

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

Organisation Name

Brophy Family & Youth Services

Name

Mrs Anne Waters

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

"Offering a gateway for young people to access a youth-friendly and localised mental health service that operates a no-wrong-door' approach to ensure young people can get help when they take the step to seek help. This builds trust and a service that is easy for young people to access. More than new 2,200 young people have accessed early intervention mental health services at headspace Warrnambool since 2014. More than 91% of new young people heard about our services as a safe and non-judgemental service from friends; family; schools and health professionals. Therefore reducing stigma and discrimination for young people is best positioned by young people for young people in their local communities and priority groups such as Aboriginal and Torres Strait Islander young people, homeless young people, young men and LGBTIQ+ young people. Awareness strategies implemented and co-facilitated by young people have been very successful in secondary schools; sporting clubs; vocational settings such as TAFE and targeting priority groups. Supporting more young people in mental health literacy training is a key strategy that needs more investment such as youth mental health first aid' so that young people are empowered with knowledge and skills to raise awareness with peers; their families and communities, particularly in rural areas. "

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?

"Building on existing gateways through headspace centres, particularly in regional and rural areas, with more investment in satellite models and rural outreach models to enable young people disadvantaged by rurality especially transport and isolation. A satellite model operating from a central headspace Centre (Warrnambool) has enabled 150 young people to access mental health services in Portland, a rural township of 10,000 residents with very high mental health and social economic disadvantage, in less than 10 months. We have developed and delivered outreach models in very rural and isolated areas in our region since 2014 through a private practice model, unfunded, to increase access to mental health service for young people. Many of these young people would not have opportunity to access early intervention mental health services without these models operating. Investment into rural outreach models is a high priority for many rural and isolated young people who are disadvantaged by not only transport options but often support to travel to regional centres to access services. More investment is needed in satellite and rural outreach models to reach young people living and working in rural areas. The Enhanced Mental Health in Secondary Schools Program (EMHiSS) is a good model to enhance early access to mental health services for young people. However, the model does disadvantage young people who live in rural areas. The further a young person lives away from a regional centre, the less service they get through the current model. To enhance access to young people in rural secondary schools needs to see the model adapted to ensure access to EMHiSS is prioritised to rural schools. Further investment is required into the EMHiSS model to lift or scale up service

levels in rural secondary schools and more investment targeted at building mental health literacy capacity in rural school communities to reduce stigma and isolation. Often lack of parental consent to access the EMHiSS is a key barrier for rural secondary schools to participate in this program. Headspace is well positioned to provide this mental health literacy to parents and school communities with investment. There is opportunity to prioritise funding and service levels to rural schools, rather than by student enrolments numbers as a key step to reduce stigma and increase access to early intervention mental health services in rural areas. The GP In Secondary Schools program is another great model to reduce stigma and increase access to early intervention mental health services in rural and regional areas. However, access to early intervention mental health services pathways can be very limited or even non-existent in rural areas where a young person is prescribed a mental health care plan where services do not exist. Adventure therapy models for young people at higher risk of mental health problems and harmful substance use are very effective and contribute to integrated models with youth services and VicPol coordinating these models. More than 50% of young people accessing our WILD adventure therapy program in Warrnambool have been involved or are involved in the youth justice, Out of Home or Leaving Care systems. Family involvement in the service model is high with over 80% of all families involved in the program. Further investment into these models for highly vulnerable younger people at higher risk of mental health and problematic substance use for priority groups e.g. Aboriginal young people; young males is required. "

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

"Refer to 2. What models are working well and further investment priorities. Investment into collective approaches to social and emotional wellbeing programs in collaboration with schools that are evidence informed, provide consistency and evidence of impact. Examples include: Live4Life program and Impact operating in the GSC region that need to be scaled up across the region. Investment into rural outreach models is a high priority for many rural and isolated young people who are disadvantaged by not only transport options but often support to travel to regional centres to access services. More investment is needed in satellite and rural outreach models to reach young people living and working in rural areas. Further investment into youth early intervention AoD services in rural areas to provide a wrap-a-round' and integrated outreach service model for young people in rural areas. Many young people's experiencing mental health problems are likely to be at risk of problematic substance use, therefore, outreach service models that operate as a one-stop-shop' integrated with headspace services is highly desired and effective with young people in our region. Youth friendly transition support for young people between key entry points across the mental health system operating in regional and rural areas. For example, young people present to Emergency Department and are not eligible for CAMHS or AMHS and are referred to youth or headspace services or young people presenting to headspace services with high risks at presentations need support to attend mental health intake services. Transition support by mental health youth workers between services and to assist with service navigation and support between systems of care has been highlighted as a key priority in our region by young people area mental health and headspace services. "

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.

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regional centres to access services. More investment is needed in satellite and rural outreach models to reach young people living and working in rural areas. Further investment into youth early intervention AoD services in rural areas to provide a wrap-a-round' and integrated outreach service model for young people in rural areas. Many young people's experiencing mental health problems are likely to be at risk of problematic substance use, therefore, outreach service models that operate as a one-stop-shop' integrated with headspace services is highly desired and effective with young people in our region. Mental health literacy for parents and carers is a good investment to build key protective factors in young people's lives. Family involvement in young people's mental health care once they access services is high, however, more needs to be done to build mental health literacy programs for parents that are co-designed by parents from an evidence based program and suitable to their local communities. "

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

N/A

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

N/A

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

N/A

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?

N/A

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?

"Direct future youth mental health investment to strengthen and extend access to headspace Centre services in regional and rural areas so as to: Build on and leverage capacity Optimise integration to enable seamless/easier access for young people and their families Reduce administrative burden. Prioritise mental health services for key priority population groups, particularly Aboriginal and Torres Strait Islander young people, in all youth mental health investment. That the Victorian government develop and implement a comprehensive and enhanced model of youth mental health care that augments the existing headspace service platform to provide better care for young people with more severe and complex conditions often referred to as the missing middle'. Implement education and training settings based approaches across schools, vocational and tertiary institutions to prevent early exit from education and to enable re-engagement with education for young people experiencing mental ill-health. Develop and implement a pilot for youth suicide prevention where assertive follow-up is provided to young people following discharge from inpatient care or emergency departments relating to mental health conditions, self harm or suicide-related behaviours. Develop and implement a pilot to financially incentivise and support general practitioners and other allied health private practitioners to attract

and retain working in headspace Centres. "

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

N/A

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

N/A