



**Royal Commission into
Victoria's Mental Health System**

Formal submission cover sheet

Make a formal submission to the Royal Commission into Victoria's mental health system

The terms of reference for the Royal Commission ask us to consider some important themes relating to Victoria's mental health system. In line with this, please consider the questions below. Your responses, including the insights, views and suggestions you share, will help us to prepare our reports.

This is not the only way you can contribute. You may prefer to provide brief comments here instead, or as well. The brief comments cover some of the same questions, but they may be more convenient and quicker for you to complete.

For individuals

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports, subject to any preferences you have nominated.

For organisations

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports.

Because of the importance of transparency and openness for the Commission's work, organisations will need to show compelling reasons for their submissions to remain confidential.

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose

to respond to only some of them. If you would like to contribute and require assistance to be able to do so, please contact the Royal Commission on 1800 00 11 34.

Your information	
Title	Dr
First name	Charles
Surname	Le Feuvre
[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	[REDACTED]
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Type of submission	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Organisation Please state which organisation: Psychology for a Safe Climate Please state your position at the organisation: Vice President Please state whether you have authority from that organisation to make this submission on its behalf: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group How many people does your submission represent?

Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document <input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	<input type="checkbox"/> Person living with mental illness <input type="checkbox"/> Engagement with mental health services in the past five years <input type="checkbox"/> Carer / family member / friend of someone living with mental illness <input type="checkbox"/> Support worker <input type="checkbox"/> Individual service provider <input type="checkbox"/> Individual advocate <input type="checkbox"/> Service provider organisation; Please specify type of provider: _____ <input checked="" type="checkbox"/> Peak body or advocacy group <input type="checkbox"/> Researcher, academic, commentator <input type="checkbox"/> Government agency <input type="checkbox"/> Interested member of the public <input type="checkbox"/> Other; Please specify:
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	<input type="checkbox"/> Access to Victoria's mental health services <input type="checkbox"/> Navigation of Victoria's mental health services <input checked="" type="checkbox"/> Best practice treatment and care models that are safe and person-centred <input type="checkbox"/> Family and carer support needs <input checked="" type="checkbox"/> Suicide prevention <input checked="" type="checkbox"/> Mental illness prevention <input checked="" type="checkbox"/> Mental health workforce <input checked="" type="checkbox"/> Pathways and interfaces between Victoria's mental health services and other services <input type="checkbox"/> Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements <input type="checkbox"/> Data collection and research strategies to advance and monitor reforms <input checked="" type="checkbox"/> Aboriginal and Torres Islander communities <input type="checkbox"/> People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities <input checked="" type="checkbox"/> Rural and regional communities <input type="checkbox"/> People in contact, or at greater risk of contact, with the forensic mental health system and the justice system <input type="checkbox"/> People living with both mental illness and problematic drug and alcohol use

For individuals only

Please identify whether this submission is to be treated as public, anonymous or restricted

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed

Please tick one box

<input type="checkbox"/> Public	My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission.
<input type="checkbox"/> Anonymous	<p>My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised (i.e. all information identifying or which could reasonably be expected to identify the author is redacted).</p> <p>If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you.</p>
<input type="checkbox"/> Restricted	My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted.

Please note:

- This cover sheet is required for all formal submissions, whether in writing or by audio or video file. Written submissions made online or by post, may be published on the Commission's website (at the discretion of the Commission) subject to your nominated preferences.
- Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports subject to any preferences nominated.
- While the Commission will take into account your preference, the Commission may redact any part of any submission for privacy, legal or other reasons.

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

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

2. 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?

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

Suicide is particularly prevalent in some areas which have been impacted by climate change. Of particular note would be drought affected farming communities.(1) It is very important not only that mental health workers are working in those areas but that they are aware of the realities of climate change. Eg Some farmers and psychologists may turn a blind eye to climate change whereas more realistic solutions may be found if the truth can be faced eg moving from farming in the area, making farming more adaptable to the climate.

It is important for mental health workers to go beyond treating symptoms to help creating communities that are more psychologically resilient in the face of climate change. This would be very likely to lower the suicide rate.

4. 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.

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

Climate change is already a significant driver in many communities in Victoria due to the prolonged drought, extreme and unpredictable weather conditions, and changed growing seasons, and these impacts will only increase in severity and frequency over time.

Extreme weather event disasters like bushfires and flooding are an obvious driver of mental health problems in Victoria.

Extreme heat events and humidity have been noted to increase hospital admissions for mental illness, including schizophrenia, mania and neurotic disorders.

Farming communities in Victoria are also particularly vulnerable to mental health problems caused by or exacerbated by drought. Long term droughts affect the economic and mental wellbeing of land-based workers, mainly through the economic effects from land degradation, and most prominent amongst farmers whose economic livelihoods depend on environmental conditions. Some authors suggest that income insecurity related to drought increases the risk of suicide among farmers.

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

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

The Victorian mental health workforce is underprepared to deal with the health risks associated with climate change. A recent, 2015, global survey reveals that Australia lags behind comparable countries when it comes to protecting its citizens from climate change.

The mental health sector comprises many health and community organizations supporting vulnerable and disadvantaged people, and is also a sector which is hardest hit by climate change related extreme weather events and disasters due to increased demand for services for people with a range of mental health and psychosocial problems. Understanding what to do to reduce the threats of climate change (climate change mitigation) and adapt to these threats (adaptation, disaster preparedness), as well as how to care for people who are adversely affected by climate change impacts, are an essential part of mental health practitioners' work.

Mental health policy needs to be developed that supports health and community organizations to prepare adequately for future extreme weather disaster impacts, especially in communities which have experienced traumatic climate change events or are at high risk of experiencing them in the near future.

8. 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?

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

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10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

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

Both climate change mitigation and climate change adaptation needs to be considered by the Royal commission into Victoria's mental health system.

The mental health sector also needs to be considered in terms of potential for emission reductions as well as support to become a climate resilient mental health sector. Whilst the mental health sector does not make as large a contribution to Australia's emissions as other sectors such as agriculture or transport, there is still scope for the sector to reduce its emissions and make a significant contribution to overall emission reductions in Australia.

There is a range of adaptation measures that ought to be considered to support population level mental health in a changing climate. Hayes et al(2) include things like policy responses(eg building public health systems that fully take into account the profound implications and consequences of the connections between climate change and human health) and planning (eg identifying at risk populations, developing action plans for responding to climate hazards to meet the needs of the population). The sector needs to develop alternative, more effective, practices to manage the complex issues related to climate change while continuing to implement their traditional primary, secondary and tertiary models. Experts recognize that the current ways in which the health care sector operates is not fully able to take into account the profound implications and consequences of the connections between climate change and human health.

Our group- Psychology for a Safe climate <http://psychologyforasafeclimate.org/> has been organizing workshops with those particularly concerned about climate change (including Australian Youth Climate Coalition, various environmental and climate activist groups, Farmers for Climate action, a bushfire affected community, council and university departments) and we have found much grief and anxiety both about the human world, including the very difficult question about whether to have a child and also about the nonhuman world as mentioned above. We are a voluntary group of psychologists, psychiatrists and others working in mental health. Feedback from our groups has been very positive. In our groups we have focussed on climate grief and anxiety and burnout related to climate change and also skills for self care.

We believe that our work is therapeutic and preventative. We do offer referrals for those who need individual psychological help. We believe that work similar to ours could be carried out in the public sector.

We particularly think that there does need to be an emphasis on prevention and in this regard it is important to have mental health programs to increase psychological and community resilience. We have had some connection with a number of such programs. They have relevance not just for communities directly impacted by major climate change impacts eg bushfires, drought, but also for other Victorian communities. It is very important to note that we are now in a climate changed world and that this will get worse so it is very important that communities not only come to terms with the present but also prepare themselves psychologically for an uncertain and more risky future climate. This has been called “transformative resilience”.(8)

References:

1 .Med J Aust 2018; 209 (4):156-157. Austin E. et al. Inequity amplified: climate change, the Australian farmer, and Mental Health

<https://www.mja.com.au/journal/2018/209/4/inequity-amplified-climate-change-australian-farmer-and-mental-health#3>

2. Int. J. Ment Health Syst 2018; 12:28. Hayes K., Blashki G. et al. Climate Change and Mental Health: risks, impacts and priority actions.

3..Nature Climate Change 2018; 8:275-281. Cunsolo A. and Ellis N. Ecological grief as a Mental Health response to climate change-related loss.

<https://www.nature.com/articles/s41558-018-0092-2.epdf?author>

4. 2017 Mental Health and Our Changing Climate. American Psychological Association
https://www.apa.org/images/mental-health-climate_tcm7-215704.pdf

5. 2018. Special report by the IPCC on Global warming of 1.5 degrees
https://report.ipcc.ch/sr15/pdf/sr15_spm_final.pdf

6.Curr.Psychiatry Rep.2018 Apr 11;20(5):35. Burke SEL et al. The Psychological Effects of Climate Change on Children.

7. The impact of climate change on youth depression and mental health. Majeed H and Lee J.
www.thelancet.com/planetary-health Vol 1 June 2017

6. 2016. Doppelt,B. Transformative Resilience. Greenleaf Publishing.UK.

Privacy acknowledgement	I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. <input type="checkbox"/> Yes <input type="checkbox"/> No