR THE TERMS OF
REFERENCE CONSULTATION FROM HANDS ON HEALTH AUSTRALIA

HoHA Submission – Terms of Reference 2019



JULY 1, 2019
HANDS ON HEALTH AUSTRALIA
Level 1, 215 Wellington Street, Collingwood 3066
Tel: 94176787

INTRODUCTION:

1. Executive Summary and Background

The mission and vision of HoHA are:

Vision: Life changing integrative health and wellbeing services and programmes for the disadvantaged to realise their full potential

Mission: To provide quality health and wellbeing services and programmes to people and communities living in disadvantage, homelessness, marginalisation and social exclusion

Values/Goals: Create Values Welcome – we welcome and accept people as they are – it is integral to all we do.

Community – we build community amongst the people who use our service and establish connections with the broader community.

Empowerment – we work with people to enable them to take control of their lives. The dignity of the person means that each of us has the right to pursue our own path in life. We foster self-worth as a means of empowering people.

Stewardship – we value our staff and volunteers and manage our resources effectively. Staff and volunteers are highly valued and critical to the work.

HoHA also recognises its responsibility to effectively manage the resources entrusted to it by government, philanthropic organisations and donors.

We value principles of integrative healthcare service, sharing, compassion, respect and empathy.

To bridge the gap in the community between government funded healthcare and non-government funded therapies practice.

Hands on Health – Community Clinic Model ©

The Hands-on Health Clinic model provides a range of low-cost health and wellbeing therapies and activities to improve the health and wellbeing outcomes of people experiencing high disadvantage in the local community. It is a much valued and highly used service and led the way across Australia over the last two decades to inform the development of a Hands-on Health model nationally. Research undertaken over the last 12 months regarding the HoHA Clinic Model has shown that:

Program Description: people have improved health and wellbeing.

Impact: this ultimately results in more people having access to therapies and health interventions that would ordinarily be unaffordable and therefore get more out of life. The clinics are part of a ripple effect in the community, helping those experiencing pain (at all levels including mental health) and disconnection to return to meaningful relationships, family life, work and employment,

Individual Value: the relationship is the strongest indicator of value. – Highlighted was – personalisations, genuine care, a safe and comfortable environment, and trust as central to the value they assigned to the services.

Social Value: In all our case studies, local knowledge means local embeddedness which favours a more integrated approach with partners.

Public Value: Trust and legitimacy were recognised as attributes of public value; a person-centred approach was what impacted on the quality of services. Finally, drivers of efficiency included capacity to deliver more than the targets.

The HoHA CLINICS

Within the clinic settings, we see, help and build relationships with thousands of people every year. Many of the individuals we see have a number of mental health and general health issues. People come in to receive treatments and many of them develop a repertoire and relationship leading to discussions about personal and family issues that they are facing and dealing with.

The clinics also provide opportunities to develop links and friendships through contact with other people, activities and referrals that can assist with isolation and to build social capital and resilience. For example, persons attending the clinic for their appointment will talk to our volunteers, with other people attending the clinic and may then have a coffee and a chat. It is the heart of HoHA, and it makes people feel 'welcomed, understood and not judged'.

Isolation and loneliness are major concerns for people with mental health issues with a report by SANE. In its Report 1 titled "Mental Illness and social isolation (2005, www.sane.org) highlighting the following:

- People with a mental illness experience social isolation to a much larger degree at 66% of people compared with the general population at 10%, making it harder to cope with symptoms and any effects of psychiatric disability.
- 85% of people with a mental illness find it harder to maintain close relationships due to factors such as stigma and misunderstanding. "The minute someone knows you have a mental illness you are treated differently" commented one respondent.
- Low incomes contribute to social isolation and the ability to participate in social activities.
- 90% of respondents highly valued friendships and social relationships which helped to manage and maintain one's mental health.
- 72% of people with a mental illness "rarely" or "never" used community support services

In another research paper titled "Social isolation in people with mental illness" (Carol Harvey, Lisa Brophy, Oct 2011) highlights findings that a third of Australians with a mental illness live alone and of this cohort, 39% of them have "no best friend". The majority of people desire more connections with 45% of participants felt they needed "Good friends".

In our clinics and the programs we deploy, we provide pathways for people to better integrate and develop relationships, friends and social capital within the local community where the clinic is located.

The HoHA Social Model and framework for our Clinics provides much more for people with a mental illness through initially just getting them out of their homes.

As an example, HOHA has a good working relationship with the St Martins Church Community, at our Clinic based in Collingwood, and some of our patients attend a twice weekly BBQ/dinner which again, is an indirect but critical mechanism to break down isolation and loneliness with people in the local community. It is a gathering where the table is the centre of getting to know each other, friends are made, and the Centre becomes a focal point for their treatment.

Case Studies – HoHA

An example of a case study is a man aged 40 years, who attends the Injecting Room in Richmond and also attends our clinic for osteopathic care, nutritional consultation, tools and strategies. He has been attending our clinic for over 12 months and has just informed us that he has put on 10 kg in weight and is feeling a lot more confident; these are stories we love!

■■■■ is a middle-aged woman, unemployed and in pain, who says, that HoHA is about 'loving care' and how important it is. She says, "I can tell when I feel someone's hands on me whether they express loving concern, or whether the person is just working for the money", at the HoHA clinic, I feel welcomed, loved and alive! It is a place for me to socialize and feel that I have something to say. People at HoHA care.

HoHA Clinic, Programme: Aboriginal Health in Aboriginal Hands Clinic Just wanted to say how great it is that I've been able to receive treatment through The Hands on Health Clinic. I feel welcome and feel it's a culturally safe environment and the students are fantastic. I have been attending the clinic now since it first started and have been able to reduce my injuries across my whole body. The impact this clinic has had on my wellbeing over the years just by having access to treatment ever Tuesday, I've saved money, I've learnt to how to prevent further injuries and it has dramatically increased my capacity to keep playing all my sport and attend gym. I've encouraged many women to attend. I feel that Aboriginal woman in particular feel shame if there doing something for themselves or they just put up with aches and pains till its unbearable. A lot of the women playing for Fitzroy Stars have received treatment as soon as the aches now start. We've seen a decrease in injury management. It has helped me build confidence, deal with my issues, and feeling disempowered.

Thank you for all that you do to keep the Clinic running week to week. ■■■■

Other work and research has been undertaken into isolation and loneliness and the development of social capital especially by Professor Robert D Putnam in his seminal work "Bowling Alone" (2000) and the work by Mr David McNulty from Great Britain in developing communities and social capital through his work at the local Government level.

Again, these two references above are relevant to the work of the Royal Commission because they can provide insights into how our society has changed but also how providing opportunities for people to connect, interact and better deal with personal issues, especially mental health ones.

Given this backdrop, please find below the recommendations from HoHA about process and themes that form part of the Terms of Reference.

Recommendations - Process

- Ensure that the Commissioners include a person/s as consumers of the mental health system and persons/communities who live in disadvantage (we should have 2-3 within the different age groups, diversity and Aboriginal)
- Advisory group should be representative of people who have lived with mental illness and people who live with physical illnesses, as this is considerable in size – there is a need to better support these people
- Perspectives from consumers, community organisations should be actively sought to provide input into the Royal Commission. They should reflect the diversity of the Victorian population base
- Evaluation and Participation are key; and the engagement process should include a wide range mix of groups, and especially those who do not have a loud voice; active participation, engagement and outreach should be priority.
 - Working with CALD communities
 - Refugee and asylum seekers

- Different demographic experiences

Recommendations: Themes

We recommend that improving outcomes for people experiencing mental health issues should be the key goal, including groups, people for non-English speaking backgrounds, and Aboriginal; and Torres Strait Islander population.

Aside from the suggested themes, that form part of the Royal Commission, other issues should be examined as well: such as- we have found these issues to be associated with mental illness:

- Social determinants of health – stigma, trauma, abuse, cultural issues, challenging stereotypes
- Poverty, disadvantage, isolation inadequate housing, social and economic factors, employment, family dysfunction and family violence – for individuals and communities
- Diversity – how we respond to this factor: Culturally and linguistically diverse communities
- Aboriginal and Torres Strait Islanders, Refugees and asylum seekers
- LGBTIQ people
- People released from prison and the justice system
- Disabilities – people that have disabilities and their carers
- Persons at different stages of their lifespan – especially 50 plus
- People living with co-morbidities

Integration of services is crucial and is continuity of care; across the whole of the health system including GPs, crisis and acute settings, emergency services, forensic services, and of course, community. Mental Health problems can exacerbate physical illnesses and so substantially increase care costs.

Mental and physical health problems have traditionally been treated separately with services designed around conditions rather than patients. Growing evidence suggests that more integrated approaches, with closer working between the broad spectrum of health can improve outcomes while also reducing costs. (ABS National Mental Health & Wellbeing Survey Report, 2007)

Added to the above would also be the justice system, alcohol and drug services, education, and training, all aspects of health care from physical to spiritual – the full life cycle, family and juvenile health. We should also investigate recovery/restoration and what that means for different people – from physical to psychological rehabilitation, those who need more services.

CONCLUSION:

Charities and organisations like HOHA, through its programs and partners, can play their part in helping and referring people with a mental health illness. Information, training and upskilling of the people undertaking this work would assist in this task as well as support for the extension of these services into disadvantaged and marginalised communities. Improved support for the emotional, behavioural and mental health aspects of physical illness could play an important role for HOHA as part of their clinics programme. The time is now to explore how we can combine mental and physical health can be supported in a more integrated approach.

If you have any queries or would like any further information regarding this submission or the work HOHA undertakes, please do not hesitate to contact me on the numbers or email below.

For further information on this submission, please contact:

Franca Smarrelli
CEO, Hands on Health Australia - [REDACTED]